

## Dexamethasone Dose Packs

### Applies To:

DEXABLISS 1.5 MG (39) TAB THPK  
DEXAMETHASONE 1.5 MG (21) TAB THPK  
DEXAMETHASONE 1.5 MG (35) TAB THPK  
DEXAMETHASONE 1.5 MG (51) TAB THPK  
DXEVO 11-DAY 1.5 MG TAB THPK  
TAPERDEX 6-DAY 1.5 MG (21) TAB THPK  
TAPERDEX 7-DAY 1.5 MG (27) TAB THPK  
TAPERDEX 12-DAY 1.5 MG (49) TAB THPK  
ZCORT 7-DAY 1.5 MG (25) TAB THPK

### Diagnoses Considered for Coverage:

- Anti-inflammatory or immunosuppressive agent

### Coverage Criteria:

#### For diagnosis listed above:

- Intolerable side effect 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.

### Coverage Duration: One time only

Effective Date: 11/02/2023