

dexamethasone intravitreal implant (Ozurdex)

Commercial Medical Benefit Drug Policy

Place of Service

Office Administration

Outpatient Facility Infusion Administration

Drug Details

USP Category: OPHTHALMIC AGENTS

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

HCPCS:

J7312:Injection, dexamethasone, intravitreal implant, 0.1 mg

How Supplied:

0.7 mg implant supplied in a foil pouch with 1 single-use plastic applicator

Condition(s) listed in policy *(see coverage criteria for details)*

- Diabetic Macular Edema
- Macular Edema Following Branch Retinal Vein Occlusion or Central Retinal Vein Occlusion
- Non-Infectious Uveitis Affecting the Posterior Segment of the Eye

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.

Diabetic Macular Edema

Covered Doses:

0.7 mg intravitreal implant administered intravitreally to affected eye every six months

ICD-10: (X= 0-9)

E08.311, E08.321X, E08.331X, E08.341X, E08.351X, E09.311, E09.321X, E09.331X, E09.341X, E09.351X, E10.311, E10.321X, E10.331X, E10.341X, E10.351X, E11.311, E11.321X, E11.331X, E11.341X, E11.351X, E13.311, E13.321X, E13.331X, E13.341X, E13.351X

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Macular Edema Following Branch Retinal Vein Occlusion or Central Retinal Vein Occlusion

Covered Doses:

0.7 mg intravitreal implant administered intravitreally to affected eye every six months

ICD-10:

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

Non-Infectious Uveitis Affecting the Posterior Segment of the Eye

Covered Doses:

0.7 mg intravitreal implant administered intravitreally to affected eye every six months

ICD-10:

H30.001-H30.049, H30.101-H30.149, H30.90-H30.93

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Ozurdex (dexamethasone intravitreal implant) Prescribing Information. Madison, NJ: Allergan USA, Inc.; 5/2025.
4. Lim JJ, Kim SJ, Bailey ST, et al.; American Academy of Ophthalmology Preferred Practice Pattern Retina/Vitreous Committee. Diabetic Retinopathy Preferred Practice Pattern. Ophthalmology. 2025 Apr;132(4):P75-P162.

Review History

Date of Last Annual Review: 3Q2025

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*