

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Yutiq is approved for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	In accordance with the FDA-approved labeling or accepted standards of medical practice. For reauthorization, must have disease response indicated by stability or improvement in condition compared to baseline.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 894 1515 1041"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7314</td> <td>Yutiq (fluocinolone implant)</td> <td>Billing unit: 0.01 mg 0.18 mg implant</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7314	Yutiq (fluocinolone implant)	Billing unit: 0.01 mg 0.18 mg implant
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025