

For **reauthorization**:

1. Chart notes must include documentation of improved or stabilized visual acuity; AND
2. At least 4 months have elapsed since the prior treatment (of the same eye).

If all the above requirements are met, the medication will be approved for an additional 3 months.

Uveitis

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a documented diagnosis of non-infectious uveitis affecting the posterior segment of the eye; AND
4. Member has tried and failed at least one of the following for at least 3 months:
 - a) Systemic corticosteroid (e.g., prednisone)
 - b) Non-biologic immunosuppressive (e.g., mycophenolate mofetil, methotrexate, cyclosporine, tacrolimus); AND
5. Member does NOT have any of the following:
 - a) Active or suspected ocular or periocular infections
 - b) Glaucoma with a cup to disc ratio of greater than 0.8
 - c) Torn or ruptured posterior lens capsule.
6. **Dosage allowed/Quantity limit:** One implant (0.7 mg) per eye
Limit: 2 implants (1 per eye) per 6 months

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:

1. Chart notes must show improved or stabilized visual acuity following treatment and/or an improved vitreous haze score; AND

