Dextenza 360™
Patient Access and Reimbursement Services

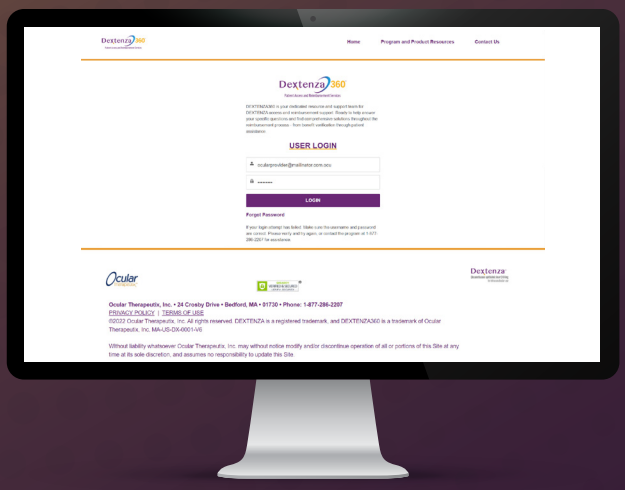
DEXTENZA360 PORTAL

DEXTENZA360.COM: YOUR ONLINE RESOURCE FOR PATIENT ACCESS AND REIMBURSEMENT

DEXTENZA360 is an online tool available for DEXTENZA patient access and reimbursement support.

With the portal, you can:

- Request support, assistance or Benefits Investigations (BI)
- Check the status of patient enrollments and benefits
- Download DEXTENZA forms and resources without being logged in



Click, Call, or Connect DEXTENZA360
Technical Support 877-286-2207

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

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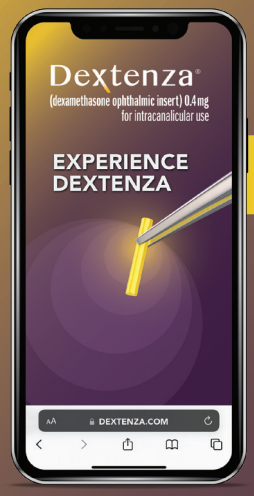

Connect to Us

www.DEXTENZA.com

www.twitter.com/OCUTX

www.linkedin.com/company/ocular-therapeutix-inc

Getting Started

Defining user roles for your DEXTENZA360 account

SITE ADMINISTRATOR

At the Office Locations

Submits and views patient enrollments from affiliated **Healthcare Providers**, regardless of the sites affiliated **Sites of Insertions Locations**

At the Sites of Insertions Locations

Submits and views patient enrollments from affiliated **Sites of Insertions Locations**, regardless of the sites **Healthcare Providers**

OFFICE STAFF

At the Office Locations

Submits and views patient enrollments from affiliated **Healthcare Providers**, regardless of the sites affiliated **Sites of Insertions Locations**

At the Sites of Insertions Locations

Submits and views patient enrollments from affiliated **Sites of Insertions Locations**, regardless of the sites **Healthcare Providers**

HEALTHCARE PROVIDER

At the Sites of Insertions Locations

Submits and views patient enrollments as the prescribing **Healthcare Provider**, regardless of the **Sites of Insertions Locations**

Click, Call, or Connect DEXTENZA360
Technical Support 877-286-2207

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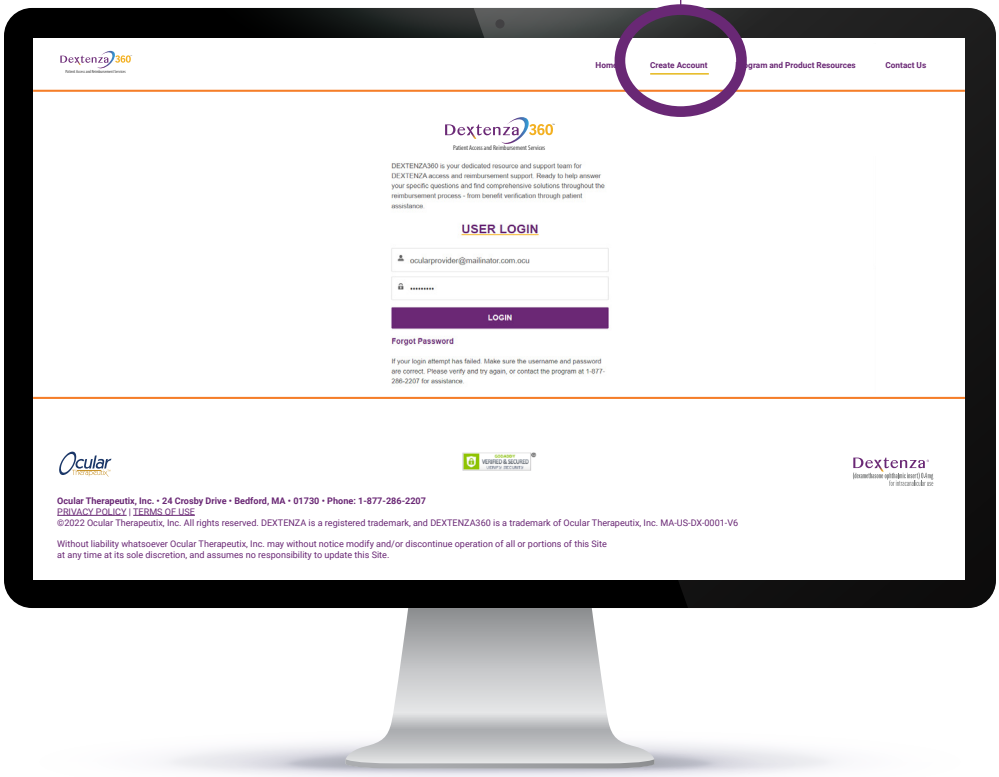
Create a Portal Login

Registering as an Administrator in DEXTENZA360.com allows you access to all your patient and site data.

STEP 1

Go to **www.DEXTENZA360.com**;
Click on **Create Account**.



TIP TO REMEMBER

- You can reach our Technical Support Team by phone if you are having issues logging in, call 877-286-2207.

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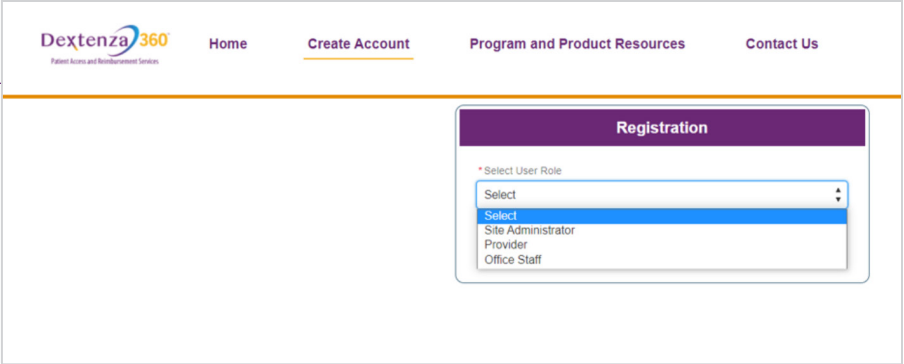
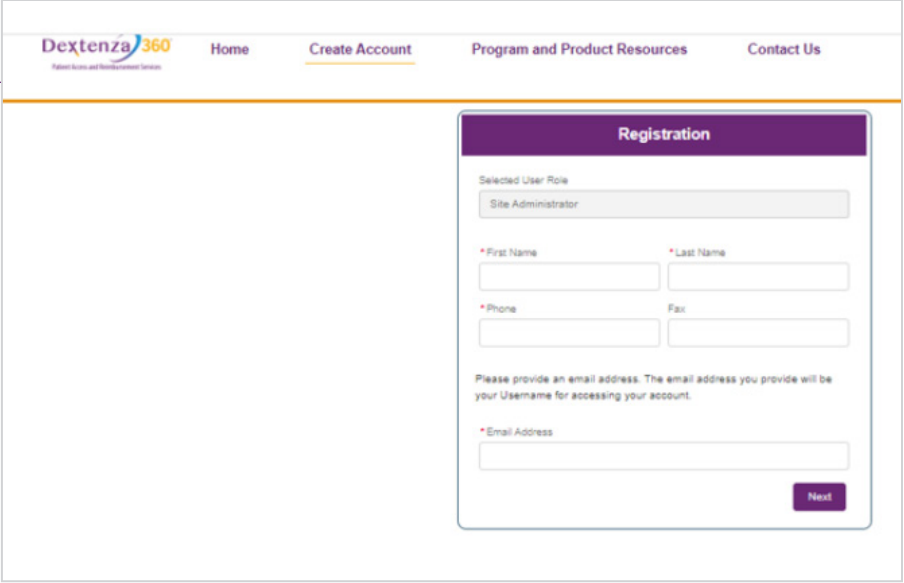
STEP 2

On Registration Drop Down Menu, select **"Site Administrator"**.



STEP 3

Fill in information on screen. The contact should be the staff member or administrator responsible for ongoing communication with DEXTENZA360.



TIP TO REMEMBER

- **Username will be Email Address + .ocu (Example: Jane.Smith@eyeassociates.com.ocu)**

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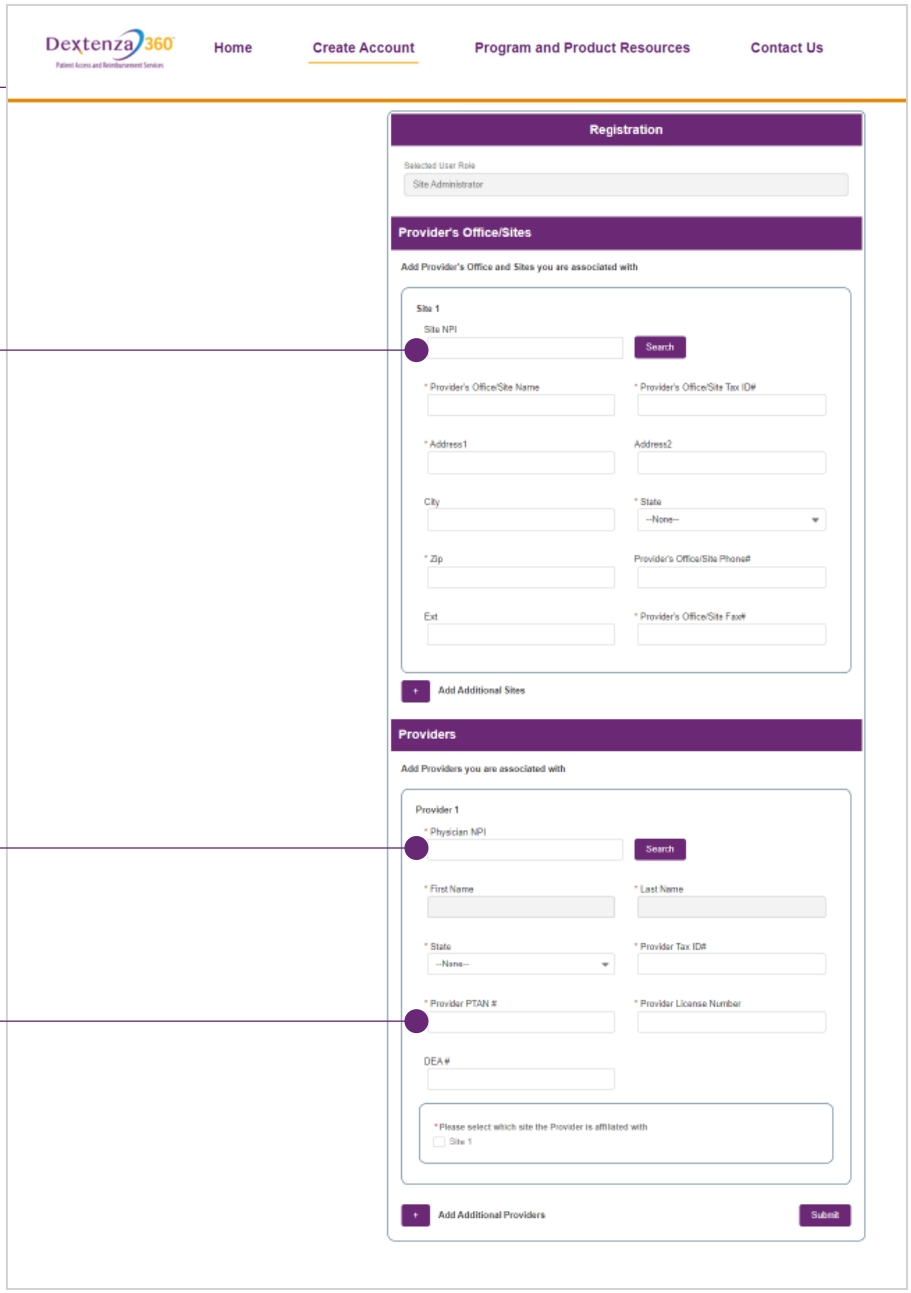
STEP 4

Fill in the information requested in the fields under **Provider's Office/Sites**. Required fields are indicated by red asterisks.

Enter first **Provider's NPI**. Site will search for provider by NPI and, if successful, will auto populate fields below.

Enter fields for **Provider(s)** who are practicing at the office site(s) above and will be using DEXTENZA.



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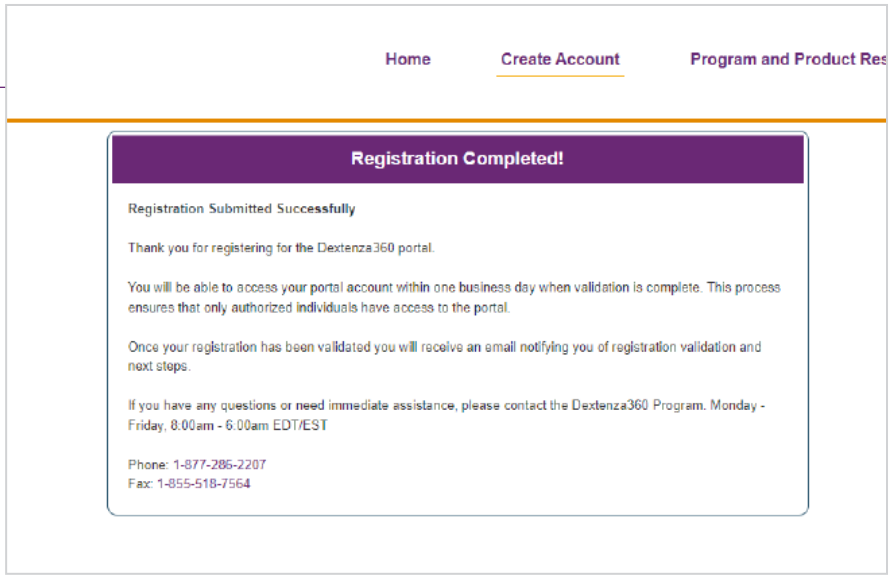
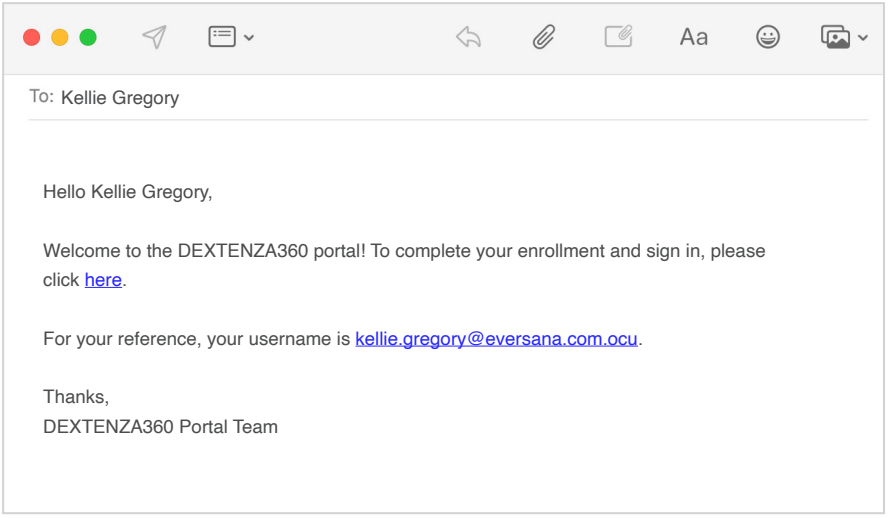
STEP 5

Portal Response: Allow 1 business day for portal account activation which will include next steps.



Email Response: If you do not get a response within 1 business day, please contact DEXTENZA360.com or call Technical Support at 877-286-2207.



TIP TO REMEMBER

- **Email will come from noreply@salesforce.com (Check your Junk Mail if over 1 business day)**

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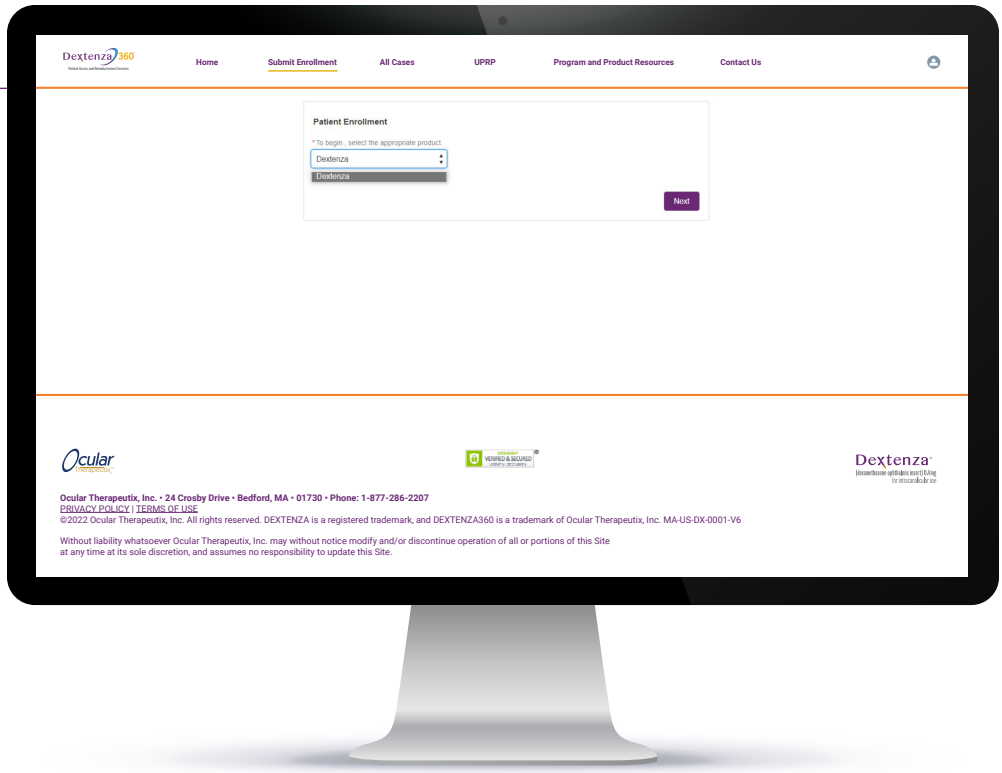
PATIENT ENROLLMENT

To complete enrollment new user registration or reregistration must be completed.

STEP 1

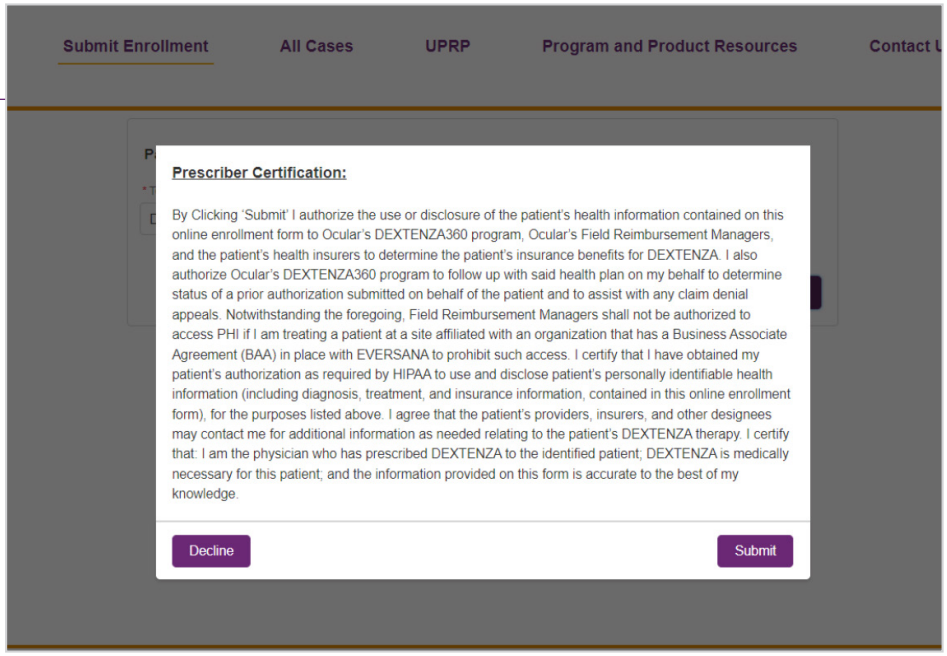
Click Submit Enrollment and **DEXTENZA*** from drop down menu.



* DEXTENZA® (dexamethasone ophthalmic insert) 0.4 mg for intracanalicular use

STEP 2

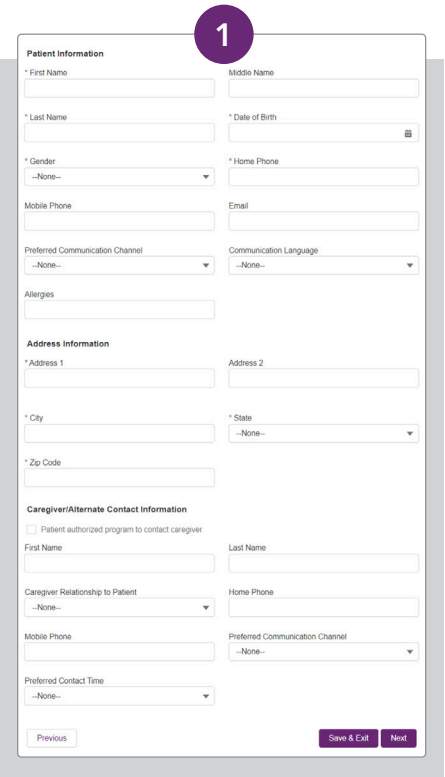
You must read prescriber certification and click response before continuing.

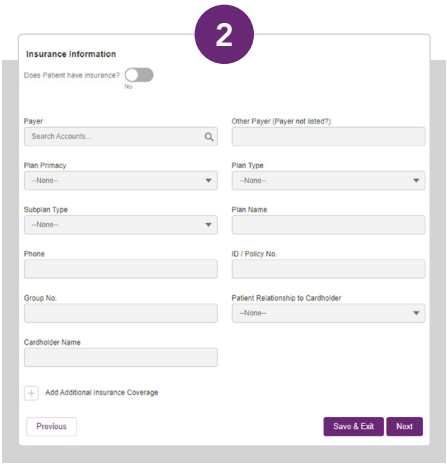


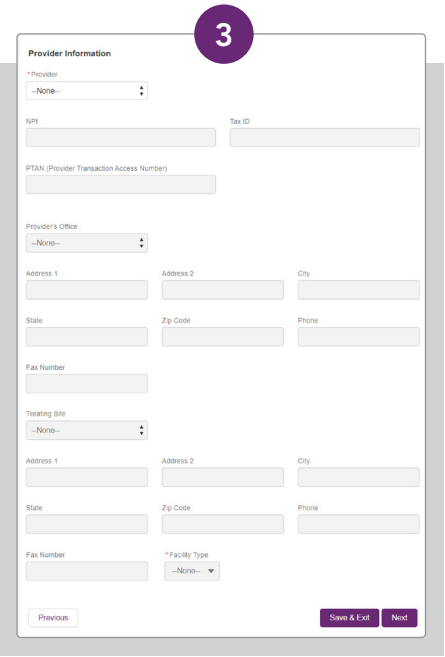
STEP 3

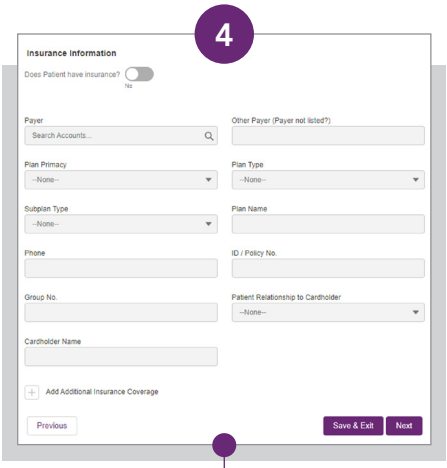
Completely fill out the next 4 screens with the **Patient Information**, **Provider Information**, and **Insurance Information**.

Provider and Site Information will pre-populate from information entered during account creation.









Continue to add additional Secondary or Supplemental Insurance by clicking **Add Additional Insurance Coverage**.

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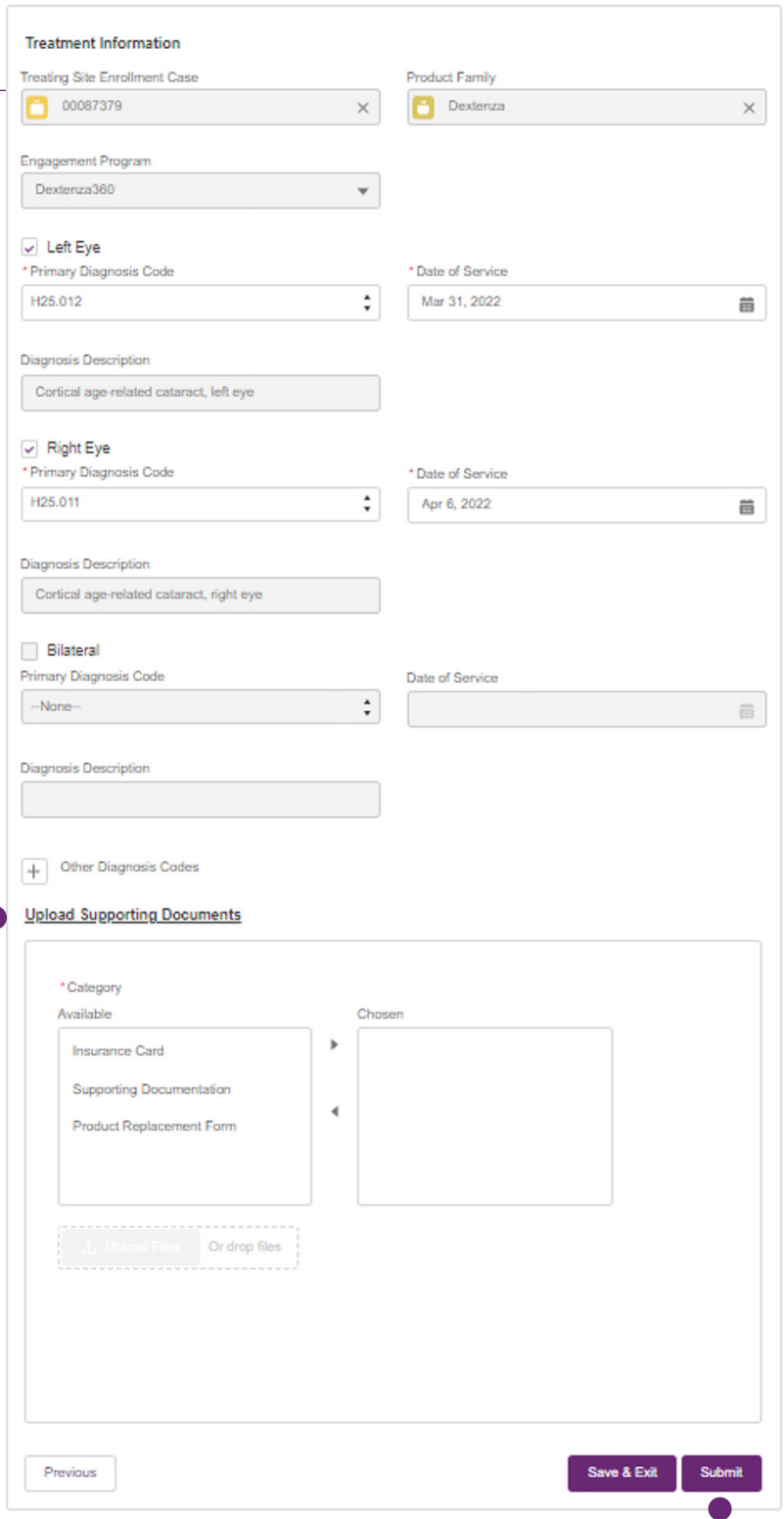
STEP 4

Fill in **Treatment Information**.

Note: Left and/or Right Eye can be chosen and once chosen will become ungrayed to allow choices **OR** choose Bilateral only for both.

Note: Leave the Upload Supporting Documents section blank.



Click **Submit**

TIP TO REMEMBER

- **Once submitted, Users will be directed to Patient Enrollment Part 2.**

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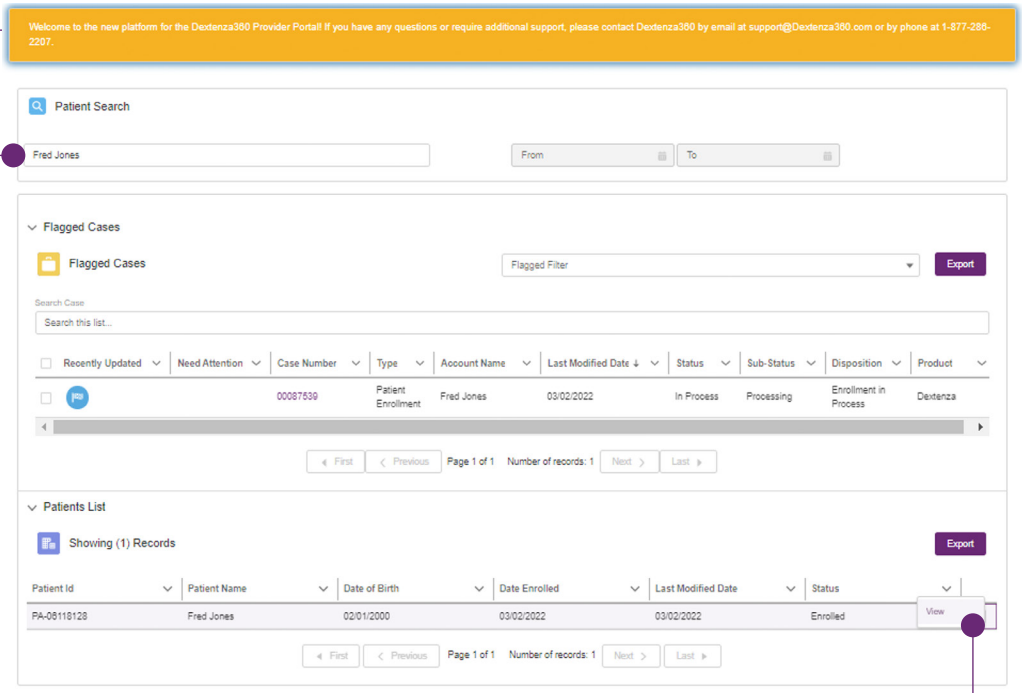
STEP 5

Once you reach the landing page, search for the **Name of the Patient** you enrolled in Part 1.



STEP 6

When the name appears on the patient list, click **View** to pull up the next screen.

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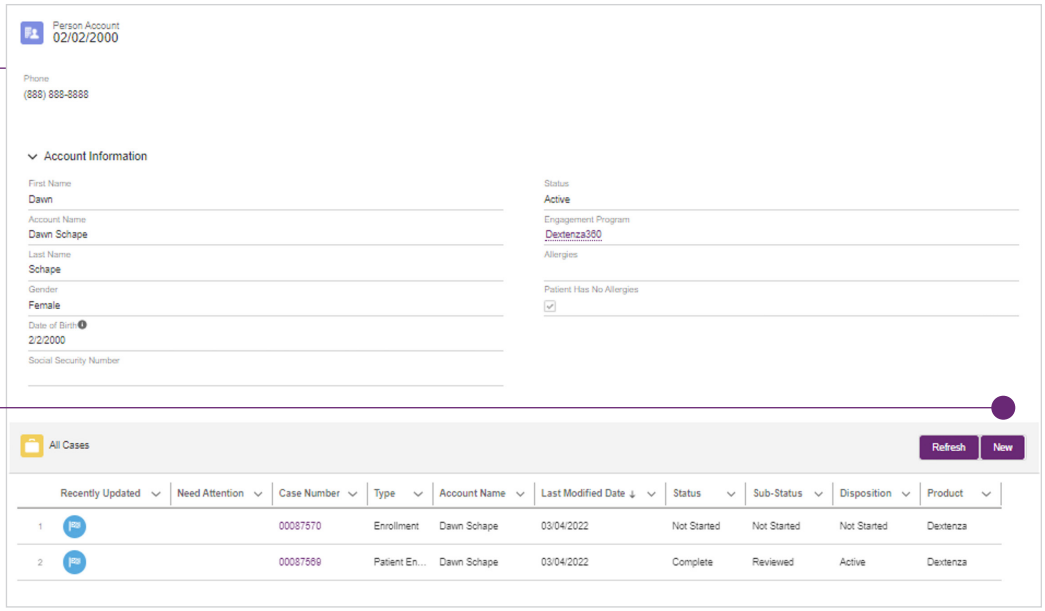
STEP 7

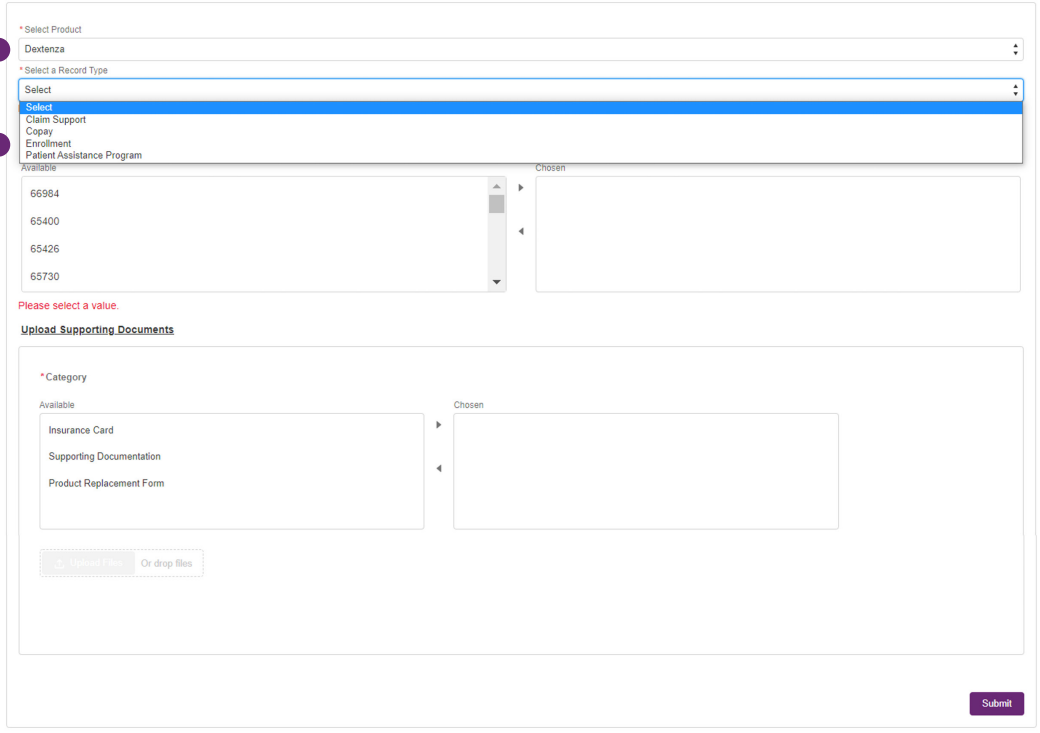
Once account information populates, click **New**.



STEP 8

Select **DEXTENZA** as product.

Select **Enrollment** from record type drop down.



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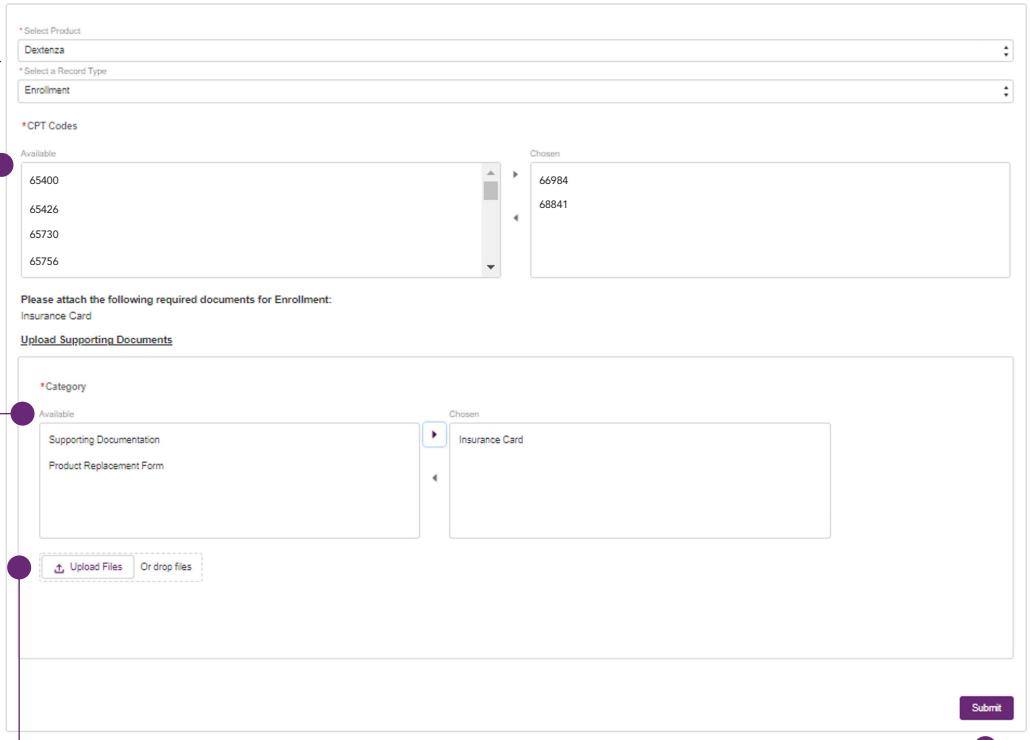
STEP 9

Choose and click the surgical procedure CPT code.



You will be prompted to attach a copy of the patient's insurance card.

Click on **Insurance Card** in the **Available** box to move it to the **Chosen** box.

- Click **Upload Files** to upload the image of the card.
- You will get the green check mark when your upload is completed successfully.

Once upload is complete, click **Submit** to finish patient enrollment

REVIEWING CASE ACTIVITY

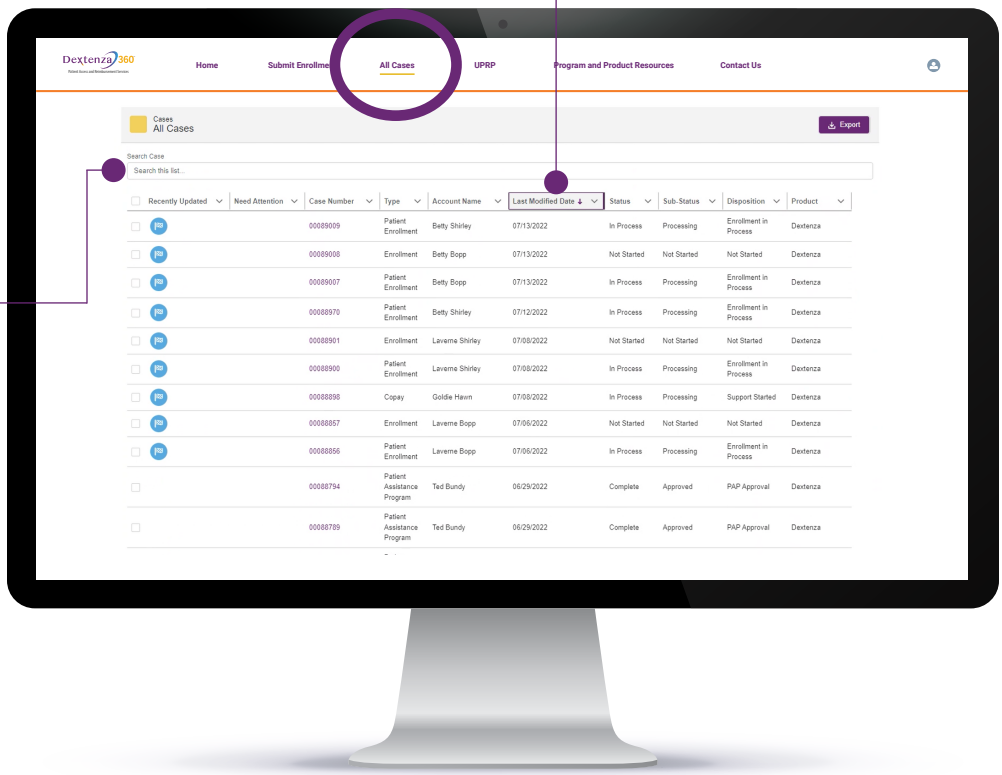
Recent Activity and status of patient enrollments you have submitted will be available for review by clicking **All Cases** on the main navigation bar, at any time at the top.

OPTION 1

Go to **All Cases**, go to **Last Modified Date**.

OPTION 2

Type the patient's name into the **Search By Name** box or scroll through the drop-down list to find out his or her status in the enrollment process.



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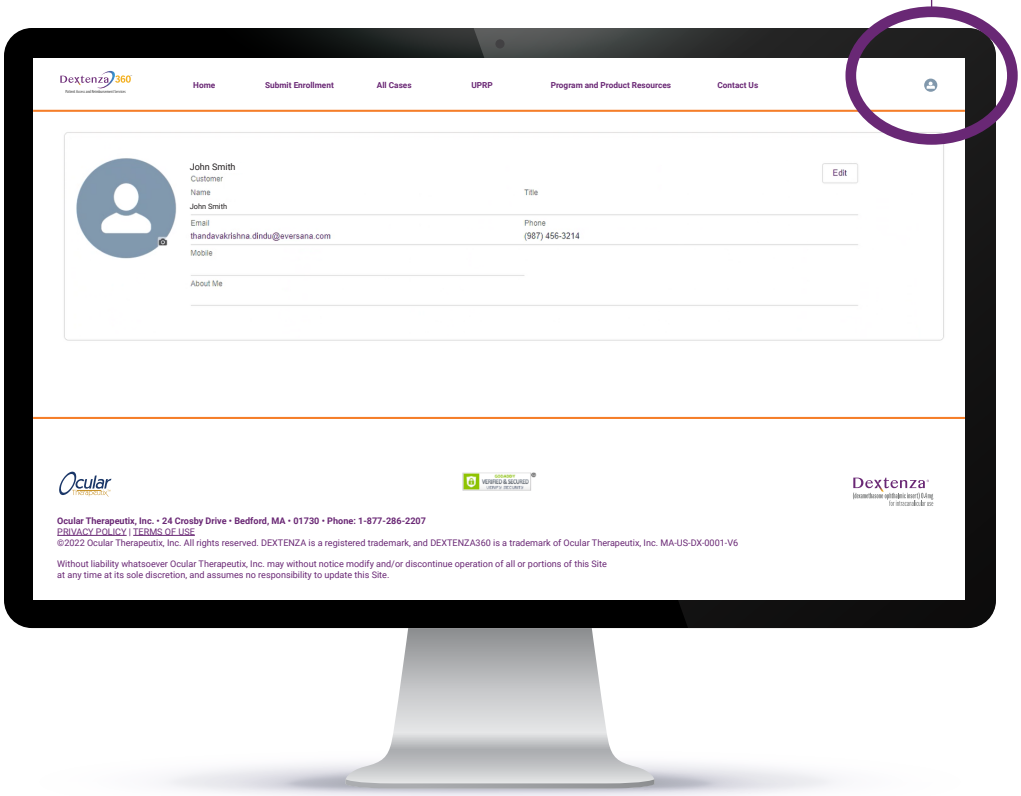
MANAGING/UPDATING YOUR PROFILE

Your **Profile** contains all the relevant information associated with your account, including your Contact Preference. See "**Profile Icon**".

To access your **Profile,** click the box containing your first name at the upper right-hand corner of the main navigation bar.

You may update your **Phone, Fax** and **Contact Preference** if needed.



TIP TO REMEMBER

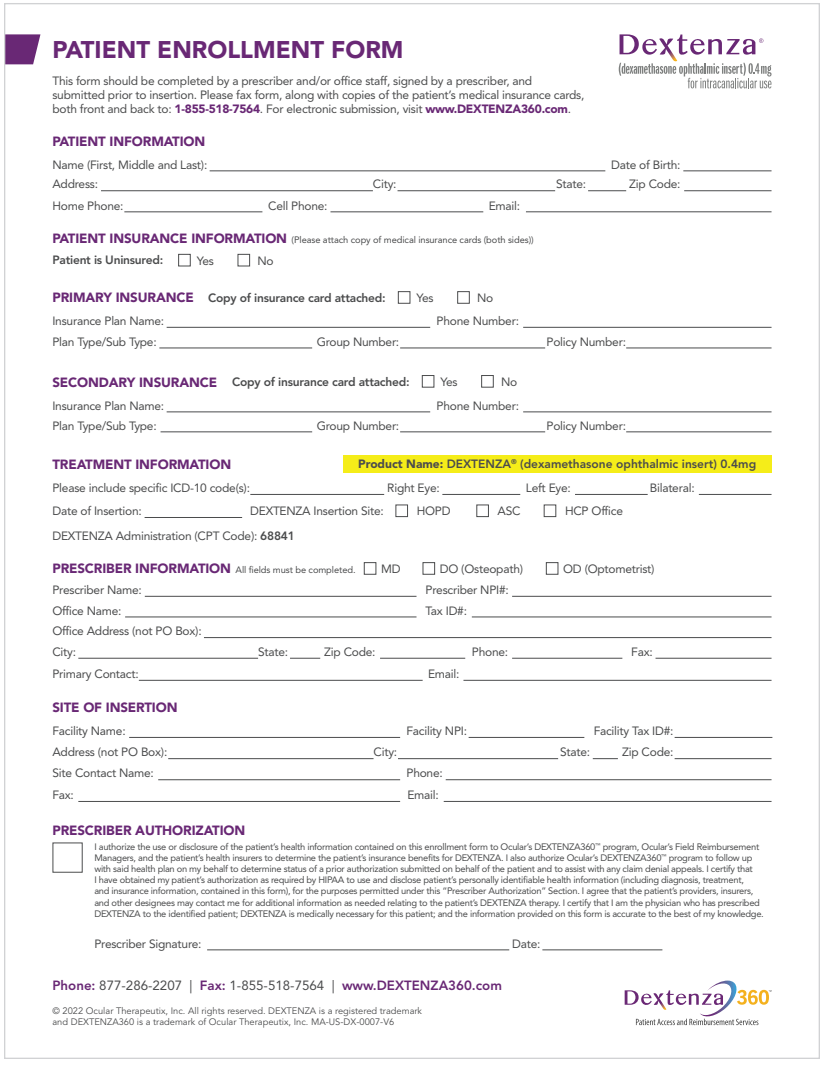
- **Our Technical Support Team can be contacted by phone if you need assistance with managing your profile.**

ENROLLMENT FORM

If you prefer not to use Dextenza360.com for online enrollment, you can enroll patients by completing a paper enrollment form that you can download and print at your office.

After completing the form, fax the completed form, including a legible copy of insurance cards to **855-518-7564**.

Once **Enrollment Form** is received, you will be sent a confirmation via fax to the number in your profile or to the number that form was received from.



PATIENT ENROLLMENT FORM

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

This form should be completed by a prescriber and/or office staff, signed by a prescriber, and submitted prior to insertion. Please fax form, along with copies of the patient's medical insurance cards, both front and back to: **1-855-518-7564**. For electronic submission, visit **www.DEXTENZA360.com**.

PATIENT INFORMATION

Name (First, Middle and Last): _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

PATIENT INSURANCE INFORMATION (Please attach copy of medical insurance cards (both sides))

Patient is Uninsured: ☐ Yes ☐ No

PRIMARY INSURANCE **Copy of insurance card attached:** ☐ Yes ☐ No

Insurance Plan Name: _____ Phone Number: _____

Plan Type/Sub Type: _____ Group Number: _____ Policy Number: _____

SECONDARY INSURANCE **Copy of insurance card attached:** ☐ Yes ☐ No

Insurance Plan Name: _____ Phone Number: _____

Plan Type/Sub Type: _____ Group Number: _____ Policy Number: _____

TREATMENT INFORMATION **Product Name: DEXTENZA® (dexamethasone ophthalmic insert) 0.4mg**

Please include specific ICD-10 code(s): _____ Right Eye: _____ Left Eye: _____ Bilateral: _____

Date of Insertion: _____ DEXTENZA Insertion Site: ☐ HOPD ☐ ASC ☐ HCP Office

DEXTENZA Administration (CPT Code): **68841**

PRESCRIBER INFORMATION All fields must be completed. ☐ MD ☐ DO (Osteopath) ☐ OD (Optometrist)

Prescriber Name: _____ Prescriber NPI#: _____

Office Name: _____ Tax ID#: _____

Office Address (not PO Box): _____

City: _____ State: ____ Zip Code: _____ Phone: _____ Fax: _____

Primary Contact: _____ Email: _____

SITE OF INSERTION

Facility Name: _____ Facility NPI: _____ Facility Tax ID#: _____

Address (not PO Box): _____ City: _____ State: ____ Zip Code: _____

Site Contact Name: _____ Phone: _____

Fax: _____ Email: _____

PRESCRIBER AUTHORIZATION

☐ I authorize the use or disclosure of the patient's health information contained on this enrollment form to Ocular's DEXTENZA360™ program, Ocular's Field Reimbursement Managers, and the patient's health insurers to determine the patient's insurance benefits for DEXTENZA. I also authorize Ocular's DEXTENZA360™ program to follow up with said health plan on my behalf to determine status of a prior authorization submitted on behalf of the patient and to assist with any claim denial appeals. I certify that I have obtained my patient's authorization as required by HIPAA to use and disclose patient's personally identifiable health information (including diagnosis, treatment, and insurance information, contained in this form), for the purposes permitted under this "Prescriber Authorization" Section. I agree that the patient's providers, insurers, and other designees may contact me for additional information as needed relating to the patient's DEXTENZA therapy. I certify that I am the physician who has prescribed DEXTENZA to the identified patient; DEXTENZA is medically necessary for this patient; and the information provided on this form is accurate to the best of my knowledge.

Prescriber Signature: _____ Date: _____

Phone: 877-286-2207 | **Fax:** 1-855-518-7564 | **www.DEXTENZA360.com**

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Dextenza 360 Patient Access and Reimbursement Services

TIP TO REMEMBER

- **Please ensure all the information requested is provided prior to faxing the form. Our Case Managers use the information contained in the enrollment form to conduct a Benefits Identification (BI). Please keep in mind that inbound faxes are processed in the order they are received.**

Dextenza 360 Patient Access and Reimbursement Services

PATIENT BENEFIT IDENTIFICATION AND BENEFIT SUMMARY

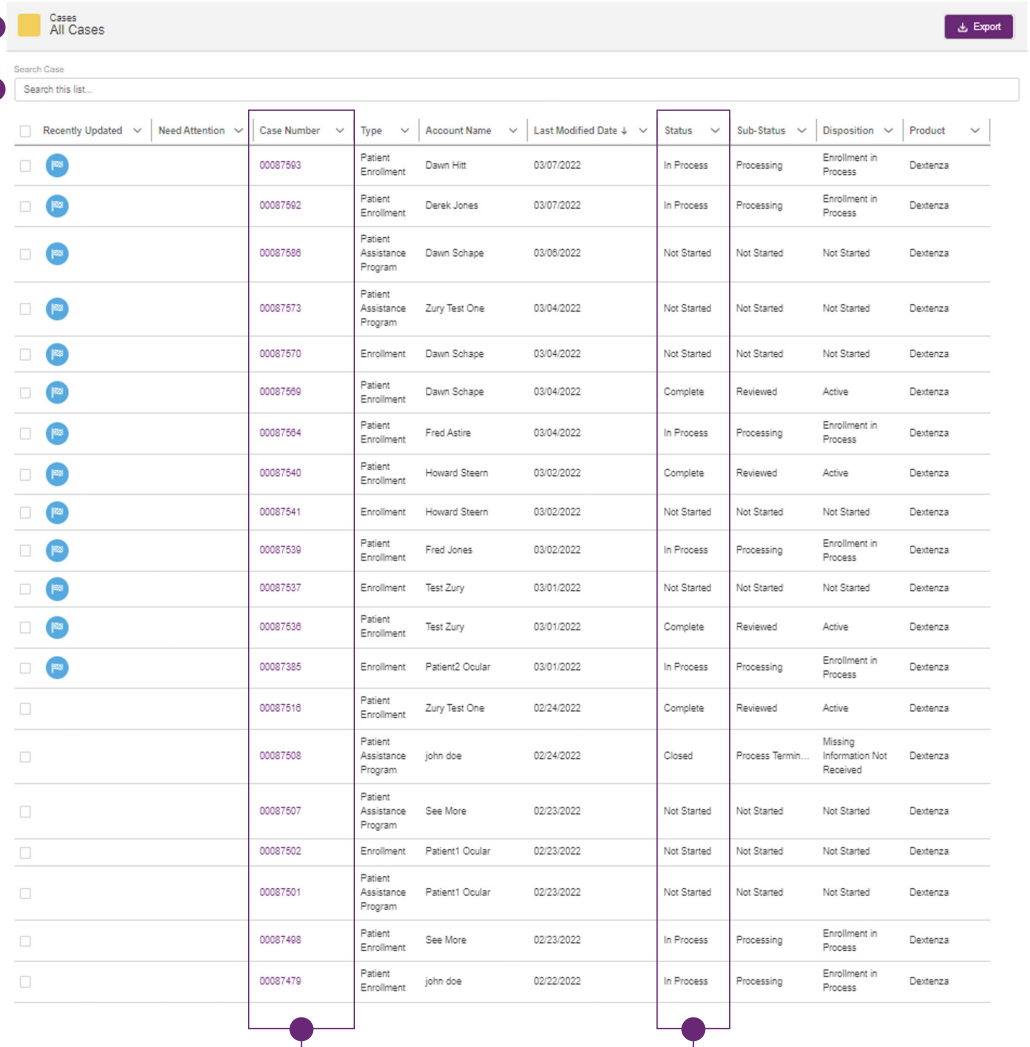
Once a patient has been enrolled completely in DEXTENZA360, you can see their Benefit Identification submission and process by doing the following:

STEP 1

On the Home Page, Click on **All Cases** and the screen below will load.

STEP 2

You can choose the patient from the list or **Search** by name.



Recently Updated	Need Attention	Case Number	Type	Account Name	Last Modified Date	Status	Sub-Status	Disposition	Product
		00087593	Patient Enrollment	Dawn Hitt	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087592	Patient Enrollment	Derek Jones	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087586	Patient Assistance Program	Dawn Schape	03/06/2022	Not Started	Not Started	Not Started	Dextenza
		00087573	Patient Assistance Program	Zury Test One	03/04/2022	Not Started	Not Started	Not Started	Dextenza
		00087570	Enrollment	Dawn Schape	03/04/2022	Not Started	Not Started	Not Started	Dextenza
		00087569	Patient Enrollment	Dawn Schape	03/04/2022	Complete	Reviewed	Active	Dextenza
		00087564	Patient Enrollment	Fred Astire	03/04/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087540	Patient Enrollment	Howard Steern	03/02/2022	Complete	Reviewed	Active	Dextenza
		00087541	Enrollment	Howard Steern	03/02/2022	Not Started	Not Started	Not Started	Dextenza
		00087539	Patient Enrollment	Fred Jones	03/02/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087537	Enrollment	Test Zury	03/01/2022	Not Started	Not Started	Not Started	Dextenza
		00087536	Patient Enrollment	Test Zury	03/01/2022	Complete	Reviewed	Active	Dextenza
		00087385	Enrollment	Patient2 Ocular	03/01/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087516	Patient Enrollment	Zury Test One	02/24/2022	Complete	Reviewed	Active	Dextenza
		00087508	Patient Assistance Program	john doe	02/24/2022	Closed	Process Termin...	Missing Information Not Received	Dextenza
		00087507	Patient Assistance Program	See More	02/23/2022	Not Started	Not Started	Not Started	Dextenza
		00087502	Enrollment	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza
		00087501	Patient Assistance Program	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza
		00087498	Patient Enrollment	See More	02/23/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087479	Patient Enrollment	john doe	02/22/2022	In Process	Processing	Enrollment in Process	Dextenza

VIEW/OPTIONS

Completed Benefit Identification will pop up to view as **Benefits Identification (BI) Summary Report**. To see complete information, click on the account line that says **Enrollment** and click on the related case number.

The **Status** column will indicate where the BI is within the process.

TIP TO REMEMBER

- **Confirm Active Patients are in DEXTENZA360 Portal**
- **If missing patients, call 877-286-2207, Monday-Friday, 8:00AM - 6:00PM EST**

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Patient Access and Reimbursement Services

Types of Cases Defined

Patient Enrollment – Indicates the patient demographic information is in the system. (No active links)

Patient Assistance Program – Indicates the patient has been loaded into the system to be evaluated for the PAP. (No active links)

Cases
All Cases

Export

Search Case
Search this list...

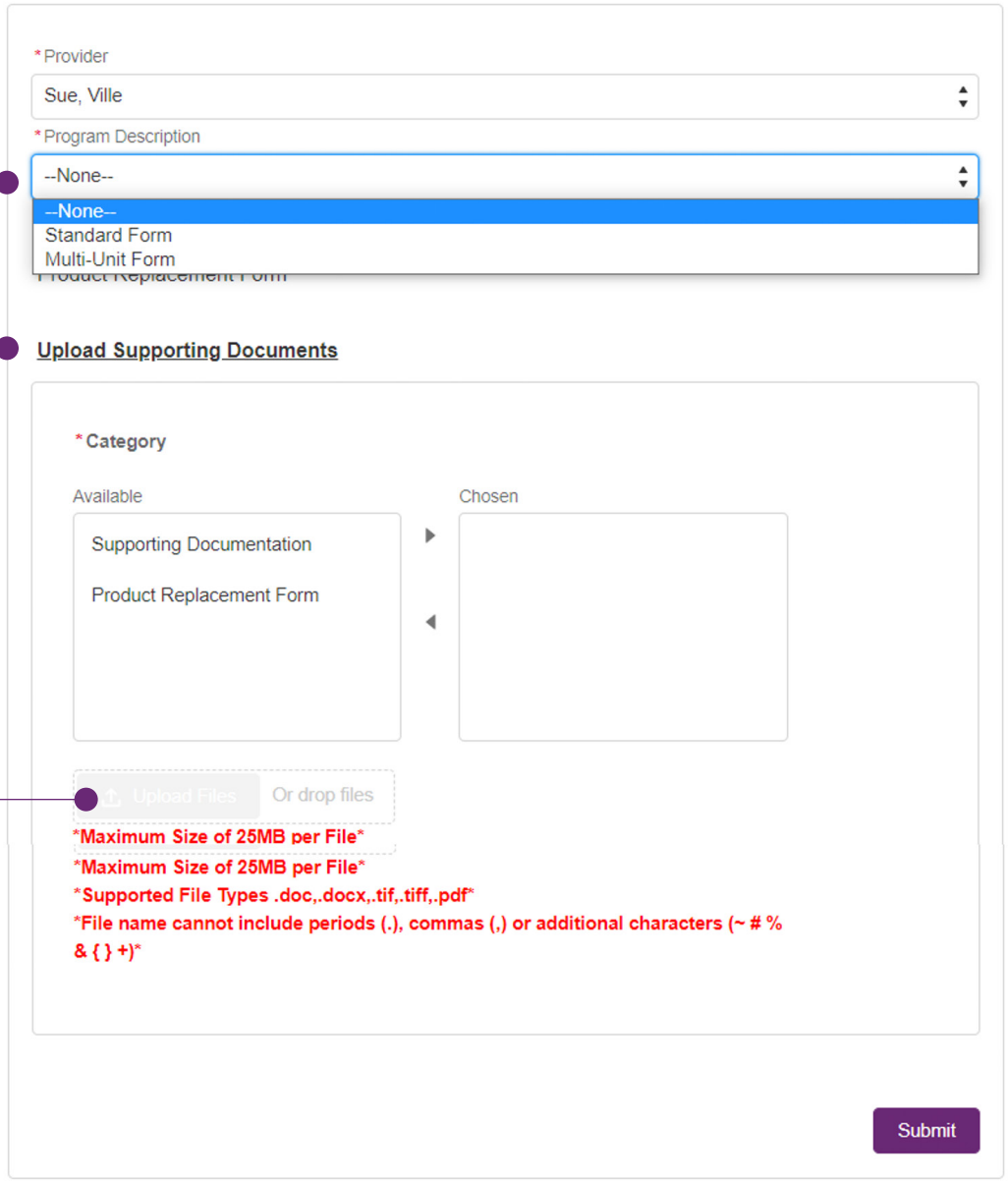
Recently Updated	Need Attention	Case Number	Type	Account Name	Last Modified Date	Status	Sub-Status	Disposition	Product
		00087593	Patient Enrollment	Dawn Hitt	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087592	Patient Enrollment	Derek Jones	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087586	Patient Assistance Program	Dawn Schape	03/06/2022	Not Started	Not Started	Not Started	Dextenza
		00087573	Patient Assistance Program	Zury Test One	03/04/2022	Not Started	Not Started	Not Started	Dextenza
		00087570	Enrollment	Dawn Schape	03/04/2022	Not Started	Not Started	Not Started	Dextenza
		00087569	Patient Enrollment	Dawn Schape	03/04/2022	Complete	Reviewed	Active	Dextenza
		00087564	Patient Enrollment	Fred Astire	03/04/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087540	Patient Enrollment	Howard Steern	03/02/2022	Complete	Reviewed	Active	Dextenza
		00087541	Enrollment	Howard Steern	03/02/2022	Not Started	Not Started	Not Started	Dextenza
		00087539	Patient Enrollment	Fred Jones	03/02/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087537	Enrollment	Test Zury	03/01/2022	Not Started	Not Started	Not Started	Dextenza
		00087536	Patient Enrollment	Test Zury	03/01/2022	Complete	Reviewed	Active	Dextenza
		00087385	Enrollment	Patient2 Ocular	03/01/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087516	Patient Enrollment	Zury Test One	02/24/2022	Complete	Reviewed	Active	Dextenza
		00087508	Patient Assistance Program	john doe	02/24/2022	Closed	Process Termin...	Missing Information Not Received	Dextenza
		00087507	Patient Assistance Program	See More	02/23/2022	Not Started	Not Started	Not Started	Dextenza
		00087502	Enrollment	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza
		00087501	Patient Assistance Program	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza
		00087498	Patient Enrollment	See More	02/23/2022	In Process	Processing	Enrollment in Process	Dextenza
		00087479	Patient Enrollment	john doe	02/22/2022	In Process	Processing	Enrollment in Process	Dextenza

How to Submit a Product Replacement Form

Choose **Form Type**

Choose **Document Type**

Upload button will become available; upload files and submit.



TIP TO REMEMBER

- This is not an online form, forms can only be uploaded.

Dextenza 360
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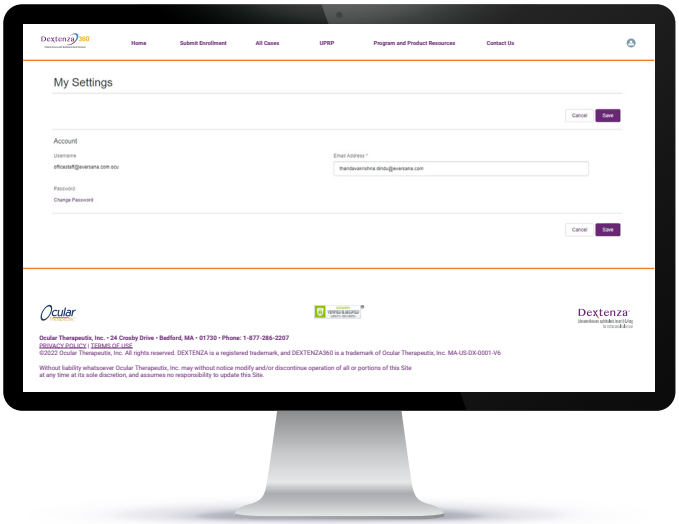
RESETTING YOUR PASSWORD

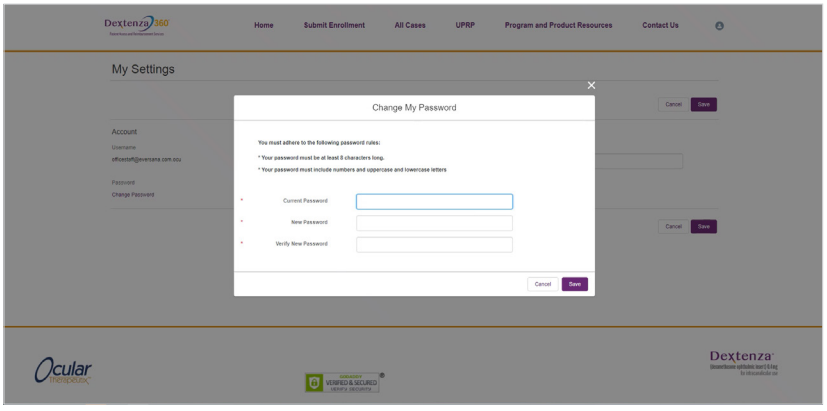
To reset your password, go to the homepage.

Click **Forgot Password**.

Within a few moments, you will receive an email with instructions to reset your password. Remember to create a password with at least 8 characters, including 1 capital letter, and 1 numeric value (eg, Brooklyn1). After resetting your password, you will see the following screen:

Enter **Username** (registered email address). Click **Submit**.





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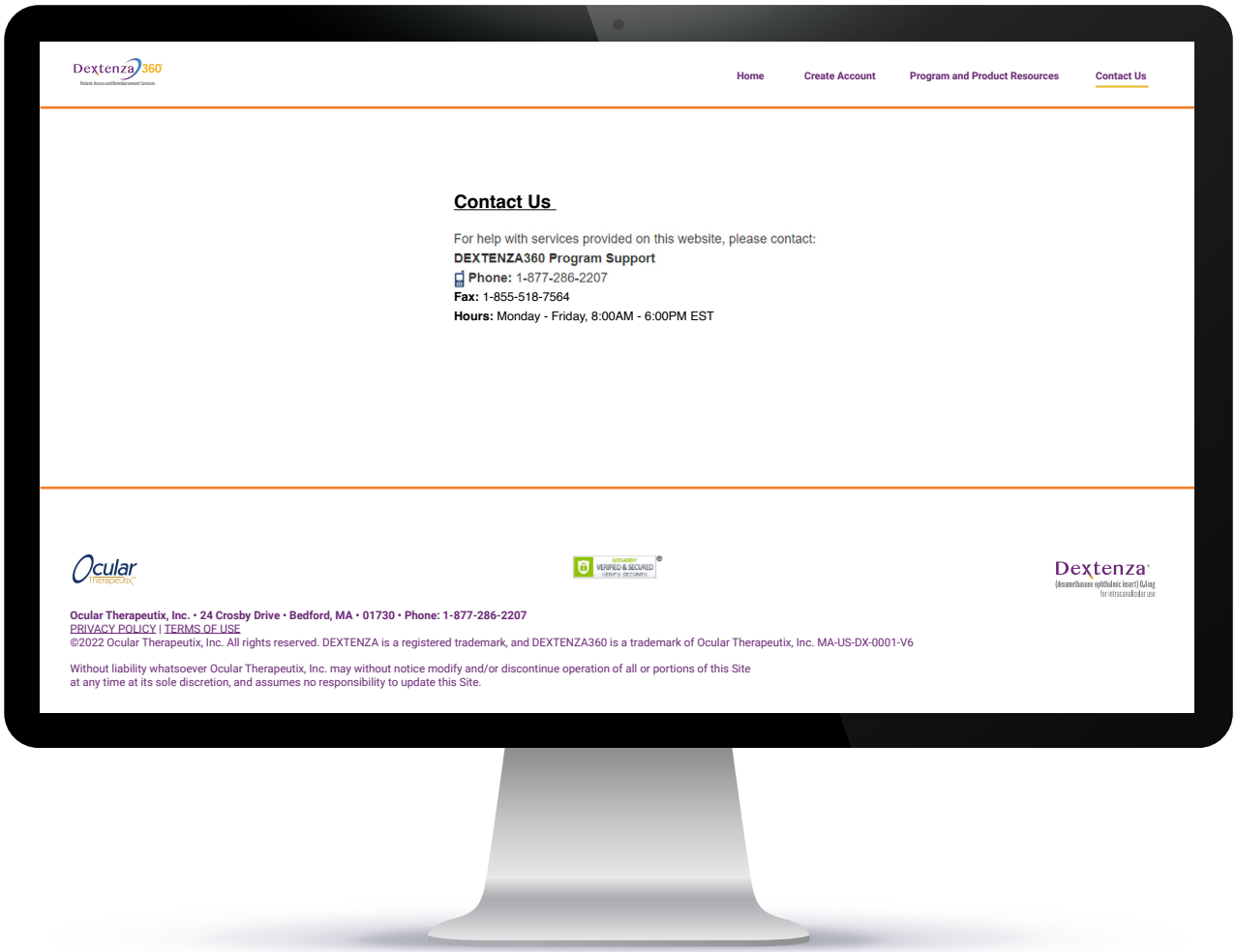
QUESTIONS: CONTACT US



Click

DEXTENZA360.com
for 24/7 online access to interactive tools designed to help you throughout the access and reimbursement process.

Call

877-286-2207
for Technical and Case Support Monday - Friday 8:00AM - 6:00PM EST (Fax: 855-518-7564).

Connect

directly with your Ocular Therapeutix Field Reimbursement Manager or DEXTENZA360.

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IMPORTANT SAFETY INFORMATION

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

INDICATIONS

DEXTENZA is a corticosteroid indicated for:

- The treatment of ocular inflammation and pain following ophthalmic surgery.
- The treatment of ocular itching associated with allergic conjunctivitis.

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%).

Click here for full Prescribing Information.

LEARN MORE AT

DEXTENZA.COM

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