

# PATIENT ASSISTANCE PROGRAM INSTRUCTIONS

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

You or your healthcare provider has submitted an application to the DEXTENZA Patient Assistance Program. Patients without health insurance may be eligible to receive DEXTENZA free of charge, including patients who do not have drug coverage for DEXTENZA.

To be eligible, a patient must be a U.S. resident, and have an annual income <500% of the Federal Poverty Level (FPL), adjusted for family size.

## ACTION STEPS

The following steps are required for your free DEXTENZA to arrive in time for your procedure.

1

Complete and return form



2

Receive approval letter in the mail



If approved for a free DEXTENZA, you and your eye care provider will be notified by the DEXTENZA360 Program via mail and fax, respectively. Watch for this letter in the mail.

3

Connect with the DEXTENZA360 pharmacist 

In order to receive your free DEXTENZA, you will be required to speak to the dispensing pharmacist. Please answer the call or be sure to return the call to **877-286-2207** as soon as possible.

**Note:** Caller ID will show 1-800-339-8369 from St. Louis, Missouri.

Your DEXTENZA prescription will be filled free of charge and shipped directly to the procedure site prior to your scheduled insertion date.

**NOTE:** Please inform your health plan (if applicable) that you have received DEXTENZA free of charge.

LEARN MORE AT



DEXTENZA.COM

Contact DEXTENZA360 at 877-286-2207 for information on program and additional requirements. Monday - Friday 8:00AM - 6:00PM EST

Ocular Therapeutix reserves the right to modify or discontinue the DEXTENZA Patient Assistance Program in part or in its entirety, at any time. Free product is contingent upon program eligibility requirements.

**Dextenza** 360<sup>™</sup>  
Patient Access and Reimbursement Services