

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

PROGRAM DURATION
April 1 - June 30, 2020

BIG TIME REBATE PROGRAM

MINIMUM QUALIFYING PURCHASES
REQUIRED FOR TIERED REBATE PAYMENT

| Tier | Inserts Purchased | Rebate Per Insert |
|------|-------------------|-------------------|
| 1 | 25 | \$10 |
| 2 | 50 | \$15 |
| 3 | 75 | \$20 |
| 4 | 100 | \$25 |
| 5 | 125 | \$30 |
| 6 | 250 | \$50 |
| 7 | 500 | \$100 |

Terms

- All purchasing Ambulatory Surgical Centers and Hospital Outpatient Departments are eligible
- Remittance details will be requested at close of program
- Rebate payments on qualified purchases made between April 1, 2020 and June 30, 2020 will be made within 60 days of receipt of remittance details
- This rebate program is not related to any other rebate program for DEXTENZA
- Inserts purchased under 340B program are excluded