

DEXAMETHASONE INTRAVITREAL IMPLANT (Ozurdex®) for treating visual impairment caused by diabetic macular oedema

The Pan Mersey Area Prescribing Committee recommends the prescribing of DEXAMETHASONE INTRAVITREAL IMPLANT (Ozurdex®), by specialists only, for treating visual impairment caused by diabetic macular oedema, in accordance with NICE TA824.

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[NICE technology appraisal \(TA\) 824](#) (14 September 2022) recommends dexamethasone intravitreal implant (Ozurdex®) as an option for treating visual impairment caused by diabetic macular oedema (DMO) in adults only if their condition has not responded well enough to, or who cannot have non-corticosteroid treatment. This is irrespective of whether the individual has a phakic or pseudophakic lens.

Dexamethasone intravitreal implant should only be prescribed and administered by ophthalmology specialists.

NICE does not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population). This is because dexamethasone intravitreal implant is a further treatment option and the overall cost of treatment will be similar.

References

1. NICE TA 824 (2022) Dexamethasone intravitreal implant for treating diabetic macular oedema. Available at: <https://www.nice.org.uk/guidance/TA824>. Accessed online 23 September 2022.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.