



Ozurdex Medical Policy

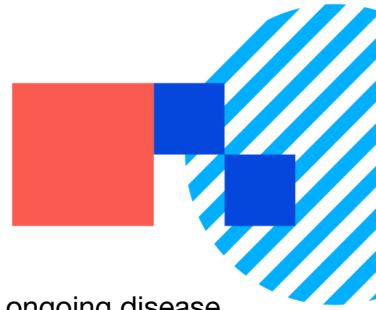
Drug(s) Applied:	Ozurdex (dexamethasone intravitreal implant 0.7mg)
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Criteria:

- I. **Initial Therapy Criteria** - Drug(s) Applied are considered medically necessary when the requested medication meets the criteria below as indicated by chart notes within the past 180 days:
 - A. Diagnosis with at least ONE of the following in the requested eye(s):
 1. Diabetic macular edema (DME)
 2. Macular edema following retinal vein occlusion (BRVO or CRVO)
 3. Noninfectious posterior-segment uveitis **and**
 - B. If for DME or macular edema following RVO, patient has tried and failed an adequate trial of anti-VEGF therapy of at least 3 consecutive anti-VEGF intravitreal injections noted in chart notes with drug and dates of service or patient has an intolerance or contraindication to all preferred anti-VEGF intravitreal injections **and**
 - C. Chart notes and/or prescriber do not provide documentation of any FDA labeled contraindications to Ozurdex including but not limited to:
 1. Current ocular or periocular infection or prescriber has documented that Ozurdex will not be implanted until the infection is resolved or
 2. Severe glaucoma or prescriber has documented benefit is greater than risk

Approval Units: 7 units (1 implant) per eye
Approval Duration: 6 months
- II. **Continued Therapy Criteria** - Drug(s) Applied are considered medically necessary when the requested medication meets the criteria below as indicated by chart notes within the past 120 days:
 - A. Diagnosis with at least ONE of the following in the requested eye(s):
 1. Diabetic macular edema (DME)
 2. Macular edema following retinal vein occlusion (BRVO or CRVO)
 3. Noninfectious posterior-segment uveitis **and**
 - B. If for DME or macular edema following RVO, patient has tried and failed an adequate trial of anti-VEGF therapy of at least 3 consecutive anti-VEGF intravitreal injections or patient has an intolerance or contraindication to all preferred anti-VEGF intravitreal injections **and**
 - C. Requested eye(s) have NOT had Ozurdex implanted in the past 180 days **and**
 - D. Documented positive clinical response to previous Ozurdex use **and**





- E. If for noninfectious posterior-segment uveitis, there is documented ongoing disease activity following the positive clinical response to the previous Ozurdex implant **and**
- F. Chart notes and/or prescriber do not provide documentation of any FDA labeled contraindications to Ozurdex including but not limited to:
 - 1. Current ocular or periocular infection, or prescriber has documented that Ozurdex will not be implanted until the infection is resolved or
 - 2. Severe glaucoma, or prescriber has documented benefit is greater than risk

Approval Units: 7 units (1 implant) per eye

Approval Duration: 6 months

Curative considers all other indications as experimental and investigational.

If submitting for medical billing:

J7312, dexamethasone intravitreal implant (Ozurdex), 1 unit = 0.1 mg