

DEXTENZA PATIENT ASSISTANCE PROGRAM

You or your health care provider has submitted an application on your behalf to the DEXTENZA Patient Assistance Program. Patients without health insurance may be eligible to receive DEXTENZA free of charge, including patients who do not have drug coverage for DEXTENZA. Patient must be a U.S. resident, and have an annual income <500% of the FPL (Federal Poverty Level), adjusted for family size.

ACTION STEPS

The following steps are required in order for your free DEXTENZA to arrive in time for your procedure.

1

RECEIVE APPROVAL LETTER IN THE MAIL.

If approved for free DEXTENZA, you and your health care provider will be notified by the DEXTENZA360 Program via mail and fax, respectively. Please watch for your approval letter in the mail.

2

CONNECT WITH THE DEXTENZA360 PHARMACIST.

You will receive a phone call from DEXTENZA360 at 1-800-339-8369 (1-800-DEXTENZA).

In order to receive your free DEXTENZA, you will be required to speak to the dispensing pharmacist. Please answer the call or be sure to return the call to **1-800-339-8369 Option 4 (1-800-DEXTENZA)** as soon as possible. Note: Caller ID will show 1-800-339-8369 from St. Louis, Missouri.

Your DEXTENZA prescription will be filled free of charge and shipped directly to the procedure site prior to your date of surgery.

NOTE: Please inform your health plan (if applicable) that you have received DEXTENZA free of charge.