

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

PROGRAM DURATION
October 1 - December 31, 2020

Q4 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

* Insert = 1 DEXTENZA intracanalicular insert

Terms

- All purchasing Ambulatory Surgical Centers and Hospital Outpatient Departments are eligible to participate in the DEXTENZA Rebate Program
- All purchases must be made through an authorized Ocular Therapeutix distributor
- Remittance details will be requested at the close of the program and must be submitted within 60 days following the close of the quarter to receive rebates
- Rebate payments are only available on qualified purchases made between October 1, 2020 and December 31, 2020 and will be made within 60 days of receipt of remittance details
- This rebate program is not related to any other rebate program for DEXTENZA
- Rebates under the program are not available to customers receiving any discounts or rebates for DEXTENZA through any other source
- Inserts purchased under 340B program are excluded
- Rebates made available under the DEXTENZA Rebate Program represent discounts that must be properly and accurately accounted for, disclosed and reported by purchasers on cost reports or claims for reimbursement to federal healthcare programs (including Medicare and Medicaid) and other third party payor programs requiring such disclosure, and to federal and state agencies upon request, in accordance with all applicable laws and regulations.