Q4 2026 DEXTENZA COVERAGE*
FOR THE TREATMENT OF OCULAR INFLAMMATION AND PAIN FOLLOWING OPHTHALMIC SURGERY
SOUTH

Dextenza®
(dexamethasone ophthalmic insert) 0.4 mg
for intracanalicular use

Medicare Advantage (Part C) and Commercial plans may or may not follow Medicare recommendations in making coverage decisions and payment rates may vary among facility contracts.

PLAN TYPE†	J1096 COVERAGE*
Government Payers	
Fee-For-Service Medicare (Medicare Part B)	✔
TriCare® for Life	✔
TriCare® Prime (BV recommended)	✔
TriCare® Select (BV recommended)	✔
VA Community Care	✔
Medicare Advantage (Part C)	
AARP® Medicare Advantage	✔
America's 1st Choice Insurance Company, Inc. Medicare	✔
Amerigroup® Medicare	✔
Anthem® BlueCross® and BlueShield® Virginia Medicare	✔
Ascension Complete™	✔
BlueCross® and BlueShield® of Florida Medicare	✔
BlueCross® BlueShield® of Georgia Medicare	✔
BlueCross® BlueShield® of North Carolina Medicare	✔
BlueCross® BlueShield® of South Carolina Medicare	✔
Capital Health Plan™ Medicare	✔
Central Health Medicare Plan®	✔
Clover Health™ Medicare	✔
Freedom Health, Inc. Medicare	✔
HealthSpring	✔
Healthsun Health Plans, Inc. Medicare	✔
Highmark® Medicare	✔
Humana™ Medicare	✔
Independence BlueCross® Medicare	✔
Leon Health™ Medicare	✔

PLAN TYPE†	J1096 COVERAGE*
Medicare Advantage (Part C)	
Molina® Healthcare Medicare	✔
Optimum HealthCare®, Inc.	✔
Preferred Care Partners, Inc. Medicare	✔
Simply Healthcare Plans Medicare	✔
UnitedHealthcare® Medicare	✔
Wellcare™ by Allwell™ Medicare Advantage	✔
WellCare™ Medicare	✔
Commercial Plans	
Aetna® Commercial	✔
Anthem® BlueCross® and BlueShield® Virginia Commercial	✔
Blue Advantage® Administrators of Arkansas for Walmart	✔
Blue Cross® and Blue Shield® Federal Employee Plan	✔
BlueCross® and BlueShield® of Florida Commercial	✔
BlueCross® BlueShield® of Georgia Commercial	✔
BlueCross® BlueShield® of of North Carolina	✔
Capital Health Plan™ Commercial	✔
CareFirst® Commercial	✔
Cigna Healthcare	✔
Highmark® Commercial	✔
Humana™ Commercial	✔
Independence BlueCross®	✔
Sentara Health Care	✔
UnitedHealthcare® Commercial	✔
UnitedHealthcare® FEHBP Commercial	✔

✔ Confirmed Coverage

***An indication of plan coverage is based on information gathered by Ocular Therapeutix. Coverage may change over time and may vary based on contractual arrangements and place of service. Plan coverage of DEXTENZA does not guarantee reimbursement or payment of claims.**

† All insurance plans and organizations own their respective registrations or trademarks, as represented in this table.

INDICATIONS

DEXTENZA is a corticosteroid indicated for:

- The treatment of ocular inflammation and pain following ophthalmic surgery in adults and pediatric patients.

FULL PRESCRIBING INFORMATION

Please see accompanying full Prescribing Information, scan QR code or click here.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

DEXTENZA is contraindicated in patients with active corneal, conjunctival or canalicular infections, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella; mycobacterial infections; fungal diseases of the eye, and dacryocystitis.

Please see additional Important Safety Information on reverse side.

OCULAR THERAPEUTIX™

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WARNINGS AND PRECAUTIONS

Intraocular Pressure Increase - Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. Intraocular pressure should be monitored during treatment.

Bacterial Infections - Corticosteroids may suppress the host response and thus increase the hazard for secondary ocular infections. In acute purulent conditions, steroids may mask infection and enhance existing infection.

Viral Infections - Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections - Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal culture should be taken when appropriate.

Delayed Healing - Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.

Other Potential Corticosteroid Complications - The initial prescription and renewal of the medication order of DEXTENZA should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and, where appropriate, fluorescein staining. If signs and symptoms fail to improve after 2 days, the patient should be re-evaluated.

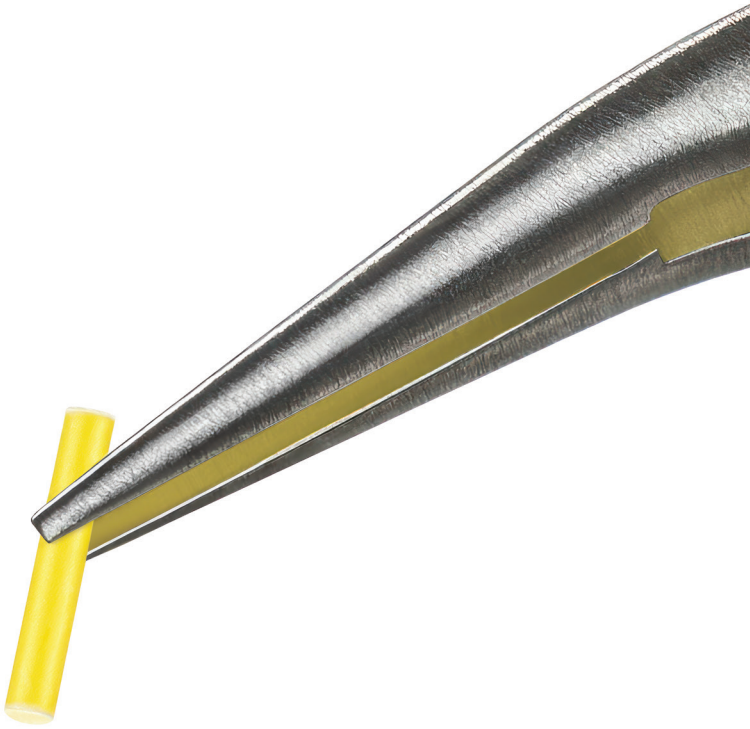
ADVERSE REACTIONS

Ocular Inflammation and Pain Following Ophthalmic Surgery

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: anterior chamber inflammation including iritis and iridocyclitis (10%), intraocular pressure increased (6%), visual acuity reduced (2%), cystoid macular edema (1%), corneal edema (1%), eye pain (1%), and conjunctival hyperemia (1%). The most common non-ocular adverse reaction was headache (1%).

Itching Associated with Allergic Conjunctivitis

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: intraocular pressure increased (3%), lacrimation increased (1%), eye discharge (1%), and visual acuity reduced (1%). The most common non-ocular adverse reaction was headache (1%).



FULL PRESCRIBING INFORMATION

Please see accompanying full Prescribing Information, scan QR code or click here.

LEARN MORE AT DEXTENZA.COM

Please scan or click here to learn more at www.DEXTENZA.com.

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