

DEXTENZA® Commercial Assurance Program
Eligibility Requirements, Terms and Conditions

Effective April 1, 2025

The DEXTENZA® Commercial Assurance Program (“CAP”) is a patient assistance program designed to assist eligible patients with their out-of-pocket costs for DEXTENZA®, including any amount that results from an insurer’s allowable being less than the acquisition cost for DEXTENZA.

CAP Patient Eligibility Requirements:

- Patient must be prescribed DEXTENZA for an FDA-approved indication.
- Patient must have a commercial or private insurance plan that covers the cost of DEXTENZA. If coverage is denied, patient will not be eligible for the program.
- Patient may not have any form of government insurance including, but not limited to, Medicare Part B, Medicare Part C (Medicare Advantage) or Medicare Part D, Medicaid, VA, DoD, TRICARE, CHAMPVA or any other federally or state-funded government-assisted program.
- Cash-paying patients are not eligible for benefits under this CAP.
- Eligible patients must have an out-of-pocket cost for DEXTENZA and be administered the product prior to the expiration date of the CAP.
- No income eligibility required.
- Use of the program for the treatment of ocular itching associated with allergic conjunctivitis is limited to patients 2 years and older. The use of DEXTENZA is not recommended for the treatment of ocular itching associated with allergic conjunctivitis in pediatric patients who require sedation for the insertion procedure.
- Offer only valid in the US and its territories; void where prohibited by law, taxed or restricted.

CAP Terms & Conditions:

- The CAP is valid ONLY for patients with commercial or private insurance who are prescribed DEXTENZA for an FDA-approved indication. Patients with any form of government insurance are not eligible for the CAP, including, but not limited to, Medicare Part B, Medicare Part C (Medicare Advantage) or Medicare Part D, Medicaid, VA, DoD, TRICARE, CHAMPVA or any other federally or state-funded government-assisted program.
- Financial assistance provided by the CAP may only be applied towards the cost-sharing amount owed by a patient for his or her DEXTENZA, including applicable co-payments, coinsurance, deductibles, or amounts that result from the allowable that is less than the provider’s charge. Financial assistance under the CAP is not available for any alternative purpose.
 - The CAP benefit is not valid for any other out-of-pocket costs, such as for office visit charges, medication administration charges, or evaluations, even if such costs are associated with the administration of DEXTENZA.
- The CAP will cover the patient's out-of-pocket drug cost only for DEXTENZA after the patient’s commercial or private insurance has paid its portion, up to the provider/facility acquisition cost, not to exceed a maximum benefit of \$605.00 per unit of DEXTENZA.
- CAP benefits are provided to eligible patients with commercial or private insurance coverage upon receipt of a primary insurance Explanation of Benefits (“EOB”), which shows a patient’s out-of-pocket responsibility for DEXTENZA and invoice from the DEXTENZA unit used for the patient.
 - An EOB from the patient’s commercial/private insurance and invoice from the DEXTENZA unit used for the patient must be submitted within 180 days of the date of service for the patient to receive out-of-pocket assistance. The EOB must reflect the

patient's out-of-pocket cost for DEXTENZA and submission of the claim by the patient's physician for the cost of the medication.

- The CAP is not health insurance.
- Patient may not seek reimbursement for all or any part of the benefit received through this offer and are responsible for making any required reports of utilization of this offer to any insurer or other third-party who pays any part of the cost of DEXTENZA.
- CAP 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.
- Offer is not conditioned on any past or future purchases. Ocular Therapeutix reserves the right to rescind, revoke, terminate or amend the CAP at any time, without notice.
- Terms expire at the end of each calendar year and may change.

CAP Administration Requirements:

- The CAP requires the health care provider to provide the original claim form, the EOB, and invoice from the DEXTENZA unit used for the patient.
- The CAP administrator will:
 - Verify that the patient does not have government insurance; and
 - Verify that coverage for DEXTENZA exists by reviewing the EOB.
- The CAP will convey to the purchasing facility, on behalf of the patient, an amount inclusive of the patient's out-of-pocket responsibility as specified on the EOB and the differential between the allowable and provider's acquisition cost, should the allowable be less than the acquisition cost
- The CAP is a standalone program and shall not be linked to any measure of ROI other than enabling access to DEXTENZA for patients that have commercial or private insurance.