

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Ozurdex is indicated for: the treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO); The treatment of non-infectious uveitis affecting the posterior segment of the eye; and The treatment of diabetic macular edema in patients who are pseudophakic or are phakic and scheduled for cataract surgery.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	In accordance with the FDA-approved labeling or accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 926 1511 1073"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7312</td> <td>Ozurdex (dexamethasone, intravitreal implant)</td> <td>Billing unit: 0.1 mg 0.7 mg implant</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7312	Ozurdex (dexamethasone, intravitreal implant)	Billing unit: 0.1 mg 0.7 mg implant
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025