Ozurdex (dexamethasone) will be considered for coverage when the following criteria are met:

**Retinal Vein Occlusion (RVO)**

For initial authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a documented diagnosis of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO); AND
4. Trial and failure of or contraindication to an anti-VEGF drug; bevacizumab is the preferred product; AND
5. Member does NOT have any of the following:
   a) Active or suspected ocular or periocular infections
   b) Glaucoma with a cup to disc ratio of greater than 0.8
   c) Torn or ruptured posterior lens capsule
6. **Dosage allowed/Quantity limit:** One implant (0.7 mg) per eye
   Limit: 2 implants (1 per eye) per 6 months

*If all the above requirements are met, the medication will be approved for 3 months.*
For **reauthorization:**

1. Chart notes must include documentation of improved or stabilized visual acuity; AND
2. At least 6 months have elapsed since the prior treatment (of the same eye).

**If all the above requirements are met, the medication will be approved for an additional 3 months.**

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### Uveitis

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a documented diagnosis of non-infectious uveitis affecting the posterior segment of the eye; AND
4. Member has tried and failed at least one of the following for at least 3 months:
   a) Systemic corticosteroid (e.g., prednisone)
   b) Non-biologic immunosuppressive (e.g., mycophenolate mofetil, methotrexate, cyclosporine, tacrolimus); AND
5. Member does **NOT** have any of the following:
   a) Active or suspected ocular or periocular infections
   b) Glaucoma with a cup to disc ratio of greater than 0.8
   c) Torn or ruptured posterior lens capsule.
6. **Dosage allowed/Quantity limit:** One implant (0.7 mg) per eye
   Limit: 2 implants (1 per eye) per 6 months

**If all the above requirements are met, the medication will be approved for 3 months.**

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For **reauthorization:**

1. Chart notes must show improved or stabilized visual acuity following treatment and/or an improved vitreous haze score; AND
2. At least 6 months have elapsed since the prior treatment (of the same eye); AND
3. Member has recurrent symptoms.

**If all the above requirements are met, the medication will be approved for an additional 3 months.**

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### Diabetic Macular Edema (DME)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a documented diagnosis of diabetic macular edema; AND
4. Member does **NOT** have any of the following:
   a) Active or suspected ocular or periocular infections
   b) Glaucoma with a cup to disc ratio of greater than 0.8
   c) Torn or ruptured posterior lens capsule.
5. **Dosage allowed/Quantity limit:** One implant (0.7 mg) per eye
   Limit: 2 implants (1 per eye) per 6 months

**If all the above requirements are met, the medication will be approved for 3 months.**
For **reauthorization**:  
1. Chart notes must show improved or stabilized visual acuity following treatment; AND  
2. At least 6 months have elapsed since the prior treatment (of the same eye).

*If all the above requirements are met, the medication will be approved for an additional 3 months.*

CareSource considers Ozurdex (dexamethasone) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>11/03/2021</td>
<td>New policy created for Ozurdex.</td>
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References:


Effective date: 04/01/2022  
Revised date: 11/03/2021