

**Dextenza<sup>®</sup>**  
(dexamethasone ophthalmic insert) 0.4 mg  
for intracanalicular use

**PROGRAM DURATION:**  
October 1 – December 31, 2021

# Q4 REBATE PROGRAM

Minimum Qualifying Purchases  
Required for Tiered Rebate Payment

Tier	Inserts Purchased	Rebate Per Insert*
1	10	\$20
2	50	\$30
3	125	\$40
4	250	\$50
5	500+	\$70



\* Insert = 1 DEXTENZA intracanalicular insert

## TERMS

- All purchasing Ambulatory Surgical Centers, Hospital Outpatient Departments, and other healthcare provider entities are eligible to participate in the DEXTENZA Rebate Program.
- Rebates under this program are not available to multisite customers under contract with Ocular Therapeutix. If you are a multisite customer, please email [ecg@ocutx.com](mailto:ecg@ocutx.com) for more information.
- Customer remittance details and W-9 tax form are required by calendar quarter-end of the initial applicable quarter in which customer is participating. Remittance form and W-9 tax form may be submitted to: [oculrebates@ocutx.com](mailto:oculrebates@ocutx.com).
- Rebate payments are only available on qualified purchases based on customer's servicing distributor's invoice date for shipments made between October 1 to December 31, 2021. Payments will be made within 60 days after calendar quarter end.
- 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.