

Drug Monograph

Drug Name: **Dexamethasone Sodium Phosphate 10 mg/mL Syringe**
 Drug Class: **Corticosteroid**
 Prepared For: MO HealthNet
 Prepared By: Conduent


New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	The purpose of this monograph is to provide a review of new therapy to determine whether the reviewed drug should be made available on an open access basis to prescribers, require a clinical edit or require prior authorization for use.
Dosage Forms:	Dexamethasone Sodium Phosphate Injection, USP is now available in a preservative free single-dose prefilled syringe that delivers 10 mg of dexamethasone phosphate in 1 ml of sterile aqueous suspension.
Manufacturer:	Distributed by: Fresenius Kabi USA, LLC, Lake Zurich, IL 60047.
Indications:	Dexamethasone Sodium Phosphate Injection, USP is indicated where oral therapy is not feasible. For intravenous or intramuscular use, it is indicated for allergic states, collagen diseases, dermatological diseases, endocrine disorders, edematous states, gastrointestinal diseases, hematologic disorders, neoplastic diseases, nervous system disorders, ophthalmic diseases, respiratory diseases, and rheumatic disorders. For intra-articular or soft tissue use, it is indicated as adjunctive therapy for short-term administration in acute gouty arthritis, acute and subacute bursitis, acute nonspecific tenosynovitis, epicondylitis, rheumatoid arthritis, synovitis of osteoarthritis, and post-traumatic osteoarthritis. For intralesional use, it is indicated for keloids, discoid lupus erythematosus, necrobiosis lipoidica diabetorum, alopecia areata, cystic tumors of an aponeurosis tendon (ganglia), and localized hypertrophic infiltrated inflammatory lesions of lichen planus, psoriatic plaques, granuloma annulare, and lichen simplex chronicus (neurodermatitis).
Costs:	\$5.78 per syringe Wholesale Acquisition Cost
Summary of Findings:	MO HealthNet Division recommends Open Access status for this product.

Status Clinical Edit PA Required
Recommendation: Open Access PDL
Type of PA Appropriate Indications Non-Preferred
Criteria: No PA Required Preferred



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