



Commercial/Healthcare Exchange PA Criteria

Effective: May 2018

Prior Authorization: Dexamethasone Taper Packs

Products Affected: TaperDex, DexPAK, ZCORT 7 Day 1.5mg

Medication Description: Dexamethasone is an oral corticosteroids indicated to treat various diseases and disorders including but not limited to allergic states, collagen diseases, dermatologic diseases, diagnostic testing, edematous states, endocrine disorders, GI diseases, hematologic disorders, neoplastic diseases, nervous system, ophthalmic diseases, respiratory diseases, and rheumatic disorders.

Exclusion Criteria:

1. Systemic fungal infections
2. Hypersensitivity to dexamethasone

Required Medical Information:

1. Previous therapies tried/failed

Age Restrictions: N/A

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has had a trial and failure, intolerance, or contraindication to generic single dexamethasone tablets.

References:

1. Dexamethasone. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at: <http://www.micromedexsolutions.com>.

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Policy Revision histor3

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/2018
2	Update	Adopted EmblemHealth(parent company) Dexamethasone Taper Packs Policy Added ZCORT 7 Day 1.5mg to Products Affected Added Coverage Duration of 12 months	All	9/3/2020