

Jurisdiction Specific Medicare Part B Iluvien

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Iluvien	fluocinolone acetonide	intravitreal implant

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- Diabetic Macular Edema (DME)
- Chronic Non-Infectious Uveitis Affecting the Posterior Segment

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

Diabetic Macular Edema (DME)

Authorization of 3 months may be granted for treatment of diabetic macular edema (DME) when the member has previously been treated with a course of corticosteroid and did not have a clinically significant rise in intraocular pressure.

Reference number(s)
5207-A

Chronic Non-Infectious Uveitis Affecting the Posterior Segment

Authorization of 3 months may be granted for treatment of chronic non-infectious uveitis affecting the posterior segment of the eye.

References

1. Billing and Coding: FDA approves Iluvien for Diabetic Macular Edema (A54750) Version R6. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed December 4, 2024.
2. Iluvien [package insert]. Alpharetta, GA: Alimera Sciences, Inc; March 2025.