

Insert Date

Dear [insert Healthcare Provider's name],

I am excited to share with you that I [recently began/am planning to begin] utilizing an innovative steroid insert for some of our patients. I felt it was important to let you know that you [may/will] begin to see patients in your office that I have treated with DEXTENZA® (dexamethasone ophthalmic insert) 0.4 mg.

If you are not familiar with this product, DEXTENZA is a preservative-free ophthalmic intracanalicular insert that is inserted through the lower lacrimal punctum and into the canaliculus. A single DEXTENZA insert is designed to deliver a 0.4 mg tapered dose of dexamethasone for up to 30 days following insertion.^{1,2} More information about this product can be found at www.DEXTENZA.com.

DEXTENZA is a corticosteroid insert that is indicated for the treatment of ocular inflammation and pain following ophthalmic surgery in adults and pediatric patients and ocular itching associated with allergic conjunctivitis in adults and pediatric patients aged 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.¹ Please note that DEXTENZA is conjugated with fluorescein, so that it is visible during the examination process and to provide confidence medication is on board during this 30-day period.¹ As with all steroids, our patient's intraocular pressure should be monitored during the course of treatment. DEXTENZA may mask or worsen an eye infection and should not be used if an active eye infection is present.

If you have any questions, please see below for *Important Safety Information* and full *Prescribing Information* for DEXTENZA. I hope you will not hesitate to call me directly with any questions or concerns surrounding the use of this product in our patients.

Sincerely yours,

[Physician Name]
[Practice Name]
[Address]

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

DEXTENZA is contraindicated in patients with active corneal, conjunctival or canalicular infections, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella; mycobacterial infections; fungal diseases of the eye, and dacryocystitis.

WARNINGS AND PRECAUTIONS

Intraocular Pressure Increase - Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. Intraocular pressure should be monitored during treatment.

Bacterial Infections - Corticosteroids may suppress the host response and thus increase the hazard for secondary ocular infections. In acute purulent conditions, steroids may mask infection and enhance existing infection.

Viral Infections - Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections - Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal culture should be taken when appropriate.

Delayed Healing - Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.

Other Potential Corticosteroid Complications - The initial prescription and renewal of the medication order of DEXTENZA should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and, where appropriate, fluorescein staining. If signs and symptoms fail to improve after 2 days, the patient should be re-evaluated.

ADVERSE REACTIONS

Ocular Inflammation and Pain Following Ophthalmic Surgery

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: anterior chamber inflammation including iritis and iridocyclitis (10%), intraocular pressure increased (6%), visual acuity reduced (2%), cystoid macular edema (1%), corneal edema (1%), eye pain (1%), and conjunctival hyperemia (1%). The most common non-ocular adverse reaction was headache (1%).

Itching Associated with Allergic Conjunctivitis

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: intraocular pressure increased (3%), lacrimation increased (1%), eye discharge (1%), and visual acuity reduced (1%). The most common non-ocular adverse reaction was headache (1%).

References: 1. DEXTENZA [package insert]. Bedford, MA: Ocular Therapeutix, Inc; 2025. 2. Sawhney AS, Inventors, et al. Incept, LLC, Assignee. Drug Delivery Through Hydrogel Plugs. US Patent 8,409,606 B2. April 2, 2013.

DEXTENZA is a registered trademark of Ocular Therapeutix, Inc.