

Dexamethasone Intravitreal Implant (OZURDEX)

Criteria for Use

June 2023

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Inclusion Criteria

At least one of the criteria must be met

- Inadequate response, contraindication, or adverse event to VEGF-inhibitors for diabetic macular edema or macular edema following branch or central retinal vein occlusion ^1
- Inadequate response, contraindication, or adverse event to first-line treatments for posterior uveitis

Additional Inclusion Criteria

All of the following criteria must be met

- Provider is a VA/VA Community Care ophthalmologist
- Inadequate response or adverse event to intravitreal triamcinolone or a trial of triamcinolone is not appropriate (must document as adverse event in record/provide reason)

1. VEGF=vascular endothelial growth factor