

The DEXTENZA® Commercial Assurance Program is a patient assistance program designed to assist eligible* patients, **who have coverage for DEXTENZA (J1096) through a commercial insurance plan†**. Financial assistance provided by the DEXTENZA Commercial Assurance Program may be applied only towards the cost-sharing amount owed by the patient for his or her DEXTENZA treatment, including applicable co-payments, coinsurance, deductibles, or the amount that results when the allowable is less than the provider's invoice cost.

Program Eligibility Requirements, Terms and Conditions



- Patient must not have government insurance including, but not limited to, Medicare, Medicaid, Medicare Advantage (Medicare Replacement) or any other federally or state-funded government-assisted program.
- DEXTENZA must be covered by the patient's commercial or private insurance. If coverage is denied, patient will not be eligible for the program.
- Patient must be 18 years or older.
- Offer only valid in the US and its territories; void where prohibited by law, taxed or restricted.

How To Enroll A Patient

Along with the signed Patient Enrollment Form, the following are required:

A scan of the DEXTENZA Commercial Assurance Program Patient Enrollment Form, showing various fields for patient and provider information.

- Clear, legible, and itemized **Explanation of Benefits (EOB)** showing the date of service, the covered amount for DEXTENZA, and any patient out-of-pocket responsibility. Must be submitted within 180 days of the date of service.
- **Original claim form** (HCFA 1500 or UB-04)
- **Invoice from the DEXTENZA unit** used for the patient which shows the acquisition cost (Must be within 180 days of the date of service)
- **Fax** the signed **Patient Enrollment Form**, along with the **EOB, claim form and invoice** to **1-844-600-1321**

Once processed and approved, payment is provided to the provider on behalf of the patient via check or electronically (ACH), depending on preference. An explanation of payment will accompany each disbursement.

LEARN MORE AT



DEXTENZA.COM

Contact the DEXTENZA Commercial Assurance Program at 1-844-286-9098
for information on program and additional requirements.
Monday - Friday 8:00AM - 6:00PM ET

DISCLAIMER:

The DEXTENZA Commercial Assurance Program program services are subject to change without notice. Ocular Therapeutix does not guarantee reimbursement. Missing information or failure to submit forms and required documentation in a timely manner may result in patient disqualification. Ocular Therapeutix reserves the right to modify or discontinue the DEXTENZA Commercial Assurance Program in part or in its entirety, at any time.

* The DEXTENZA Commercial Assurance Program patient benefit is not available for patients with any government insurance including but not limited to Medicare, Medicaid, Medicare Advantage (Medicare Replacement) plans.

† Up to the provider/facility acquisition cost (not to exceed \$555). Program applies to the drug only. Commercial Assurance Program claims will apply towards Ocular's Rebate Program tiers; however, a unit will not be eligible for a rebate under Ocular's Rebate Program if the CAP reimbursement equals the acquisition cost.

Phone: 1-844-286-9098 | **Fax:** 1-844-600-1321 | **www.DEXTENZA.com**