

Dexamethasone 1.5 mg dose pack (Dexpak) 6, 10, 13 day
Taperdex 12 day
Dexabliss 11 day
Dexpak 6, 10, 13 day
Dxevo 11 day
Hidex 7 day
Locort 7 day
Locort 11 day
Taperdex 6 day
Taperdex 7 day
Zcort
Zonacort dose pack

Uses Considered for Coverage:

- Anti-inflammatory or immunosuppressive agent

Coverage Criteria:

For diagnosis listed above:

- Intolerable side effect, intolerance, or contraindication to the preferred non-dose pack dexamethasone 1.5 mg tablets dispensed in a prescription bottle with directions for use not expected with the requested dexamethasone 1.5 mg dose pack.

For brand-name drug where generic available:

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

Coverage Duration: One time only

Effective: 1/01/2021