Original Effective Date: 10/13/2021
Current Effective Date: 06/13/2024
Last P&T Approval/Version: 04/24/2024
Next Review Due By: 10/2024
Policy Number: C24242-A

Dextenza (dexamethasone intracanalicular insert)

PRODUCTS AFFECTED

Dextenza (dexamethasone intracanalicular insert)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Ocular inflammation and pain following ophthalmic surgery, Ocular itching associated with allergic conjunctivitis

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. OCULAR POSTOPERATIVE INFLAMMATION AND PAIN:
   1. Prescribed for the treatment of ocular inflammation and pain following cataract surgery

MOLINA REVIEWER NOTE: The published evidence to date supporting the approval of postoperative pain and inflammation only includes cataract patients, patients with glaucoma or increased IOP were not included in pivotal phase 3 clinical trials.
AND

2. Documented date of cataract surgery with notation of eye(s) being treated
AND
3. Documentation member is unable to use corticosteroid eye drops due to ONE of the following conditions [DOCUMENTATION REQUIRED]:
    a. Post-operative treatment with corticosteroid ophthalmic drops has previously failed or are contraindicated
    OR
    b. Member has cognitive issues (such as dementia or Alzheimer's disease) or dexterity issues prohibiting the member from using corticosteroid eye drops
    OR
    c. Other medical/clinical rationale supported by documentation
    AND
4. Prescriber attests member has been informed about the potential adverse effects of a corticosteroid intravitreal implant, including cataracts, increased intraocular pressure, or hypotony, endophthalmitis, and risk of need for additional surgical procedures
AND
5. Prescriber attests or clinical reviewer has found the requested dexamethasone insert (Dextenza) is NOT intended for administration with other intravitreal implants or inserts (e.g., fluocinolone acetonide intravitreal implant [Iluvien/Retisert])

B. OCULAR ITCHING ASSOCIATED WITH ALLERGIC CONJUNCTIVITIS:
1. Documented diagnosis of allergic conjunctivitis
AND
2. Documentation of ocular allergies and a positive skin test reaction to a perennial allergen and a seasonal allergen
AND
3. Documentation of an inadequate response, serious side effects, or contraindication to ALL of the following topical ophthalmic therapies:
    a. Antihistamines (e.g., azelastine, olopatadine, ketotifen, epinastine, etc.)
    AND
    b. Mast cell stabilizers (e.g., cromolyn, nedocromil, lodoxamide, etc.)
    AND
    c. Vasoconstrictors (e.g., naphazoline, etc.)
    AND
    d. NSAID (e.g., ketorolac tromethamine)
AND
4. Documentation of an inadequate response from short-term topical ophthalmic corticosteroids
AND
5. Prescriber attests or clinical reviewer has found Dextenza is not prescribed for use in combination with sustained-release intravitreal corticosteroids (e.g., fluocinolone acetonide or dexamethasone implants)
AND
6. Prescriber attests member has been informed about the potential adverse effects of a corticosteroid implant, including cataracts, increased intraocular pressure, or hypotony, endophthalmitis, and risk of need for additional surgical procedures

CONTINUATION OF THERAPY:
N/A

DURATION OF APPROVAL:

Initial authorization: 3 months, Continuation of Therapy: N/A

PRESCRIBER REQUIREMENTS:
Prescribed by or in consultation with a board-certified ophthalmologist, retinal specialist, or retinal surgeon experienced in the administration of intraocular injections. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests.]

AGE RESTRICTIONS:
18 years of age and older

QUANTITY:
ONE intracanalicular insert (0.4 mg) per affected eye

PLACE OF ADMINISTRATION:
The recommendation is that intracanalicular insert medications in this policy will be for pharmacy or medical benefit coverage and the intracanalicular insert products be administered in a place of service that is a non-hospital facility-based location.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intracanalicular insert

DRUG CLASS:
Ophthalmic Steroids

FDA-APPROVED USES:
- Ocular Postoperative Inflammation and Pain: Treatment of ocular inflammation and pain following ophthalmic surgery
- Ocular Itching associated with Allergic Conjunctivitis: Treatment of ocular itching associated with allergic conjunctivitis

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

Ophthalmic Medications for Treatment of Allergic Conjunctivitis *Reference: AA0 2018 (Varu et al. 2019); UpToDate (Hamrah and Dana, 2022)*	
Antihistamines with Mast Cell-Stabilizing Properties	**Usual Adult Dosing**
Olopatadine 0.1% (Patanol OTC), 0.2% (Pataday OTC), 0.7% (Pazeo), 0.1% and 0.2% (generics)	1 drop per eye twice daily (Patanol); 1 drop per eye once daily (Pataday and Pazeo)
Alcaftadine 0.25% (Lastacaft)	1 drop per eye once daily
Bepotastine 1.5% (Bepreve)	1 drop per eye twice daily
Cetirizine 0.24% (Zerviate)	1 drop per eye twice daily
Epinastine 0.05% (generics)	1 drop per eye twice daily
Ketotifen 0.025% (multiple OTC products)	1 drop per eye twice daily
Azelastine 0.05% (generics)	1 drop per eye twice daily
Emedastine 0.05% (generics)	1 drop per eye up to four times daily
Mast cell stabilizers	**Usual Adult Dosing**
Cromolyn sodium 4% (generics)	1 to 2 drops per eye up to six times daily
Nedocromil 2% (Alocril)	1 to 2 drops per eye twice daily

Lodoxamide 0.1% (Alomide)	1 to 2 drops per eye four times daily for up to three months
Pemirolast 0.1% (Alamast)	One to two drops per eye up to four times daily
Corticosteroids	**Usual Adult Dosing**
Loteprednol etabonate 0.2% or 0.5% (Alrex, Lotemax)	1 drop per eye four times daily
Prednisolone acetate 0.12% [Pred Mild] or 1% [generics])	1 to 2 drops per eye two to four times daily
Fluorometholone 0.1% (generics)	1 to 2 drops per eye two to four times daily

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Ocular Itching Associated with Allergic Conjunctivitis

FDA approval was based on efficacy data from three randomized, multicenter, double-masked, parallel group, vehicle-controlled phase 3 studies that evaluated the efficacy and safety of Dextenza in 255 patients (n = 255) with a history of ocular allergies and a positive skin test reaction to perennial and seasonal allergens (ClinicalTrials.gov Identifier: NCT02445326, NCT02988882, NCT04050865). Dextenza treatment resulted in lower mean ocular itching scores compared to vehicle at all time points throughout the 30-day study duration, according to all three trials. In two of the three studies, a higher proportion of patients in the Dextenza arm achieved statistically significant reductions in ocular itching on day 8, at 3 minutes, 5 minutes, and 7 minutes post challenge, compared with patients in the vehicle arm. The most common ocular AEs associated with Dextenza were increased IOP (3%), increased lacrimation (1%), eye discharge (1%), and reduced visual acuity (1%). Headache was the most common non-ocular AE (1%).

McLaurin et al. (2021) assessed the efficacy and safety of the Dextenza intracanalicular ocular insert for the treatment of AC in a multicenter, randomized, double-masked, Phase 3 placebo-controlled trial. Seventy-three (n = 73) patients with a positive conjunctival allergen challenge (CAC) were randomized to receive Dextenza (n = 35) or (n = 38). A modified CAC model (Ora-CAC model) was used to induce the underlying inflammatory component of AC. Challenges occurred over the next 30 days following in-office insert placement, and primary efficacy was assessed at Week 1 CAC Day 8 (primary endpoint visit). Dextenza-treated patients reported a significant decrease in ocular itching at each time point across all visits, continuing through 4 weeks after insertion, showing both the early onset of response (3 minutes after allergen exposure) and the durability of this response (to 30 days after insert placement). Study limitations are noted for the trial design using the CAC model. While this trial design is favorable for ocular allergy studies in providing a strictly controlled environments of allergen exposures, therapeutic outcomes from real-world, uncontrolled environment of allergen exposures are not permitted. The authors advised re-evaluation by the clinician if retreatment is required. The outcomes of repeated doses were not evaluated.

A pooled post-hoc analysis of four prospective, randomized, double-masked, vehicle-controlled, parallel-group studies concluded that Dextenza is safe and well-tolerated for the treatment of AC. The analysis assessed the safety of Dextenza for the treatment of signs and symptoms of chronic AC in 315 subjects across the trials (Dextenza n = 154, placebo n = 161) (Meyer et al. 2021). Patients with a history of ocular allergies were randomly assigned to receive a dexamethasone insert or a placebo insert in both eyes on the same day. Each of the four studies had a safety assessment, which included AEs, visual acuity, and IOP. Mild to moderately serious ocular AEs were reported in 12.3% and 14.3% of Dextenza-treated and placebo-treated subjects, respectively. There were no reports of serious ocular-related AEs and one non-ocular serious AE that was unrelated to the study.

Ocular Inflammation and Pain Following Ophthalmic Surgery

FDA approval of Dextenza was based on results from 3 prospective, randomized, double-masked, vehicle-controlled trials that evaluated the safety and efficacy of Dextenza for the treatment of ocular pain and inflammation following cataract surgery [Walters et al.: Study 1 (NCT02034019), Study 2 (NCT02089113); Tyson et al. 2019 (NCT02736175)]. A total of 926 individuals were enrolled in the studies and randomized to Dextenza or placebo intracanalicular inserts immediately following cataract surgery (n = 541 for Dextenza and n = 385 for placebo). The duration of clinic follow-up was 120, 90, and 45 days, respectively. The co-primary outcomes were the absence of ocular pain on day 8 (7 days after surgery) and the absence of cells in the anterior chamber cells of the eye on day 14 (indicating inflammation). In the three pivotal phase 3 trials, a considerably greater proportion of patients treated with the dexamethasone intracanalicular insert reported no discomfort on day 8 (the co-primary outcome, 7 days post-operation). Two of three trials met the inflammation co-primary endpoint (absence of anterior chamber cells) at day 14 (13 days post-operation). The Dextenza insert was well-tolerated, with no serious ocular AEs reported across the phase 3 studies.

Walters et al. (2016) published the results of two phase 3 double-blind pivotal trials, Study 1 (n = 247) and Study 2 (n = 241). Participants undergoing cataract surgery were randomly assigned to receive Dextenza or a vehicle in these studies.

- Study 1 enrolled 164 patients in the dexamethasone arm and 83 in the vehicle-treated arm;
- Study 2 enrolled 161 patients in the dexamethasone arm and 60 in the vehicle-treated arm.

The coprimary efficacy endpoints were the percentages of patients in each group with an absence of ocular pain in the study eye at day 8 and an absence of anterior chamber cells in the study eye at day 14 (inflammation endpoint). (Note: Day 1 is the day of surgery and the insertion of dexamethasone or a placebo). Both studies met the primary endpoint for ocular pain. At day 8, the dexamethasone groups had statistically higher proportions of patients without ocular pain:

- In study 1, 80% of dexamethasone-treated patients were pain-free on day 8, compared to 43% of vehicle-treated patients.
- In study 2, 77% of dexamethasone-treated patients were pain-free after 8 days, compared to 59% of vehicle-treated patients.

The inflammation endpoint was met only in Study 1. According to the researchers, Study 2 failed to establish statistical significance for the inflammatory endpoint because a significantly larger proportion of patients in the control group lacked anterior chamber cells on day 14. Significantly fewer Dextenza-treated patients than vehicle-treated patients required anti-inflammatory rescue medication on trial days 8 and 14 (no statistical difference on study days 1, 2, and 4). No treatment-related AEs were observed.

Tyson et al. (2019) published the findings of a prospective multicenter randomized parallel-arm, double-masked vehicle-controlled phase 3 study that evaluated the efficacy and safety of Dextenza for the treatment of postoperative ocular inflammation and pain in 438 adult cataract surgery patients. Patients were randomized to receive a dexamethasone insert (n = 216) or vehicle (n = 222) after completion of cataract surgery (day 1). The coprimary efficacy endpoint was similar to the two previous phase 3 trials reported by Walters et al. (2016): 1) complete absence of anterior chamber cells at day 14, and 2) complete absence of pain at day 8. On day 14, the dexamethasone-injected arm had significantly more anterior chamber cell loss (52.3%) than the placebo group (31.1%). On day 8, the dexamethasone-injected arm had significantly more patients with no eye pain (79.5%) than the control group (61.3%). There was no increase in the incidence of AEs or ocular AEs in the dexamethasone-inserted group compared to the placebo group. Rescue treatment was required by twice as many placebo patients on

day 14. The lack of a direct comparison of the dexamethasone insert with an active control (e.g., standard dexamethasone eye drops) to determine clinical utility and benefit of the dexamethasone insert is a limitation of this trial. There were no serious AEs associated with the treatment. The dexamethasone insert was reported to be well tolerated, with AEs similar to a placebo.

National and Specialty Organizations
Corticosteroids and NSAIDs have traditionally been used to treat inflammation, both prophylactically and post-operatively; however, currently there are no established guidelines or consensus for the treatment of inflammation induced by cataract surgery.

A preferred postoperative regimen for control of inflammation and pain after cataract surgery and other intraocular surgeries has not been established due to a lack of sufficient evidence from randomized controlled studies (Aptel et al. 2017; Olson et al. 2017).

American Academy of Ophthalmology (AAO)
Ocular Postoperative Inflammation and Pain
The Cataract in the Adult Eye Preferred Practice Pattern (PPP) guidelines suggest that postoperative management after cataract surgery may include topical corticosteroids and nonsteroidal anti-inflammatory drugs (NSAIDs). Due to a lack of high-level evidence comparing these interventions, no optimal postoperative medication regimens have been established. The guidelines state that complications of postoperative medications include elevated IOP with corticosteroids and allergic reactions to antibiotics, but they do not mention the use of dexamethasone intracanalicular ocular insert (AAO 2021).

Allergic Conjunctivitis
The Conjunctivitis PPP (2018) does not address the use of a dexamethasone intracanalicular ocular insert for the treatment of AC due to the more recent approval of this indication in October 2021.

The report recommends adding a brief course (1 to 2 weeks) of topical corticosteroids with a minimal side effect profile if the symptoms are not adequately controlled and includes a list of topical medications for seasonal AC.

The report recommends adding a brief course (1 to 2 weeks) of topical corticosteroids with a minimal side effect profile if symptoms are not sufficiently managed and includes a list of topical medicines for seasonal AC.

The National Institute for Health and Clinical Excellence (NICE) is developing guidance on dexamethasone intracanalicular inserts for treating inflammation and pain after cataract surgery. The expected publication date for the proposed guidance [GID-TA10198] is to be confirmed (as of the review of the policy in February 2023).

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Dextenza (dexamethasone intracanalicular insert) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Dextenza (dexamethasone intracanalicular insert) include: Hypersensitivity to dexamethasone, other corticosteroids, or any component of the formulation, Presence of an active ocular infection or positive history of an ocular herpetic infection: Active corneal, conjunctival, or canalicular infections, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, Mycobacterial infections, Ophthalmic fungal disease, Dacryocystitis, History of refractive surgery (including LASIK procedures) within the past 2 years, History of retinal detachment, diabetic retinopathy, or active retinal disease, History of IOP increase as a result of steroid treatment.

OTHER SPECIAL CONSIDERATIONS:

None

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg

AVAILABLE DOSAGE FORMS:
Dextenza INST 0.4MG

REFERENCES

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13. Walters T, Bafna S, Vold S, et al. Efficacy and safety of sustained release Dexamethasone for the treatment of ocular pain and inflammation after cataract surgery: Results from two phase 3 studies. J Clin Exp Ophthalmol. 2016. 7:1000572. doi:10.4172/2155-9570.1000572.
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16. Varu DM, Rhee MK, et al. Conjunctivitis Preferred Practice Pattern. 2018 Oct. doi: https://doi.org/10.1016/j.ophtha.2018.10.020. Accessed February 2023.
17. Dexamethasone intravitreal implant for the treatment of macular edema secondary to retinal vein occlusion. NICE Technology Appraisal guidance 229 [TA229]. 27 July 2011. Reviewed in July 2015. Available here. Accessed February 2023.

SUMMARY OF REVIEW/REVISIONS	DATE
MCP Conversion	Q2 2024
Policy reviewed and updated. No changes to coverage criteria. Updated references.	4/13/2023
Policy reviewed and updated. Added clinical summary and coverage criteria for the indication of Ocular Itching associated Allergic Conjunctivitis in relevant sections of policy. Added a table of 'Ophthalmic Medications for Treatment of Allergic Conjunctivitis in the Supplemental Information section. Updated references. IRO Peer Review. 4/8/2022. Practicing Physician. Board certified in Ophthalmology.	4/13/2022
New MCP	10/13/2021