

dexamethasone intravitreal implant (Ozurdex)**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 California Code of Regulations (CCR), Title 22, Section 51303 and 51313 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.

Coverage Criteria**The following condition(s) require Prior Authorization/Preservice.****Diabetic Macular Edema****Meets medical necessity if all the following are met:****Covered Doses:**

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

Coverage Period:

Yearly, based on continued response to therapy

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

Macular Edema Following Branch Retinal Vein Occlusion or Central Retinal Vein Occlusion
Meets medical necessity if all the following are met:

Covered Doses:

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

Coverage Period:

Yearly, based on continued response to therapy

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
Meets medical necessity if all the following are met:

Covered Doses:

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

Coverage Period:

Yearly, based on continued response to therapy

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 JI, 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*