

## GCHP Medi-Cal Clinical Guidelines Dexamethasone Ophthalmic Insert (Dextenza™)

PA Criteria	Criteria Details		
Covered Uses (FDA approved indication)	<ul style="list-style-type: none"><li>• Treatment of ocular inflammation and pain following ophthalmic surgery.</li><li>• Treatment of ocular itching associated with allergic conjunctivitis.</li></ul>		
Exclusion Criteria	<ul style="list-style-type: none"><li>• Active or suspected ocular or periocular infection (viral, bacterial or fungal).</li><li>• Use in combination with another corticosteroid implant / insert / injection or ophthalmic topical solution or suspension.</li></ul>		
Required Medical Information	<ul style="list-style-type: none"><li>• Diagnosis of treatment of ocular inflammation and pain following ophthalmic surgery must meet <b>ALL</b> of the following:<ul style="list-style-type: none"><li>i. Confirmation that it is being placed immediately following ophthalmic surgery.</li><li>ii. The date of ophthalmic surgery.</li><li>iii. Clinical reasons why a corticosteroid ophthalmic solution or suspension is inadequate.</li></ul></li><li>• Diagnosis of treatment of ocular itching associated with allergic conjunctivitis AND clinical reasons why a corticosteroid ophthalmic solution or suspension is inadequate.</li></ul>		
Age Restriction	18 years of age and older		
Prescriber Restrictions	Ophthalmologist		
Coverage Duration	Two inserts in 30-day period		
Other Criteria / Information			
	HCPCS	Description	Dosing, Units
	J1096	Dexamethasone, intracanalicular insert, 0.1mg (Dextenza™)	0.4mg insert into the lower lacrimal canaliculus; releases 0.4mg dose for up to 30 days

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	8/5/2024	8/5/2024	Yoonhee Kim, Interim Director of Pharmacy Services	3/1/2025
Approved	N/A	8/14/2024	Pharmacy & Therapeutics (P&T) Committee	3/1/2025