Dexamethasone intravitreal implant (Ozurdex®)	Place of Service Office Administration Outpatient Facility Infusion Administration HCPCS: J7312 per 0.1 mg, intravitreal implant

Conditions listed in policy *(see criteria for details)*:

- Diabetic macular edema
- Macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)
- Non-infectious uveitis affecting the posterior segment of the eye

AHFS therapeutic class: Adrenals

Mechanism of action: Suppresses inflammation by inhibiting multiple inflammatory cytokines resulting in decreased edema, fibrin deposition, capillary leakage and migration of inflammatory cells.

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Ozurdex® for conditions NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Ozurdex® for conditions NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Diabetic macular edema

Covered Dose
0.7mg intravitreal implant x 1

Coverage Period
1 implant administered intravitreally to affected eye every six months

ICD-10: (X= 0-9)
E**08**.311, 321X, 331X, 341X, 351X,
E**09**.311, 321X, 331X, 341X, 351X,
E**10**.311, 321X, 331X, 341X, 351X,
E**11**.311, 321X, 331X, 341X, 351X
E**13**.311, 321X, 331X, 341X, 351X

Macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)

Covered Dose
0.7 mg intravitreal implant x 1

Coverage Period
1 implant administered intravitreally to affected eye every six months

ICD-10:
H34.8110-8112, H34.8120-8122 H34.8130- 8132, H34.8190-8192,
H34.8310-8312, H34.8320-8322, H34.8330-8332, H34.8390-8392

Non-infectious uveitis affecting the posterior segment of the eye

Covered Dose
0.7 mg intravitreal implant x 1

Coverage Period
1 implant administered intravitreally to affected eye every six months

ICD-10:
H30.001 - H30.049, H30.101 - H30.149, H30.90 - H30.93

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- Intravitreal implant containing dexamethasone 0.7 mg in the NOVADUR® solid polymer drug delivery system

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines American Academy of Ophthalmology; 2019. Available at: www.aao.org/ppp.
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Ozurdex® (dexamethasone intravitral implant) [Prescribing information]. Madison, NJ: Allergan USA, Inc., 12/2022.

(7) Policy Update

Date of last review: 3Q2023
Date of next review: 3Q2024
Changes from previous policy version:

- No clinical change to policy following routine annual review.