

GCHP Medi-Cal Clinical Guidelines Dexamethasone Intravitreal Implant (Ozurdex™)

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	<ul style="list-style-type: none">• Treatment of diabetic macular edema (DME).• Treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).• Treatment of noninfectious uveitis affecting the posterior segment of the eye.						
Exclusion Criteria	<ul style="list-style-type: none">• Active or suspected ocular or periocular infection (viral, bacterial or fungal) of the cornea and conjunctiva.• Use in combination with another corticosteroid implant / insert / injection.						
Required Medical Information	<ul style="list-style-type: none">• Documentation confirming one of the FDA approved indication AND• Documentation indicating the affected eye(s) for the treatment.						
Age Restriction	18 years and older; 18 – 21 years of age – check for CCS						
Prescriber Restrictions	Ophthalmologist						
Coverage Duration	Limit to three implants per 12 months.						
Other Criteria / Information	<table><tr><th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr><tr><td>J7312</td><td>Injection, dexamethasone 9% intravitreal implant, 0.1mg (Ozurdex™)</td><td>0.7mg implant injected intravitreally in affected eye.</td></tr></table>	HCPCS	Description	Dosing, Units	J7312	Injection, dexamethasone 9% intravitreal implant, 0.1mg (Ozurdex™)	0.7mg implant injected intravitreally in affected eye.
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STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	8/5/2024	8/5/2024	Yoonhee Kim, Interim Director of Pharmacy Services	N/A
Approved	N/A	8/14/2024	Pharmacy & Therapeutics (P&T) Committee	3/1/2025