

Select Dexamethasone Packs

Policy # 00564

Original Effective Date: 06/21/2017

Current Effective Date: 01/13/2025

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member’s contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider select brand/generic dexamethasone packs (e.g., Locort™, Zonacort™, Zodex™, Taperdex™, DexPak™, Dxevo™, Hidex™, Dexabliss™, Zcort™, generic dexamethasone packs)† to be **eligible for coverage**** when the patient selection criterion is met.

Patient Selection Criteria

Coverage eligibility for select brand/generic dexamethasone packs (e.g., Locort, Zonacort, Zodex, Taperdex, DexPak, Dxevo, Hidex, Dexabliss, Zcort, generic dexamethasone packs) will be considered when the following criterion is met:

- There is clinical evidence or patient history that suggests the use of generic dexamethasone tablets (non-pack) will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of select brand/generic dexamethasone packs (e.g., Locort, Zonacort, Zodex, Taperdex, DexPak, Dxevo, Hidex, Dexabliss, Zcort, generic dexamethasone packs) when the patient selection criterion is not met to be **not medically necessary.****

Background/Overview

Locort, Zonacort, Zodex, Taperdex, DexPak, Dxevo, Hidex, Dexabliss, Zcort, and generic dexamethasone packs (which all contain dexamethasone tablets) are approved for the treatment of allergic states, dermatologic diseases, endocrine disorders, gastrointestinal diseases, hematologic disorders, neoplastic diseases, nervous system diseases, ophthalmic diseases, renal diseases, respiratory diseases, rheumatic disorders and other miscellaneous conditions. These are identical indications to generic dexamethasone tablets. Zonacort and Locort are both available in packs that contain twenty-one 1.5 mg dexamethasone tablets for use during a 7-day titration as well as packs containing forty-one 1.5 mg dexamethasone tablets for use during an 11-day titration. Zodex and

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Taperdex are both available in packs that contain twenty-one 1.5 mg dexamethasone tablets for use during a 6-day titration as well as packs containing forty-nine 1.5 mg dexamethasone tablets for use during a 12-day titration. Hidex contains twenty-one 1.5 mg dexamethasone tablets for use during a 6-day titration. DexPak and the generic dexamethasone pack currently available are supplied in 6, 10, and 13-day titration packs containing 21, 35, and fifty-one 1.5 mg dexamethasone tablets, respectively. Dxevo and Dexabliss are available in 11-day titration packs containing thirty-nine tablets with each tablet containing 1.5 mg of dexamethasone. Zcort is available in a 7-day titration pack containing twenty-five tablets with each tablet containing 1.5 mg of dexamethasone. Generic dexamethasone (non-pack form) is commonly available in 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 4 mg, and 6 mg tablets. There is no difference in the dexamethasone tablets contained in Locort, Zonacort, Zodex, Taperdex, DexPak, Dxevo, Hidex, Dexabliss, Zcort, and generic dexamethasone packs versus the generically available dexamethasone 1.5 mg tablets (in non-pack form).

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Locort, Zonacort, Zodex, Taperdex, DexPak, Dxevo, Hidex, Dexabliss, Zcort, and generic dexamethasone packs (which all contain dexamethasone tablets) are approved for the treatment of allergic states, dermatologic diseases, endocrine disorders, gastrointestinal diseases, hematologic disorders, neoplastic diseases, nervous system diseases, ophthalmic diseases, renal diseases, respiratory diseases, rheumatic disorders and other miscellaneous conditions.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

No additional studies were performed with these drugs to demonstrate any differences in clinical efficacy or safety based on a difference in packaging. Locort, Zonacort, Zodex, Taperdex, DexPak, Dxevo, Hidex, Dexabliss, Zcort, and generic dexamethasone packs are simply dexamethasone 1.5 mg tablets that are packaged in set day dosage packs that carry an exorbitant price versus generically available dexamethasone 1.5 mg tablets (in non-pack form).

References

1. Locort [package insert]. Allegis Pharmaceuticals. Canton, Mississippi. Revised March 2017.
2. Zonacort [package insert]. Key Therapeutics, LLC. Revised February 2017.
3. Taperdex [package insert]. Xspire Pharma. Ridgeland, Mississippi. January 2018.
4. Zodex [package insert]. Xspire Pharma. Ridgeland, Mississippi. July 2017.



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5. DexPack [package insert]. Valeant Pharmaceuticals. Bridgewater, New Jersey.
6. Dxevo [package insert]. Phlight Pharma, LLC. Ocean Springs, Mississippi. Updated June 2019.
7. Hidex [package insert]. Gentex Pharma. Ridgeland, Mississippi. February 2019.
8. Dexabliss [package insert]. Levins Pharmaceuticals, LLC. Biloxi, Mississippi. Updated April 2020.
9. Zcort [package insert]. Scite Pharma, LLC. Canton, Mississippi. Updated July 2020.

Policy History

Original Effective Date: 06/21/2017

Current Effective Date: 01/13/2025

- 06/01/2017 Medical Policy Committee review
- 06/21/2017 Medical Policy Implementation Committee approval. New policy.
- 06/07/2018 Medical Policy Committee review
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- 06/20/2018 Medical Policy Implementation Committee approval. Added Zodex and Taperdex to the policy.
- 10/04/2018 Medical Policy Committee review
- 10/17/2018 Medical Policy Implementation Committee approval. Added DexPak and generic dexamethasone packs to the policy. Changed the title to “Select Dexamethasone Packs”.
- 09/05/2019 Medical Policy Committee review
- 09/11/2019 Medical Policy Implementation Committee approval. Added a new product, Dxevo, to the policy.
- 02/06/2020 Medical Policy Committee review
- 02/12/2020 Medical Policy Implementation Committee approval. Added a new product, Hidex, to the policy.
- 12/03/2020 Medical Policy Committee review
- 12/09/2020 Medical Policy Implementation Committee approval. Added two new products, Dexabliss and Zcort, to the policy.
- 12/02/2021 Medical Policy Committee review
- 12/08/2021 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 12/01/2022 Medical Policy Committee review
- 12/14/2022 Medical Policy Implementation Committee approval. No change to coverage.
- 12/07/2023 Medical Policy Committee review
- 12/13/2023 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.



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12/05/2024 Medical Policy Committee review

12/11/2024 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 12/2025

****Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

