

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Ozurdex (dexamethasone intravitreal implant)

CG-DRUG-91

Override(s)	Approval Duration
Prior Authorization	One time

Medications
Ozurdex (dexamethasone intravitreal implant)

APPROVAL CRITERIA

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

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

Ozurdex (dexamethasone intravitreal implant) may **not** be approved for all other uses.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Albert DM, Jakobiec FA. Principles and Practice of Ophthalmology. 2nd ed. Philadelphia: WB Saunders Co; 2000.
2. Dexamethasone. In: DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated February 19, 2018. Available at: <http://www.micromedexsolutions.com>. Accessed on February 21, 2018.
3. Grover D, Li TJ, Chong CCW. Intravitreal steroids for macular edema in diabetes. Cochrane Database Syst Rev. 2008; (1):CD005656.
4. Ozurdex [Product Information], Irvine, CA. Allergan, Inc.; September 2014. Available at: http://www.allergan.com/assets/pdf/ozurdex_pi.pdf. Accessed on February 21, 2018.

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.