MEDICAL POLICY

POLICY TITLE	**INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS**
POLICY NUMBER	**MP 2.159**

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☐ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☐ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	**4/1/2024**

I. POLICY

A fluocinolone acetonide intravitreal implant 0.59 mg (Retisert®) may be considered **medically necessary** for the treatment of:

- Chronic noninfectious intermediate uveitis, posterior uveitis, or panuveitis

A fluocinolone acetonide intravitreal implant 0.18 mg (Yutiq™) may be considered **medically necessary** for the treatment of:

- Chronic noninfectious uveitis affecting the posterior segment of the eye.

A fluocinolone acetonide intravitreal implant 0.19 mg (Iluvien®) may be considered **medically necessary** for the treatment of:

- Diabetic macular edema in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure.

A dexamethasone intravitreal implant 0.7 mg (Ozurdex®) may be considered **medically necessary** for the treatment of:

- Noninfectious ocular inflammation, or uveitis, affecting the intermediate or posterior segment of the eye, OR
- Macular edema following branch or central retinal vein occlusion, OR
- Diabetic macular edema.

A punctum dexamethasone insert 0.4 mg (Dextenza®) may be considered **medically necessary** for the treatment of

- Ocular inflammation and pain following ophthalmic surgery
- Ocular itching associated with allergic conjunctivitis after treatment failure with all of the following unless contraindicated:
    - Topical ophthalmic antihistamines; **and**

- Topical ophthalmic mast cell stabilizers; **and**
- Topical ophthalmic corticosteroids.

A fluocinolone acetonide intravitreal implant 0.59 mg (Retisert®) or 0.19 mg (Iluvien®) or dexamethasone intravitreal implant 0.7 mg (Ozurdex®) is considered **investigational** for the treatment of:

- Birdshot retinochoroidopathy
- Cystoid macular edema related to retinitis pigmentosa
- Idiopathic macular telangiectasia type 1
- Postoperative macular edema
- Circumscribed choroidal hemangiomas
- Proliferative vitreoretinopathy
- Radiation retinopathy.
- Prophylaxis of cystoid macular edema in patients with noninfectious intermediate uveitis or posterior uveitis and cataract undergoing cataract surgery

All other uses of a corticosteroid intravitreal implant are considered **investigational**. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

POLICY GUIDELINES

An intravitreal implant, used according to Food and Drug Administration-approved indications, may be an acceptable alternative in patients who are intolerant or refractory to other therapies or in patients who are judged likely to experience severe adverse events from systemic corticosteroids. Given the modest improvement in vision and potential adverse events, patients should be informed about the potential adverse effects of a corticosteroid intravitreal implant (including cataracts), increased intraocular pressure or hypotony, endophthalmitis, and risk of need for additional surgical procedures. Because of the differing benefits and risks of treatment with intravitreal implants in comparison with systemic corticosteroid therapy or intraocular injections, patients should make an informed choice between treatments.

Cross-references:

MP 2.028 Eye Care
MP 2.149 Aqueous Shunts and Stents for Glaucoma

II. PRODUCT VARIATIONS

TOP

This policy is only applicable to certain programs and products administered by Capital Blue Cross please see additional information below, and subject to benefit variations as discussed in Section VI below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

III. DESCRIPTION/BACKGROUND

TOP

EYE CONDITIONS

Uveitis

Uveitis encompasses various conditions, of infectious and noninfectious etiologies, that are characterized by inflammation of any part of the uveal tract of the eye (iris, ciliary body, choroid). Infectious etiologies include syphilis, toxoplasmosis, cytomegalovirus retinitis, and candidiasis. Noninfectious etiologies include sarcoidosis, Behçet syndrome, and “white dot” syndromes such as multifocal choroiditis or “birdshot” chorioretinopathy. Uveitis may be idiopathic, have a sudden or insidious onset, a duration that is limited (<3 months) or persistent, and a course that may be acute, recurrent, or chronic.

The classification scheme recommended by the Uveitis Study Group and the Standardization of Uveitis Nomenclature Working Group is based on anatomic location. Patients with anterior uveitis typically develop symptoms such as light sensitivity, pain, tearing, and redness of the sclera. In posterior uveitis, which comprises approximately 5% to 38% of all uveitis cases in the United States, the primary site of inflammation is the choroid or retina (or both). Patients with intermediate or posterior uveitis typically experience minimal pain, decreased visual acuity, and the presence of floaters (bits of vitreous debris or cells that cast shadows on the retina). Chronic inflammation associated with posterior segment uveitis can lead to cataracts, glaucoma, and structural damage to the eye, resulting in severe and permanent vision loss.

Treatment

The primary goal of therapy for uveitis is to preserve vision. Noninfectious uveitis typically responds well to corticosteroid treatment. Immunosuppressive therapy (e.g., antimetabolites, alkylating agents, T-cell inhibitors, tumor necrosis factor inhibitors) may also be used to control severe uveitis. Immunosuppressive therapy is typically reserved for patients who require chronic high-dose systemic steroids to control their disease. While effective, immunosuppressants may have serious and potentially life-threatening adverse effects, including renal and hepatic failure and bone marrow suppression.

Macular Edema after Retinal Vein Occlusion

Retinal vein occlusions are classified by whether the central retinal vein or one of its branches is obstructed. Central retinal vein occlusion (CRVO) and branch retinal vein occlusion (BRVO) differ in pathophysiology, clinical course, and therapy. CRVOs are categorized as ischemic or nonischemic. Ischemic CRVOs are referred to as severe, complete, or total vein obstruction, and account for 20% to 25% of all CRVOs. Macular edema and permanent macular dysfunction occur in virtually all patients with ischemic CRVO, and in many patients with nonischemic CRVO. BRVO is a common retinal vascular disorder in adults between 60 and 70 years of age and occurs approximately 3 times more often than CRVO.

Treatment

Intravitreal injections of triamcinolone are used to treat macular edema associated with CRVO, with a modest beneficial effect on visual acuity. The treatment effect lasts about 6 months, and repeat injections may be necessary. Cataracts are a common side effect, and steroid-related pressure elevation occurs in about one-third of patients, with 1% requiring filtration surgery.

Macular photocoagulation with grid laser improves vision in BRVO but is not recommended for CRVO. Although intravitreal injections of triamcinolone have also been used for BRVO, the serious adverse events have stimulated the evaluation of new treatments, including intravitreal steroid implants or the intravitreal injection of antivascular endothelial growth factor.

Diabetic Macular Edema

Diabetic retinopathy is a common microvascular complication of diabetes and a leading cause of blindness in adults. The 2 most serious complications for vision are diabetic macular edema (DME) and proliferative diabetic retinopathy. At its earliest stage (nonproliferative retinopathy), microaneurysms occur. As the disease progresses, blood vessels that nourish the retina are blocked, triggering the growth of new and fragile blood vessels (proliferative retinopathy). Severe vision loss with proliferative retinopathy arises from leakage of blood into the vitreous. DME is characterized by swelling of the macula due to gradual leakage of fluids from blood vessels and breakdown of the blood-retinal barrier. Moderate vision loss can arise from the fluid accumulating in the center of the macula (macular edema) during the proliferative or nonproliferative stages of the disease. Although proliferative disease is the main blinding complication of diabetic retinopathy, macular edema is more frequent and is the leading cause of moderate vision loss in people with diabetes.

Treatment

Tight glycemic and blood pressure control is the first line of treatment to control diabetic retinopathy, followed by laser photocoagulation for patients whose retinopathy is approaching the high-risk stage. Although laser photocoagulation is effective at slowing the progression of retinopathy and reducing visual loss, it does not restore lost vision. Alternatives to intravitreal implants include intravitreal injection of triamcinolone acetonide, which is used as off-label adjunctive therapy for DME. Angiostatic agents such as injectable vascular endothelial growth factor inhibitors, which block stages in the pathway leading to new blood vessel formation (angiogenesis), have demonstrated efficacy in DME.

Age-Related Macular Degeneration

Age-related macular degeneration is a degenerative disease of the retina that results in loss of central vision with increasing age. Two different forms of degeneration, known as dry and wet, may be observed. The dry form (also known atrophic or areolar) is more common and is often a precursor to the wet form (also known as exudative neovascular or disciform). The wet form is more devastating and characterized by serous or hemorrhagic detachment of the retinal pigment epithelium and development of choroidal neovascularization, which greatly increases the risk of developing severe irreversible loss of vision. Choroidal neovascularization is categorized as classic or occult.

Treatment

Effective specific therapies for exudative or wet age-related macular degeneration are an intravitreous injection of a vascular endothelial growth factor inhibitor, possibly thermal laser photocoagulation (in selected patients), and photodynamic therapy.

Intravitreal and Punctum Implants

Intravitreal and punctum implants deliver a continuous concentration of a pharmacologic agent to the eye over a prolonged period. The goal of therapy is to reduce inflammation in the eye while minimizing the adverse events of the therapeutic regimen.

Selection of the route of corticosteroid administration (topical, systemic, periocular, or intraocular injection) is based on the cause, location, and severity of the disease. Each therapeutic approach has drawbacks. For example, topical corticosteroids require frequent (e.g., hourly) administration and may not adequately penetrate the posterior segment of the eye due to their poor ability to penetrate ocular tissues. Systemically administered drugs penetrate poorly into the eye because of the blood-retinal barrier, and high-dose or long-term treatments may be necessary. Long-term systemic therapies can be associated with substantial adverse events such as hypertension and osteoporosis, while repeated (every 4-6 weeks) intraocular corticosteroid injections may result in pain, intraocular infection, globe perforation, fibrosis of the extraocular muscles, reactions to the delivery vehicle, increased intraocular pressure, and cataract development.

Corticosteroid implants are biodegradable or nonbiodegradable. Nonbiodegradable systems are thought to be preferable for treating chronic, long-term disease, while biodegradable products may be preferred for conditions that require short-term therapy. Although the continuous local release of steroid with an implant may reduce or eliminate the need for intravitreal injections and/or long-term systemic therapy, insertion or surgical implantation of the device carries risks, and the device could increase ocular toxicity due to increased corticosteroid concentrations in the eye over a longer duration. With any route of administration, cataracts are a frequent complication of long-term corticosteroid therapy.

Intraocular corticosteroid implants being evaluated include:

- Retisert (nonbiodegradable fluocinolone acetonide intravitreal implant; Bausch & Lomb) is a sterile implant that consists of a tablet containing fluocinolone acetonide 0.59 mg, a synthetic corticosteroid that is less soluble in aqueous solution than dexamethasone. The tablet is encased in a silicone elastomer cup with a release orifice and membrane; the entire elastomer cup assembly is attached to a suture tab. Following implantation (via pars plana incision and suturing) in the vitreous, the implant releases the active drug at a rate of 0.3 to 0.4 µg/d over 2.5 years.
- ILUVIEN (nonbiodegradable injectable intravitreal implant with fluocinolone acetonide; Alimera Sciences) is a rod-shaped device made of polyimide and polyvinyl alcohol. It is small enough to be placed using a 25-gauge applicator. It is expected to provide sustained delivery of fluocinolone acetonide for up to 3 years.
- Ozurdex (previously known as Posurdex; biodegradable dexamethasone intravitreal implant; Allergan, Irvine, CA) is composed of a biodegradable copolymer of lactic acid

and glycolic acid with micronized dexamethasone. This implant is placed into the vitreous cavity through the pars plana using a customized, single-use, 22-gauge applicator. The implant provides intravitreal dexamethasone for up to 6 months. The mean number of Ozurdex injections reported in the literature is 4.2 injections per year, and more than 6 consecutive injections have been reported.

- Dextenza® (biodegradable dexamethasone intracanalicular insert; Ocular Therapeutix™) is a rod-shaped hydrogel device that is designed to deliver a sustained and tapered release of 0.4 mg of dexamethasone over 4 weeks. Following ophthalmic surgery, it is inserted through the inferior punctum into the canaliculus of the operative eye. To allow for visualization and retention monitoring, the hydrogel device is conjugated with fluorescein. No removal is required as the device is designed to resorb and exit the nasolacrimal system independently.
- Yutiq (non-biodegradable fluocinolone acetonide intravitreal implant; EyePoint Pharmaceuticals U.S., Inc.) is a sterile 3.3 mm-long implant consisting of fluocinolone acetonide 0.18 mg that is preloaded into a single-dose applicator and injected directly into the vitreous. It is designed to provide a sustained release of fluocinolone acetonide at an initial rate of 0.25 mcg/day within over a 36-month period.

REGULATORY STATUS

In 2009, Ozurdex® (dexamethasone 0.7 mg intravitreal implant; Allergan) was approved by the U.S. Food and Drug Administration (FDA) for the treatment of macular edema following branch retinal vein occlusion or central retinal vein occlusion. Subsequently, in September 2010, the indication was expanded to include treatment of noninfectious uveitis affecting the segment of the eye. In 2014, the indication was again expanded to include treatment of diabetic macular edema.

In September 2014, Iluvien® (fluocinolone acetonide 0.19 mg intravitreal implant; Alimera Sciences) was approved by the FDA for the treatment of diabetic macular edema in patients previously treated with a course of corticosteroids and without a clinically significant rise in intraocular pressure.

In November 2014, Retisert™ (fluocinolone acetonide 0.59 mg intravitreal implant; Bausch & Lomb) was approved by the FDA for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye.

In October 2018, Yutiq® (fluocinolone acetonide 0.18 mg intravitreal implant; EyePoint Pharmaceuticals, Inc.) was approved by the FDA for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye.

In November 2018, Dextenza® (dexamethasone 0.4 mg intracanalicular implant; Ocular Therapeutix) was approved by the FDA for the treatment of ocular inflammation and pain following ophthalmic surgery. In October 2021, the indication was expanded to include treatment of ocular itching associated with allergic conjunctivitis.

IV. RATIONALE

TOP

SUMMARY OF EVIDENCE

Uveitis

For individuals with chronic noninfectious intermediate or posterior uveitis who receive an intravitreal fluocinolone acetonide implant (0.59 mg), the evidence includes 4 RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Two of the 4 RCTs compared 2 doses of implants, and 2 trials compared implants with systemic steroids (and immunosuppression when indicated). All trials supported the efficacy of intravitreal fluocinolone acetonide implants in preventing recurrence and improving visual acuity over 4-year follow-up. The head-to-head trial comparing implants with systemic corticosteroids did not show substantial superiority in the overall effectiveness of either approach. After 24 and 54 months of follow-up, visual acuity improved from baseline in the implant groups compared with the systematic therapy groups by +6.0 and +3.2 letters (p=0.16) and +2.4 and 3.1 letters (p=0.073), respectively. However, nearly all phakic patients receiving implants developed cataracts and required cataract surgery. Further, most also developed glaucoma, with 75% of patients requiring IOP-lowering medications and 35% requiring filtering surgeries. Systemic adverse events such as hyperlipidemia, diabetes, osteoporosis, fractures, and blood count/chemistry abnormalities were infrequent and not statistically distinguishable between groups. The incidence of hypertension was greater in the systemic therapy group (27%) than in the implant group (13%), but rates of antihypertensive treatment initiation did not differ. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with noninfectious intermediate or posterior uveitis who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes an RCT. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Results of this trial at 8 weeks showed that the implant was effective in reducing inflammation (the proportion of eyes with no inflammation was 47% and 12% with implant and sham, respectively) and resulted in clinically meaningful improvement in vision at week 8 compared with sham controls (the proportion of patients with a gain of ≥15 letters in best-corrected visual acuity from baseline was ≈40% with implants and 10% with sham). Further, at week 26, patients treated with implants reported meaningful increases in vision-related functioning. The major limitation of this trial was its lack of long-term follow-up. Use of implants resulted in higher incidences of cataracts and elevated IOP. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

Macular Edema

For individuals with macular edema after retinal vein occlusion who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes 2 RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Compared with sham controls, implants resulted in clinically meaningful improvements in visual acuity within 1 to 3 months post implant and improvement in vision occurred faster. The difference in the proportion of patients with gain of 15 or more letters in best-corrected visual acuity from baseline was more than 10% in favor implants vs sham in both

studies at 30, 60 and 90 days, but not at 180 days post implant. Use of implants resulted in higher incidences of cataracts and elevated IOP. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with macular edema after retinal vein occlusion who receive an intravitreal fluocinolone acetonide implant (0.59 mg), no studies were identified. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. The evidence is insufficient to determine the effects of the technology on health outcomes.

Diabetic Macular Edema
For individuals with refractory (persistent or recurrent) DME who receive an intravitreal fluocinolone acetonide implant (0.59 mg), the evidence includes an RCT. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Compared with the standard of care (as needed laser or observation), a greater proportion of patients with implants reported clinically significant improvement in vision at 6 months (1.4% vs 16.8% respectively) and subsequent time points assessed but not at or beyond 30 months of follow-up. Ninety percent of patients with phakic eyes who received implants required cataract surgery, and 60% developed elevated IOP. Due to the substantial increase in adverse events and availability of agents with better tolerability profiles (e.g., anti-VEGF inhibitors), implant use in DME is questionable. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with DME who receive an intravitreal fluocinolone acetonide implant (0.19 mg), the evidence includes 2 RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Implant-treated eyes showed clinically meaningful improvements in the vision at 2- and 3-years post implant. The percentage of patients who gained 15 letters or more was 28.7% in the implant group vs 18.9% in the sham group at 3 years. Subgroup analysis showed greater improvements in visual acuity in patients who were pseudophakic compared with those who were phakic (difference in mean change in number of letters at 2 years from baseline was 5.6 letters in pseudophakic patient's vs 1 letter in phakic patients). A major limitation of these implants is that nearly 80% all phakic patients will develop cataracts and will require cataract surgery. Further, IOP was elevated in 34% of patients who received this implant compared with 10% of controls. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with DME who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes 3 RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Compared with sham control, 2 identically designed RCTs showed clinically meaningful improvements in vision with dexamethasone implants that peaked at 3 months and maintained 39 months (with retreatment). The difference in the proportion of patients with a gain of 15 or more letters in best-corrected visual acuity from baseline was 9.3% and 13.0% in the 2 trials, respectively, favoring implant vs sham at 39 months post implant. Subgroup analysis of these trials showed greater improvements in visual acuity in patients who were pseudophakic compared with those

who were phakic. Results of a small RCT showed that, compared with bevacizumab, implant-treated patients at 1 year had similar improvement rates on the primary end point, but experienced greater rates of vision loss (0% vs 10.9%), greater frequency of side effects such as cataracts (4.8% vs 13%) and elevated IOP (0% vs 19.6%), all respectively. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with diabetic macular edema who receive an intravitreal dexamethasone implant (0.7 mg) plus antivascular endothelial growth factor therapy, the evidence includes 2 RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Findings from both RCTs were consistent in demonstrating that although adding dexamethasone to an antivascular endothelial growth factor treatment can lead to a greater mean reduction in central subfield thickness, it does not improve visual acuity and can lead to a higher risk of intraocular pressure elevation. Based on the consistent lack of improvement in visual acuity, increased risk of intraocular pressure elevation, and imprecision, the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals with DME who receive an intravitreal dexamethasone implant (0.7 mg) plus laser photocoagulation, the evidence includes an RCT. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. One RCT with 1-year follow-up demonstrated that combination implants plus laser photocoagulation compared with laser photocoagulation alone resulted in better visual acuity (as measured by a gain of ≥10 letters) at 9 months but not at 12 months. However, the generally accepted standard outcome measure for change is 15 or more letters, and this standard was not used in this trial. The use of dexamethasone implants resulted in higher incidences of cataracts and elevated IOP. Further, a differential loss to follow-up, lack of power calculations for sample size estimation, and lack of intention-to-treat analysis preclude interpretation of results. A larger RCT with adequate power is needed to confirm these findings. The evidence is insufficient to determine the effects of the technology on health outcomes.

Age-Related Macular Degeneration

For individuals with age-related macular degeneration who receive an intravitreal dexamethasone implant (0.7 mg) plus anti-VEGF inhibitor, the evidence includes an RCT. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Results of this trial did not demonstrate clinically meaningful reductions in the ranibizumab injection-free interval between combined treatments (34 days) and anti-VEGF alone (29 days; p=0.016). Further, IOP was elevated in a greater proportion of patients receiving implants without any additional clinical benefit. The evidence is insufficient to determine the effects of the technology on health outcomes.

Other Conditions

For individuals with birdshot retinochoroidopathy refractory or intolerant to standard therapy who receive an intravitreal fluocinolone acetonide implant (0.59 mg) or intravitreal dexamethasone implant (0.7 mg), the evidence includes multiple observational studies. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related

morbidity. Multiple observational studies have noted improvements in anatomic and visual acuity outcomes. Long-term follow-up for efficacy and safety is limited. RCTs are needed to permit conclusions on the efficacy of corticosteroid implants in patients with refractory or intolerant birdshot retinopathy. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with cystoid macular edema who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes 1 observation controlled RCT (N=14), 3 comparative observational studies, and numerous case series. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. The RCT found improved mean visual acuity and eye anatomy outcomes with intravitreal dexamethasone compared to the control eyes, but these differences were not sustained at 6 months. The comparative observational studies included 269 patients (range, 60 to 135) and also lacked responder analysis of the proportion of patients with a 15-or-more letter improvement. One case series evaluated the proportion of patients with a 3-line improvement in best-corrected visual acuity; although 88% of patients achieved this outcome at 2 months, the proportion with improvement was not sustained at 6 months (27.8%). Additional blinded, multicenter RCTs are needed that compare intravitreal dexamethasone to another established treatment. The trials should be adequately powered for measuring the proportion of patients in whom vision had improved by 15 letters or more. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome. For individuals with idiopathic macular telangiectasia type 1 who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes multiple case reports. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Case reports have noted mix results for visual acuity and inflammation-related outcomes. Long-term follow-up for efficacy and safety is limited. Better quality studies with long-term follow-up are needed to permit conclusions on the efficacy of corticosteroid implants in patients with idiopathic macular telangiectasia type 1. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with postoperative chronic macular edema (pseudophakic cystoid macular edema, Irvine-Gass syndrome) who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes 1 RCT (N=29) that compared dexamethasone intravitreal implant, 0.7 mg to triamcinolone intravitreal injection 4 mg, 2 comparative observational studies and numerous case series. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. The RCT found no statistically significant difference between treatments in mean visual acuity improvement at 3 or 6 months. The proportion of patients in whom vision had improved by 15 letters or more was not reported. The comparative observational studies included only small numbers of patients and also lack responder analysis of the proportion of patients with a 15-or-more letter improvement. In the largest case series (N=100), 2 of every 5 patients experienced clinically meaningful improvements in visual acuity after 1 year of follow-up. Additional RCTs are needed that have clearly defined and representative populations (i.e., for chronic and refractory patients, documentation of intensity and duration of the first-line therapy regimens) and are adequately powered for measuring the proportion of patients in whom vision had improved by 15 letters or

more. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.For individuals with circumscribed choroidal hemangiomas who receive an intravitreal dexamethasone implant (0.7 mg) plus photodynamic therapy, the evidence includes a case report. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Results of the case report do not permit conclusions about the efficacy or safety of adding dexamethasone implants for circumscribed choroidal hemangiomas to photodynamic therapy. RCTs are needed to permit conclusions on the efficacy of corticosteroid implants in this population. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with proliferative vitreoretinopathy who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes a case series and a case report. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. These studies have reported multiple interventions, including dexamethasone implants in conjunction with surgery and laser for preventing proliferative retinopathy after retinal detachment surgery. RCTs are needed to permit conclusions on the efficacy of corticosteroid implants in patients with proliferative retinopathy. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with radiation retinopathy who receive an intravitreal dexamethasone implant (0.7 mg), the evidence includes multiple observational studies. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Multiple observational studies have noted improvements in anatomic and visual acuity outcomes. Long-term follow-up for efficacy and safety is limited. RCTs are needed to permit conclusions on the efficacy of corticosteroid implants in patients with radiation retinopathy. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals scheduled to undergo clear corneal cataract surgery who receive punctum dexamethasone insert (0.4 mg), the evidence includes 3 RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. All 3 trials noted significant improvements with the punctum dexamethasone insert (0.4 mg) across both coprimary efficacy endpoints of absence of pain at 8 days and absence of anterior chamber cells at day 14. Adverse events were generally similar between punctum dexamethasone insert (0.4 mg) and sham. Based on the consistent benefits and lack of important increases in adverse event risk, evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with noninfectious intermediate uveitis or posterior uveitis and cataract undergoing cataract surgery who receive prophylaxis with intravitreal dexamethasone 0.7 mg (Ozurdex), the best evidence includes 1 single-center, open-label RCT of 43 patients in India. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Compared with oral corticosteroids, intravitreal dexamethasone 0.7 mg had similar benefits and avoided need for early steroid taper due to adverse effects on blood glucose, but potentially increased risk of developing intraocular pressure. Due to important study limitations including its small sample size, unclear allocation concealment methods and lack of blinding,

evidence is insufficient to determine that the technology results in a meaningful improvement in the net health outcome.

V. DEFINITIONS

TOP

INTRAVITREAL- Refers to that which is injected into the eye's vitreous humor between the lens and the retina.

UVEITIS- An inflammation of part or all of the uvea, the middle (vascular) tunic of the eye and commonly involving the other tunics (the sclera and cornea and the retina).

VI. BENEFIT VARIATIONS

TOP

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

TOP

Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law

VIII. CODING INFORMATION

TOP

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

Procedure Codes								
67027	67028	68841						

Covered when medically necessary:Procedure codes						
J7311						

The following codes apply to code J7311:

ICD-10-CM Diagnosis Codes	Description
H20.821	Vogt-Koyanagi syndrome, right eye
H20.822	Vogt-Koyanagi syndrome, left eye
H20.823	Vogt-Koyanagi syndrome, bilateral
H20.829	Vogt-Koyanagi syndrome, unspecified eye
H30.001	Unspecified focal chorioretinal inflammation, right eye
H30.002	Unspecified focal chorioretinal inflammation, left eye
H30.003	Unspecified focal chorioretinal inflammation, bilateral
H30.009	Unspecified focal chorioretinal inflammation, unspecified eye
H30.011	Focal chorioretinal inflammation, juxtapapillary, right eye
H30.012	Focal chorioretinal inflammation, juxtapapillary, left eye
H30.013	Focal chorioretinal inflammation, juxtapapillary, bilateral
H30.019	Focal chorioretinal inflammation, juxtapapillary, unspecified eye
H30.021	Focal chorioretinal inflammation of posterior pole, right eye
H30.022	Focal chorioretinal inflammation of posterior pole, left eye
H30.023	Focal chorioretinal inflammation of posterior pole, bilateral
H30.029	Focal chorioretinal inflammation of posterior pole, unspecified eye
H30.031	Focal chorioretinal inflammation, peripheral, right eye
H30.032	Focal chorioretinal inflammation, peripheral, left eye
H30.033	Focal chorioretinal inflammation, peripheral, bilateral
H30.039	Focal chorioretinal inflammation, peripheral, unspecified eye
H30.041	Focal chorioretinal inflammation, macular or paramacular, right eye
H30.042	Focal chorioretinal inflammation, macular or paramacular, left eye
H30.043	Focal chorioretinal inflammation, macular or paramacular, bilateral
H30.049	Focal chorioretinal inflammation, macular or paramacular, unspecified eye
H30.101	Unspecified disseminated chorioretinal inflammation, right eye
H30.102	Unspecified disseminated chorioretinal inflammation, left eye
H30.103	Unspecified disseminated chorioretinal inflammation, bilateral
H30.109	Unspecified disseminated chorioretinal inflammation, unspecified eye
H30.111	Disseminated chorioretinal inflammation of posterior pole, right eye
H30.112	Disseminated chorioretinal inflammation of posterior pole, left eye
H30.113	Disseminated chorioretinal inflammation of posterior pole, bilateral
H30.119	Disseminated chorioretinal inflammation of posterior pole, unspecified eye
H30.121	Disseminated chorioretinal inflammation, peripheral right eye
H30.122	Disseminated chorioretinal inflammation, peripheral, left eye
H30.123	Disseminated chorioretinal inflammation, peripheral, bilateral

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
H30.129	Disseminated chorioretinal inflammation, peripheral, unspecified eye
H30.131	Disseminated chorioretinal inflammation, generalized, right eye
H30.132	Disseminated chorioretinal inflammation, generalized, left eye
H30.133	Disseminated chorioretinal inflammation, generalized, bilateral
H30.139	Disseminated chorioretinal inflammation, generalized, unspecified eye
H30.20	Posterior cyclitis, unspecified eye
H30.21	Posterior cyclitis, right eye
H30.22	Posterior cyclitis, left eye
H30.23	Posterior cyclitis, bilateral
H30.811	Harada's disease, right eye
H30.812	Harada's disease, left eye
H30.813	Harada's disease, bilateral
H30.819	Harada's disease, unspecified eye
H30.891	Other chorioretinal inflammations, right eye
H30.892	Other chorioretinal inflammations, left eye
H30.893	Other chorioretinal inflammations, bilateral
H30.899	Other chorioretinal inflammations, unspecified eye
H30.90	Unspecified chorioretinal inflammation, unspecified eye
H30.91	Unspecified chorioretinal inflammation, right eye
H30.92	Unspecified chorioretinal inflammation, left eye
H30.93	Unspecified chorioretinal inflammation, bilateral
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H35.029	Exudative retinopathy, unspecified eye
H35.061	Retinal vasculitis, right eye
H35.062	Retinal vasculitis, left eye
H35.063	Retinal vasculitis, bilateral
H35.069	Retinal vasculitis, unspecified eye
H44.111	Panuveitis, right eye
H44.112	Panuveitis, left eye
H44.113	Panuveitis, bilateral
H44.119	Panuveitis, unspecified eye

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

Covered when medically necessary:

Procedure Codes						
J7314						

The following codes apply to code J7314:

ICD-10-CM Diagnosis Codes	Description
H20.821	Vogt-Koyanagi syndrome, right eye
H20.822	Vogt-Koyanagi syndrome, left eye
H20.823	Vogt-Koyanagi syndrome, bilateral
H20.829	Vogt-Koyanagi syndrome, unspecified eye
H30.001	Unspecified focal chorioretinal inflammation, right eye
H30.002	Unspecified focal chorioretinal inflammation, left eye
H30.003	Unspecified focal chorioretinal inflammation, bilateral
H30.009	Unspecified focal chorioretinal inflammation, unspecified eye
H30.011	Focal chorioretinal inflammation, juxtapapillary, right eye
H30.012	Focal chorioretinal inflammation, juxtapapillary, left eye
H30.013	Focal chorioretinal inflammation, juxtapapillary, bilateral
H30.019	Focal chorioretinal inflammation, juxtapapillary, unspecified eye
H30.021	Focal chorioretinal inflammation of posterior pole, right eye
H30.022	Focal chorioretinal inflammation of posterior pole, left eye
H30.023	Focal chorioretinal inflammation of posterior pole, bilateral
H30.029	Focal chorioretinal inflammation of posterior pole, unspecified eye
H30.031	Focal chorioretinal inflammation, peripheral, right eye
H30.032	Focal chorioretinal inflammation, peripheral, left eye
H30.033	Focal chorioretinal inflammation, peripheral, bilateral
H30.039	Focal chorioretinal inflammation, peripheral, unspecified eye
H30.041	Focal chorioretinal inflammation, macular or paramacular, right eye
H30.042	Focal chorioretinal inflammation, macular or paramacular, left eye
H30.043	Focal chorioretinal inflammation, macular or paramacular, bilateral
H30.049	Focal chorioretinal inflammation, macular or paramacular, unspecified eye
H30.101	Unspecified disseminated chorioretinal inflammation, right eye
H30.102	Unspecified disseminated chorioretinal inflammation, left eye
H30.103	Unspecified disseminated chorioretinal inflammation, bilateral
H30.109	Unspecified disseminated chorioretinal inflammation, unspecified eye
H30.111	Disseminated chorioretinal inflammation of posterior pole, right eye
H30.112	Disseminated chorioretinal inflammation of posterior pole, left eye

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
H30.113	Disseminated chorioretinal inflammation of posterior pole, bilateral
H30.119	Disseminated chorioretinal inflammation of posterior pole, unspecified eye
H30.121	Disseminated chorioretinal inflammation, peripheral right eye
H30.122	Disseminated chorioretinal inflammation, peripheral, left eye
H30.123	Disseminated chorioretinal inflammation, peripheral, bilateral
H30.129	Disseminated chorioretinal inflammation, peripheral, unspecified eye
H30.131	Disseminated chorioretinal inflammation, generalized, right eye
H30.132	Disseminated chorioretinal inflammation, generalized, left eye
H30.133	Disseminated chorioretinal inflammation, generalized, bilateral
H30.139	Disseminated chorioretinal inflammation, generalized, unspecified eye
H30.20	Posterior cyclitis, unspecified eye
H30.21	Posterior cyclitis, right eye
H30.22	Posterior cyclitis, left eye
H30.23	Posterior cyclitis, bilateral
H30.811	Harada's disease, right eye
H30.812	Harada's disease, left eye
H30.813	Harada's disease, bilateral
H30.819	Harada's disease, unspecified eye
H30.891	Other chorioretinal inflammations, right eye
H30.892	Other chorioretinal inflammations, left eye
H30.893	Other chorioretinal inflammations, bilateral
H30.899	Other chorioretinal inflammations, unspecified eye
H30.90	Unspecified chorioretinal inflammation, unspecified eye
H30.91	Unspecified chorioretinal inflammation, right eye
H30.92	Unspecified chorioretinal inflammation, left eye
H30.93	Unspecified chorioretinal inflammation, bilateral
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H35.029	Exudative retinopathy, unspecified eye
H35.061	Retinal vasculitis, right eye
H35.062	Retinal vasculitis, left eye
H35.063	Retinal vasculitis, bilateral
H35.069	Retinal vasculitis, unspecified eye
H44.111	Panuveitis, right eye
H44.112	Panuveitis, left eye

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
H44.113	Panuveitis, bilateral
H44.119	Panuveitis, unspecified eye

Covered when medically necessary:

Procedure Codes						
J7312						

The following codes apply to code J7312:

ICD-10-CM Diagnosis Codes	Description
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye

ICD-10-CM Diagnosis Codes	Description
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye

ICD-10-CM Diagnosis Codes	Description
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3311	2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye

ICD-10-CM Diagnosis Codes	Description
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
H20.041	Secondary noninfectious iridocyclitis, right eye
H20.042	Secondary noninfectious iridocyclitis, left eye
H20.043	Secondary noninfectious iridocyclitis, bilateral
H20.049	Secondary noninfectious iridocyclitis, unspecified eye
H30.011	Focal chorioretinal inflammation, juxtapapillary, right eye
H30.012	Focal chorioretinal inflammation, juxtapapillary, left eye
H30.013	Focal chorioretinal inflammation, juxtapapillary, bilateral
H30.019	Focal chorioretinal inflammation, juxtapapillary, unspecified eye
H30.021	Focal chorioretinal inflammation of posterior pole, right eye
H30.022	Focal chorioretinal inflammation of posterior pole, left eye
H30.023	Focal chorioretinal inflammation of posterior pole, bilateral
H30.029	Focal chorioretinal inflammation of posterior pole, unspecified eye
H30.031	Focal chorioretinal inflammation, peripheral, right eye
H30.032	Focal chorioretinal inflammation, peripheral, left eye
H30.033	Focal chorioretinal inflammation, peripheral, bilateral
H30.039	Focal chorioretinal inflammation, peripheral, unspecified eye
H30.041	Focal chorioretinal inflammation, macular or paramacular, right eye
H30.042	Focal chorioretinal inflammation, macular or paramacular, left eye
H30.043	Focal chorioretinal inflammation, macular or paramacular, bilateral
H30.049	Focal chorioretinal inflammation, macular or paramacular, unspecified eye
H30.20	Posterior cyclitis, unspecified eye
H30.21	Posterior cyclitis, right eye
H30.22	Posterior cyclitis, left eye
H30.23	Posterior cyclitis, bilateral

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
H30.891	Other chorioretinal inflammations, right eye
H30.892	Other chorioretinal inflammations, left eye
H30.893	Other chorioretinal inflammations, bilateral
H30.899	Other chorioretinal inflammations, unspecified eye
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8121	Central retinal vein occlusion, left eye, with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8191	Central retinal vein occlusion, unspecified eye, with retinal neovascularization
H34.8192	Central retinal vein occlusion, unspecified eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H35.81	Retinal edema

Covered when medically necessary:

Procedure Codes						
J7313						

The following codes apply to code J7313:

ICD-10-CM Diagnosis Codes	Description
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3311	2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

ICD-10-CM Diagnosis Codes	Description
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral

Covered when medically necessary:

Procedure Codes						
J1096						

The following codes apply to code J1096:

ICD-10-CM Diagnosis Codes	Description
G89.18	Other acute postprocedural pain [ocular pain following ophthalmic surgery]
H10.45	Other chronic allergic conjunctivitis
H57.10	Ocular pain, unspecified eye [ocular pain following ophthalmic surgery]
H57.11	Ocular pain, right eye [ocular pain following ophthalmic surgery]
H57.12	Ocular pain, left eye [ocular pain following ophthalmic surgery]
H57.13	Ocular pain, bilateral [ocular pain following ophthalmic surgery]

IX. REFERENCES

TOP

1. *Haller JA, Bandello F, Belfort R, et al. Randomized, sham-controlled trial of dexamethasone intravitreal implant in patients with macular edema due to retinal vein occlusion. Ophthalmology. Jun 2010; 117(6): 1134-1146.e3. PMID 20417567*
2. *Haller JA, Bandello F, Belfort R, et al. Dexamethasone intravitreal implant in patients with macular edema related to branch or central retinal vein occlusion twelve-month study results. Ophthalmology. Dec 2011; 118(12): 2453-60. PMID 21764136*
3. *Bausch & Lomb Incorporated. Retisert (fluocinolone acetonide intravitreal implant) 0.59 mg: Prescribing Label. 2019;*
4. *Jaffe GJ, Martin D, Callanan D, et al. Fluocinolone acetonide implant (Retisert) for noninfectious posterior uveitis: thirty-four-week results of a multicenter randomized clinical study. Ophthalmology. Jun 2006; 113(6): 1020-7. PMID 16690128*

5. *U.S. Food and Drug Administration. Center for Drug Evaluation and Research, Application number 21-737, Medical Review. 2005;*
6. *Pavesio C, Zierhut M, Bairi K, et al. Evaluation of an intravitreal fluocinolone acetonide implant versus standard systemic therapy in noninfectious posterior uveitis. Ophthalmology. Mar 2010; 117(3): 567-75, 575.e1. PMID 20079922*
7. *Brady CJ, Villanti AC, Law HA, et al. Corticosteroid implants for chronic non-infectious uveitis. Cochrane Database Syst Rev. Feb 12, 2016; 2: CD010469. PMID 26866343*
8. *Kempen JH, Altaweel MM, Holbrook JT, et al. Randomized comparison of systemic anti-inflammatory therapy vrsus fluocinolone acetonide implant for intermediate, posterior, and panuveitis: the multicenter uveitis steroid treatment trial. Ophthalmology. Oct 2011; 118(10): 1916-26. PMID 21840602*
9. *Kempen JH, Altaweel MM, Drye LT, et al. Benefits of Systemic Anti-inflammatory Therapy versus Fluocinolone Acetonide Intraocular Implant for Intermediate Uveitis, Posterior Uveitis, and Panuveitis: Fifty-four-Month Results of the Multicenter Uveitis Steroid Treatment (MUST) Trial and Follow-up Study. Ophthalmology. Oct 2015; 122(10): 1967-75. PMID 26298715*
10. *Jaffe GJ, Branchaud B, Hahn P, et al. Quality of Life and Risks Associated with Systemic Anti-inflammatory Therapy versus Fluocinolone Acetonide Intraocular Implant for Intermediate Uveitis, Posterior Uveitis, or Panuveitis: Fifty-four-Month Results of the Multicenter Uveitis Steroid Treatment Trial and Follow-up Study. Ophthalmology. Oct 2015; 122(10): 1976-86. PMID 26298718*
11. *Holbrook JT, Sugar EA, Burke AE, et al. Dissociations of the Fluocinolone Acetonide Implant: The Multicenter Uveitis Steroid Treatment (MUST) Trial and Follow-up Study. Am J Ophthalmol. Apr 2016; 164: 29-36. PMID 26748056*
12. *Lowder C, Belfort R, Lightman S, et al. Dexamethasone intravitreal implant for noninfectious intermediate or posterior uveitis. Arch Ophthalmol. May 2011; 129(5): 545-53. PMID 21220619*
13. *Lightman S, Belfort R, Naik RK, et al. Vision-related functioning outcomes of dexamethasone intravitreal implant in noninfectious intermediate or posterior uveitis. Invest Ophthalmol Vis Sci. Jul 18, 2013; 54(7): 4864-70. PMID 23761087*
14. *Gillespie BW, Musch DC, Niziol LM, et al. Estimating minimally important differences for two vision-specific quality of life measures. Invest Ophthalmol Vis Sci. Jun 06, 2014; 55(7): 4206-12. PMID 24906863*
15. *Allergan Inc. Ozurdex (dexamethasone intravitreal implant): Prescribing Label 2014;*
16. *U.S. Food and Drug Administration. Center for Drug Evaluation and Research, Application number 210331, Medical Review. 2018;*
17. *Jaffe GJ, Foster CS, Pavesio CE, et al. Effect of an Injectable Fluocinolone Acetonide Insert on Recurrence Rates in Chronic Noninfectious Uveitis Affecting the Posterior Segment: Twelve-Month Results. Ophthalmology. Apr 2019; 126(4): 601-610. PMID 30367884*
18. *Yeh S, Kim SJ, Ho AC, et al. Therapies for macular edema associated with central retinal vein occlusion: a report by the American Academy of Ophthalmology. Ophthalmology. Apr 2015; 122(4): 769-78. PMID 25576994*

19. *Pichi F, Specchia C, Vitale L, et al. Combination therapy with dexamethasone intravitreal implant and macular grid laser in patients with branch retinal vein occlusion. Am J Ophthalmol. Mar 2014; 157(3): 607-15.e1. PMID 24528934*
20. *Maturi RK, Chen V, Raghinaru D, et al. A 6-month, subject-masked, randomized controlled study to assess efficacy of dexamethasone as an adjunct to bevacizumab compared with bevacizumab alone in the treatment of patients with macular edema due to central or branch retinal vein occlusion. Clin Ophthalmol. 2014; 8: 1057-64. PMID 24940042*
21. *Gado AS, Macky TA. Dexamethasone intravitreous implant versus bevacizumab for central retinal vein occlusion-related macular oedema: a prospective randomized comparison. Clin Exp Ophthalmol. Sep-Oct 2014; 42(7): 650-5. PMID 24612095*
22. *Kuppermann BD, Blumenkranz MS, Haller JA, et al. Randomized controlled study of an intravitreous dexamethasone drug delivery system in patients with persistent macular edema. Arch Ophthalmol. Mar 2007; 125(3): 309-17. PMID 17353400*
23. *Kumar P, Sharma YR, Chandra P, et al. Comparison of the Safety and Efficacy of Intravitreal Ranibizumab with or without Laser Photocoagulation Versus Dexamethasone Intravitreal Implant with or without Laser Photocoagulation for Macular Edema Secondary to Branch Retinal Vein Occlusion. Folia Med (Plovdiv). Jun 01, 2019; 61(2): 240-248. PMID 31301668*
24. *Ji K, Zhang Q, Tian M, et al. Comparison of dexamethasone intravitreal implant with intravitreal anti-VEGF injections for the treatment of macular edema secondary to branch retinal vein occlusion: A meta-analysis. Medicine (Baltimore). May 2019; 98(22): e15798. PMID 31145307*
25. *Thorne JE, Sugar EA, Holbrook JT, et al. Periocular Triamcinolone vs. Intravitreal Triamcinolone vs. Intravitreal Dexamethasone Implant for the Treatment of Uveitic Macular Edema: The PeriOcular vs. INTravitreal corticosteroids for uveitic macular edema (POINT) Trial. Ophthalmology. Feb 2019; 126(2): 283-295. PMID 30269924*
26. *Rittiphairoj T, Mir TA, Li T, et al. Intravitreal steroids for macular edema in diabetes. Cochrane Database Syst Rev. Nov 17, 2020; 11: CD005656. PMID 33206392*
27. *Grover D, Li TJ, Chong CC. Intravitreal steroids for macular edema in diabetes. Cochrane Database Syst Rev. Jan 23, 2008; (1): CD005656. PMID 18254088*
28. *Pearson PA, Comstock TL, Ip M, et al. Fluocinolone acetonide intravitreal implant for diabetic macular edema: a 3-year multicenter, randomized, controlled clinical trial. Ophthalmology. Aug 2011; 118(8): 1580-7. PMID 21813090*
29. *Campochiaro PA, Brown DM, Pearson A, et al. Long-term benefit of sustained-delivery fluocinolone acetonide vitreous inserts for diabetic macular edema. Ophthalmology. Apr 2011; 118(4): 626-635.e2. PMID 21459216*
30. *Alimera Sciences Inc. Iluvien (fluocinolone acetonide intravitreal implant) 0.19 mg for Intravitreal Injection: Prescribing Label. 2014;*
31. *Campochiaro PA, Brown DM, Pearson A, et al. Sustained delivery fluocinolone acetonide vitreous inserts provide benefit for at least 3 years in patients with diabetic macular edema. Ophthalmology. Oct 2012; 119(10): 2125-32. PMID 22727177*

32. *Cunha-Vaz J, Ashton P, Iezzi R, et al. Sustained delivery fluocinolone acetonide vitreous implants: long-term benefit in patients with chronic diabetic macular edema. Ophthalmology. Oct 2014; 121(10): 1892-903. PMID 24935282*
33. *Massin P, Erginay A, Dupas B, et al. Efficacy and safety of sustained-delivery fluocinolone acetonide intravitreal implant in patients with chronic diabetic macular edema insufficiently responsive to available therapies: a real-life study. Clin Ophthalmol. 2016; 10: 1257-64. PMID 27468222*
34. *Boyer DS, Yoon YH, Belfort R, et al. Three-year, randomized, sham-controlled trial of dexamethasone intravitreal implant in patients with diabetic macular edema. Ophthalmology. Oct 2014; 121(10): 1904-14. PMID 24907062*
35. *Maturi RK, Glassman AR, Liu D, et al. Effect of Adding Dexamethasone to Continued Ranibizumab Treatment in Patients With Persistent Diabetic Macular Edema: A DRCR Network Phase 2 Randomized Clinical Trial. JAMA Ophthalmol. Jan 01, 2018; 136(1): 29-38. PMID 29127949*
36. *Bolukbasi S, Cakir A, Erden B, et al. Comparison of the short-term effect of aflibercept and dexamethasone implant on serous retinal detachment in the treatment of naive diabetic macular edema. Cutan Ocul Toxicol. Dec 2019; 38(4): 401-405. PMID 31438736*
37. *Cakir A, Erden B, Bolukbasi S, et al. Comparison of the effect of ranibizumab and dexamethasone implant in diabetic macular edema with concurrent epiretinal membrane. J Fr Ophtalmol. Sep 2019; 42(7): 683-689. PMID 31088741*
38. *Coelho J, Malheiro L, Melo Beirao J, et al. Real-world retrospective comparison of 0.19 mg fluocinolone acetonide and 0.7 mg dexamethasone intravitreal implants for the treatment of diabetic macular edema in vitrectomized eyes. Clin Ophthalmol. 2019; 13: 1751-1759. PMID 31571814*
39. *U.S. National Library of Medicine. Dexamethasone Intravitreal Implant for the Treatment of Persistent Diabetic Macular Edema (DIME) NCT02471651. 2019.*
40. *Callanan DG, Loewenstein A, Patel SS, et al. A multicenter, 12-month randomized study comparing dexamethasone intravitreal implant with ranibizumab in patients with diabetic macular edema. Graefes Arch Clin Exp Ophthalmol. Mar 2017; 255(3): 463-473. PMID 27632215*
41. *Maturi RK, Bleau L, Saunders J, et al. A 12-MONTH, SINGLE-MASKED, RANDOMIZED CONTROLLED STUDY OF EYES WITH PERSISTENT DIABETIC MACULAR EDEMA AFTER MULTIPLE ANTI-VEGF INJECTIONS TO ASSESS THE EFFICACY OF THE DEXAMETHASONE-DELAYED DELIVERY SYSTEM AS AN ADJUNCT TO BEVACIZUMAB COMPARED WITH CONTINUED BEVACIZUMAB MONOTHERAPY. Retina. Aug 2015; 35(8): 1604-14. PMID 25829346*
42. *Callanan DG, Gupta S, Boyer DS, et al. Dexamethasone intravitreal implant in combination with laser photocoagulation for the treatment of diffuse diabetic macular edema. Ophthalmology. Sep 2013; 120(9): 1843-51. PMID 23706947*
43. *Kuppermann BD, Goldstein M, Maturi RK, et al. Dexamethasone Intravitreal Implant as Adjunctive Therapy to Ranibizumab in Neovascular Age-Related Macular Degeneration: A Multicenter Randomized Controlled Trial. Ophthalmologica. 2015; 234(1): 40-54. PMID 26088793*

44. *Bajwa A, Aziz K, Foster CS. Safety and efficacy of fluocinolone acetonide intravitreal implant (0.59 mg) in birdshot retinochoroidopathy. Retina. Nov 2014; 34(11): 2259-68. PMID 24999722*
45. *Burkholder BM, Wang J, Dunn JP, et al. Postoperative outcomes after fluocinolone acetonide implant surgery in patients with birdshot chorioretinitis and other types of posterior and panuveitis. Retina. Sep 2013; 33(8): 1684-93. PMID 23549097*
46. *Rush RB, Goldstein DA, Callanan DG, et al. Outcomes of birdshot chorioretinopathy treated with an intravitreal sustained-release fluocinolone acetonide-containing device. Am J Ophthalmol. Apr 2011; 151(4): 630-6. PMID 21277557*
47. *Srour M, Querques G, Leveziel N, et al. Intravitreal dexamethasone implant (Ozurdex) for macular edema secondary to retinitis pigmentosa. Graefes Arch Clin Exp Ophthalmol. Jun 2013; 251(6): 1501-6. PMID 23275039*
48. *Erdogan G, Aydogan T, Unlu C, et al. Dexamethasone Implant for the Treatment of Type 1 Idiopathic Macular Telangiectasia. J Ocul Pharmacol Ther. May 2016; 32(4): 211-5. PMID 26985700*
49. *Donati S, Gandolfi C, Caprani SM, et al. Evaluation of the Effectiveness of Treatment with Dexamethasone Intravitreal Implant in Cystoid Macular Edema Secondary to Retinal Vein Occlusion. Biomed Res Int. 2018; 2018: 3095961. PMID 30175123*
50. *Laine I, Lindholm JM, Ylinen P, et al. Intravitreal bevacizumab injections versus dexamethasone implant for treatment-naive retinal vein occlusion related macular edema. Clin Ophthalmol. 2017; 11: 2107-2112. PMID 29225460*
51. *Spaide RF. RETINAL VASCULAR CYSTOID MACULAR EDEMA: Review and New Theory. Retina. Oct 2016; 36(10): 1823-42. PMID 27328171*
52. *Ozkok A, Saleh OA, Sigford DK, et al. THE OMAR STUDY: Comparison of Ozurdex and Triamcinolone Acetonide for Refractory Cystoid Macular Edema in Retinal Vein Occlusion. Retina. Jul 2015; 35(7): 1393-400. PMID 25748280*
53. *Csaky KG, Richman EA, Ferris FL. Report from the NEI/FDA Ophthalmic Clinical Trial Design and Endpoints Symposium. Invest Ophthalmol Vis Sci. Feb 2008; 49(2): 479-89. PMID 18234989*
54. *Park UC, Park JH, Ma DJ, et al. A RANDOMIZED PAIRED-EYE TRIAL OF INTRAVITREAL DEXAMETHASONE IMPLANT FOR CYSTOID MACULAR EDEMA IN RETINITIS PIGMENTOSA. Retina. Jul 2020; 40(7): 1359-1366. PMID 31166248*
55. *Veritti D, Sarao V, De Nadai K, et al. Dexamethasone Implant Produces Better Outcomes than Oral Acetazolamide in Patients with Cystoid Macular Edema Secondary to Retinitis Pigmentosa. J Ocul Pharmacol Ther. Apr 2020; 36(3): 190-197. PMID 31886707*
56. *Novais EA, Maia M, Filho PA, et al. Twelve-Month Follow-Up of Dexamethasone Implants for Macular Edema from Various Diseases in Vitrectomized and Nonvitrectomized Eyes. J Ophthalmol. 2016; 2016: 7984576. PMID 27721989*
57. *Bansal P, Agarwal A, Gupta V, et al. Spectral domain optical coherence tomography changes following intravitreal dexamethasone implant, Ozurdex(R) in patients with uveitic cystoid macular edema. Indian J Ophthalmol. May 2015; 63(5): 416-22. PMID 26139803*

58. *Fortoul V, Denis P, Kodjikian L. Anatomical and functional recurrence after dexamethasone intravitreal implants: a 6-month prospective study. Eye (Lond). Jun 2015; 29(6): 769-75. PMID 25853447*
59. *Bezatis A, Spital G, Hohn F, et al. Functional and anatomical results after a single intravitreal Ozurdex injection in retinal vein occlusion: a 6-month follow-up -- the SOLO study. Acta Ophthalmol. Aug 2013; 91(5): e340-7. PMID 23638803*
60. *Lei S, Lam WC. Efficacy and safety of dexamethasone intravitreal implant for refractory macular edema in children. Can J Ophthalmol. Jun 2015; 50(3): 236-41. PMID 26040225*
61. *Loutfi M, Papathomas T, Kamal A. Macular oedema related to idiopathic macular telangiectasia type 1 treated with dexamethasone intravitreal implant (ozurdex). Case Rep Ophthalmol Med. 2014; 2014: 231913. PMID 25045562*
62. *Hollo G, Aung T, Cantor LB, et al. Cystoid macular edema related to cataract surgery and topical prostaglandin analogs: Mechanism, diagnosis, and management. Surv Ophthalmol. Sep 2020; 65(5): 496-512. PMID 32092363*
63. *Grzybowski A, Sikorski BL, Ascaso FJ, et al. Pseudophakic cystoid macular edema: update 2016. Clin Interv Aging. NA 2016; 11: 1221-1229. PMID 27672316*
64. *Mylonas G, Georgopoulos M, Malamos P, et al. Comparison of Dexamethasone Intravitreal Implant with Conventional Triamcinolone in Patients with Postoperative Cystoid Macular Edema. Curr Eye Res. Apr 2017; 42(4): 648-652. PMID 27612922*
65. *Dang Y, Mu Y, Li L, et al. Comparison of dexamethasone intravitreal implant and intravitreal triamcinolone acetonide for the treatment of pseudophakic cystoid macular edema in diabetic patients. Drug Des Devel Ther. 2014; 8: 1441-9. PMID 25258512*
66. *Guclu H, Pelitli Gurlu V. Comparison of topical nepafenac 0.1% with intravitreal dexamethasone implant for the treatment of Irvine-Gass syndrome. Int J Ophthalmol. 2019; 12(2): 258-267. PMID 30809482*
67. *Klamann A, Bottcher K, Ackermann P, et al. Intravitreal Dexamethasone Implant for the Treatment of Postoperative Macular Edema. Ophthalmologica. 2016; 236(4): 181-185. PMID 27915343*
68. *Sudhalkar A, Chhablani J, Vasavada A, et al. Intravitreal dexamethasone implant for recurrent cystoid macular edema due to Irvine-Gass syndrome: a prospective case series. Eye (Lond). Dec 2016; 30(12): 1549-1557. PMID 27858937*
69. *Keilani C, Halalchi A, Wakpi Djeugue D, et al. Evaluation of best corrected visual acuity and central macular thickness after intravitreal dexamethasone implant injections in patients with Irvine-Gass syndrome: A retrospective study of six cases. Therapie. Oct 2016; 71(5): 457-465. PMID 27203164*
70. *Mayer WJ, Kurz S, Wolf A, et al. Dexamethasone implant as an effective treatment option for macular edema due to Irvine-Gass syndrome. J Cataract Refract Surg. Sep 2015; 41(9): 1954-61. PMID 26603404*
71. *Landre C, Zourdani A, Gastaud P, et al. [Treatment of postoperative cystoid macular edema (Irvine-Gass syndrome) with dexamethasone 0.7 mg intravitreal implant]. J Fr Ophtalmol. Jan 2016; 39(1): 5-11. PMID 26520410*

72. *Degoumois A, Akesbi J, Laurens C, et al. [Efficacy of intravitreal dexamethasone implants in macular edema excluding venous occlusions: results for a cohort of 80 patients]. J Fr Ophtalmol. Feb 2015; 38(2): 126-33. PMID 25592383*
73. *Dutra Medeiros M, Navarro R, Garcia-Arumi J, et al. Dexamethasone intravitreal implant for treatment of patients with recalcitrant macular edema resulting from Irvine-Gass syndrome. Invest Ophthalmol Vis Sci. May 07, 2013; 54(5): 3320-4. PMID 23599334*
74. *Freissinger S, Vounotrypidis E, Wolf A, et al. Evaluation of Functional Outcomes and OCT-Biomarkers after Intravitreal Dexamethasone Implant for Postoperative Cystoid Macular Edema in Vitrectomized Eyes. J Ophthalmol. 2020; 2020: 3946531. PMID 32411428*
75. *Bellocq D, Pierre-Kahn V, Matonti F, et al. Effectiveness and safety of dexamethasone implants for postsurgical macular oedema including Irvine-Gass syndrome: the EPISODIC-2 study. Br J Ophthalmol. Mar 2017; 101(3): 333-341. PMID 27190126*
76. *Bazin L, Gambrelle J. [Combined treatment with photodynamic therapy and intravitreal dexamethasone implant (Ozurdex((R))) for circumscribed choroidal hemangioma]. J Fr Ophtalmol. Dec 2012; 35(10): 798-802. PMID 23040445*
77. *Sherif M, Wolfensberger TJ. Intraocular Dexamethasone Implant as Adjunct to Silicone Oil Tamponade for Proliferative Vitreoretinopathy. Klin Monbl Augenheilkd. Apr 2017; 234(4): 501-504. PMID 28147403*
78. *Reibaldi M, Russo A, Longo A, et al. Rhegmatogenous Retinal Detachment with a High Risk of Proliferative Vitreoretinopathy Treated with Episcleral Surgery and an Intravitreal Dexamethasone 0.7-mg Implant. Case Rep Ophthalmol. Jan 2013; 4(1): 79-83. PMID 23687501*
79. *Caminal JM, Flores-Moreno I, Arias L, et al. INTRAVITREAL DEXAMETHASONE IMPLANT FOR RADIATION MACULOPATHY SECONDARY TO PLAQUE BRACHYTHERAPY IN CHOROIDAL MELANOMA. Retina. Sep 2015; 35(9): 1890-7. PMID 26035401*
80. *Bui KM, Chow CC, Mieler WF. Treatment of recalcitrant radiation maculopathy using intravitreal dexamethasone (Ozurdex) implant. Retin Cases Brief Rep. 2014; 8(3): 167-70. PMID 25372430*
81. *Baillif S, Maschi C, Gastaud P, et al. Intravitreal dexamethasone 0.7-mg implant for radiation macular edema after proton beam therapy for choroidal melanoma. Retina. Oct 2013; 33(9): 1784-90. PMID 23652581*
82. *Tyson SL, Bafna S, Gira JP, et al. Multicenter randomized phase 3 study of a sustained-release intracanalicular dexamethasone insert for treatment of ocular inflammation and pain after cataract surgery. J Cataract Refract Surg. Feb 2019; 45(2): 204-212. PMID 30367938*
83. *Walters T, Bafna S, Vold S, Wortz G, Harton P, et al. (2016) Efficacy and Safety of Sustained Release Dexamethasone for the Treatment of Ocular Pain and Inflammation after Cataract Surgery: Results from Two Phase 3 Studies. J Clin Exp Ophthalmol 7:1000572. doi: 10.4172/2155-9570.1000572*
84. *Sudhalkar A, Vasavada A, Bhojwani D, et al. Intravitreal dexamethasone implant as an alternative to systemic steroids as prophylaxis for uveitic cataract surgery: a randomized trial. Eye (Lond). Mar 2020; 34(3): 491-498. PMID 31320735*

85. *Flaxel CJ, Adelman RA, Bailey ST, et al. Retinal Vein Occlusions Preferred Practice Pattern(R). Ophthalmology. Feb 2020; 127(2): P288-P320. PMID 31757503*
86. *Flaxel CJ, Adelman RA, Bailey ST, et al. Diabetic Retinopathy Preferred Practice Pattern(R). Ophthalmology. Jan 2020; 127(1): P66-P145. PMID 31757498*
87. *National Institute for Health and Care Excellence (NICE). Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy Technology appraisal guidance [TA613], 2019.*
88. *National Institute for Health and Care Excellence (NICE). Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis Technology appraisal guidance [TA590] 2019;*
89. *National Institute for Health and Care Excellence (NICE). Adalimumab and dexamethasone for treating non- infectious uveitis [TA460]. 2017;*
90. *National Institute for Health and Care Excellence (NICE). Dexamethasone intravitreal implant for the treatment of macular oedema secondary to retinal vein occlusion [TA229]. 2011; Accessed September 26, 2022.*
91. *National Institute for Health and Care Excellence (NICE). Dexamethasone intravitreal implant for treating diabetic macular oedema [TA349]. 2015;*
92. *National Institute for Health and Care Excellence (NICE). Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema after an inadequate response to prior therapy [TA301]. 2013;*
93. *Abdulla, D., Ali, Y., Menezo, V. et al. The Use of Sustained Release Intravitreal Steroid Implants in Non-Infectious Uveitis Affecting the Posterior Segment of the Eye. Ophthalmol Ther **11**, 479–487 (2022).*
94. *Ocular Therapeutix, Inc. Dextenza (dexamethasone ophthalmic insert) 0.4mg, for intracanicular use; Prescribing label, 10/2021;*
95. *Hamrah P, Dana R. Allergic Conjunctivitis: Management. UpToDate. Jan. 2023.*
96. *Gaballa, S.A., Kompella, U.B., Elgarhy, O. et al. Corticosteroids in ophthalmology: drug delivery innovations, pharmacology, clinical applications, and future perspectives. Drug Deliv. and Transl. Res. **11**, 866–893 (2021).*
97. *McLaurin EB, Evans D, Repke CS, Sato MA, Gomes PJ, Reilly E, Blender N, Silva FQ, Vantipalli S, Metzinger JL, Gibson A, Goldstein MH. Phase 3 Randomized Study of Efficacy and Safety of a Dexamethasone Intracanalicular Insert in Patients With Allergic Conjunctivitis. Am J Ophthalmol. 2021 Sep;229:288-300. doi: 10.1016/j.ajo.2021.03.017. Epub 2021 Mar 25. PMID: 33773984.*
98. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 9.03.23, Intravitreal Corticosteroid Implants. April 2023.*

X. POLICY HISTORY

TOP

MP 2.159	**9/14/20: Minor Review.** Title change. Added Dextenza as MN to policy. Added code J1096 and appropriate ICD 10 codes. Updated references, background, and rationale.
	8/5/2021: Consensus review. Updated policy guidelines, FEP, and description/background. Updated references. Took code 0356T from E/I policy and placed into this policy as MN.
	12/1/2021 Administrative review. Added 68841. Effective date 1/1/2022

POLICY TITLE	INTRAVITREAL AND PUNCTUM CORTICOSTEROID IMPLANTS
POLICY NUMBER	MP 2.159

	9/26/2022 Consensus Review. No change to policy statement. ICD 10 codes updated for J7313. References, rationale updated.
	10/24/2023 Minor Review. Added indication for ocular itching under Dextenza. Removed code 0356T. Updated ICD-10 codes, references.

Top