

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Ozurdex (dexamethasone intravitreal implant)

Override(s)	Approval Duration
Prior Authorization	One time

Medications	Dosing Limit
Ozurdex (dexamethasone) 0.7mg intravitreal implant	One intravitreal implant (0.7 mg) per eye

APPROVAL CRITERIA

Requests for Ozurdex (dexamethasone intravitreal implant) may be approved if the following criteria are met:

- I. Individual has a diagnosis of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO); **OR**
- II. Individual has a diagnosis of chronic (duration of one year or more) non-infectious uveitis affecting the posterior segment of the eye; **OR**
- III. Individual has a diagnosis of diabetic macular edema.

Requests for Ozurdex (dexamethasone intravitreal implant) may not be approved for the following:

- I. All other indications not included above; **OR**
- II. Individual has ocular or periocular infections, including most viral diseases of the cornea and conjunctiva including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacteria infections, and fungal diseases; **OR**
- III. Individual has a diagnosis of glaucoma with a cup to disc ration of greater than 0.8; **OR**
- IV. Individual has a torn or ruptured posterior lens capsule (NOTE: laser posterior capsulotomy in pseudophakic individuals is not a contraindication).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 8, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

CRX-ALL-0594-20

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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