

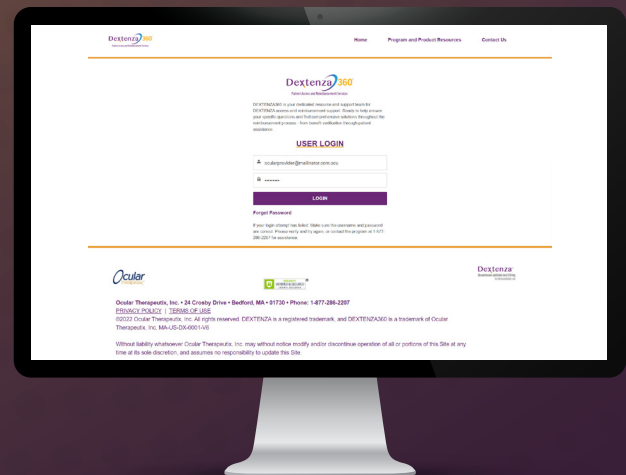
DEXTENZA360 PORTAL

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

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.**

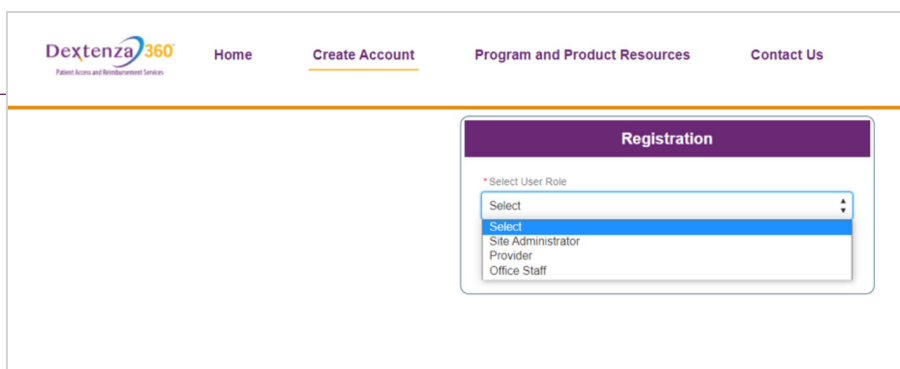


TIP TO REMEMBER

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

STEP 2

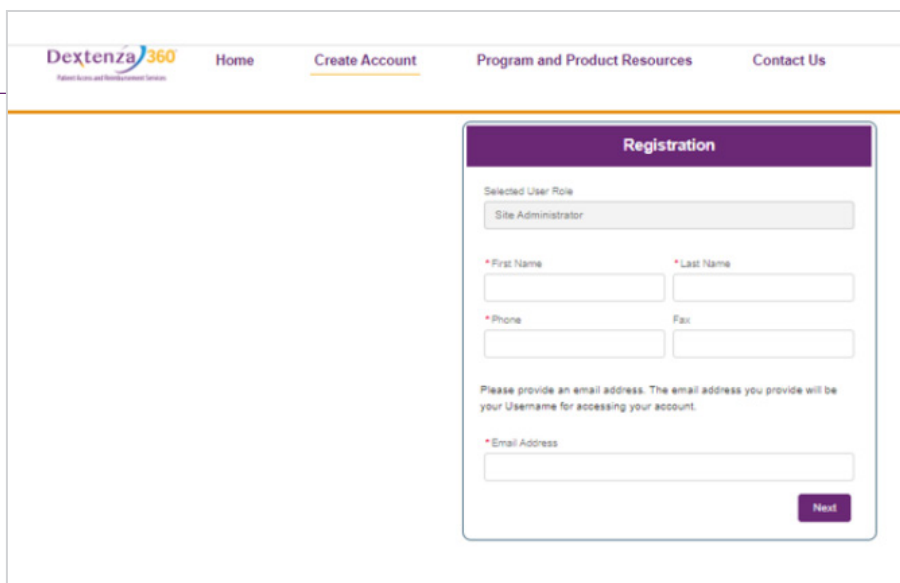
On Registration Drop Down Menu, select **"Site Administrator"**.



The screenshot shows the Dextenza 360 website with the 'Create Account' tab selected. The 'Registration' form is displayed, and the 'Select User Role' dropdown menu is open, showing the following options: Select, Site Administrator, Provider, and Office Staff. 'Site Administrator' is highlighted.

STEP 3

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



The screenshot shows the Dextenza 360 website with the 'Create Account' tab selected. The 'Registration' form is displayed with the following information filled out: 'Selected User Role' is 'Site Administrator', 'First Name' is 'Jane', 'Last Name' is 'Smith', 'Phone' is '555-555-5555', 'Fax' is '555-555-5555', and 'Email Address' is 'Jane.Smith@eyeassociates.com.ocu'. A 'Next' button is visible at the bottom right of the form.



TIP TO REMEMBER

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

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.

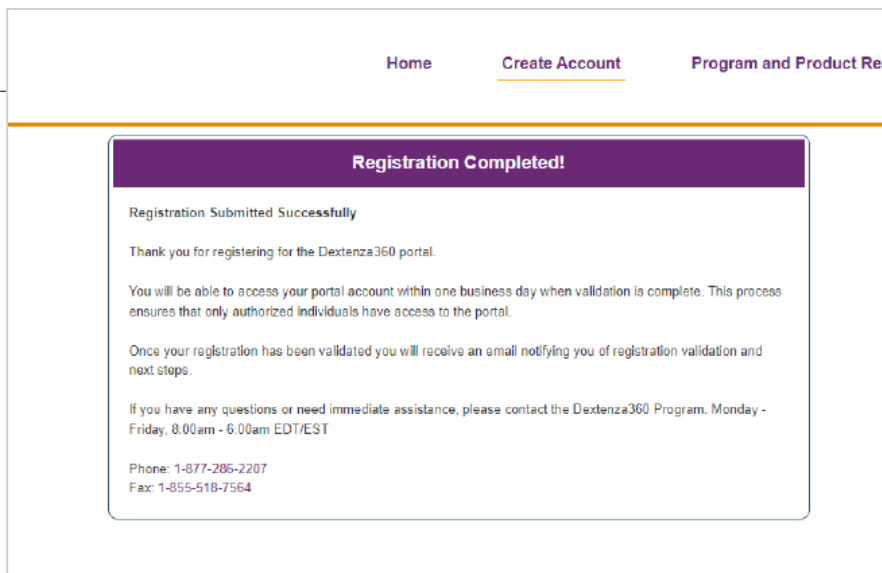
The screenshot shows the 'Registration' form on the Dextenza 360 website. The form is divided into two main sections: 'Provider's Office/Sites' and 'Providers'. The 'Provider's Office/Sites' section contains a 'Site 1' form with fields for Site NPI, Provider's Office/Site Name, Provider's Office/Site Tax ID#, Address1, Address2, City, State, Zip, Provider's Office/Site Phone#, Ext, and Provider's Office/Site Fax#. The 'Providers' section contains a 'Provider 1' form with fields for Physician NPI, First Name, Last Name, State, Provider Tax ID#, Provider PTAN #, Provider License Number, and DEA #. There are also checkboxes for 'Site 1' and 'Site 2' under the heading 'Please select which site the Provider is affiliated with'. The form includes a 'Search' button for the NPI field and an 'Add Additional Sites' button. The 'Submit' button is at the bottom right of the form.

Annotations with red lines point to the following fields:

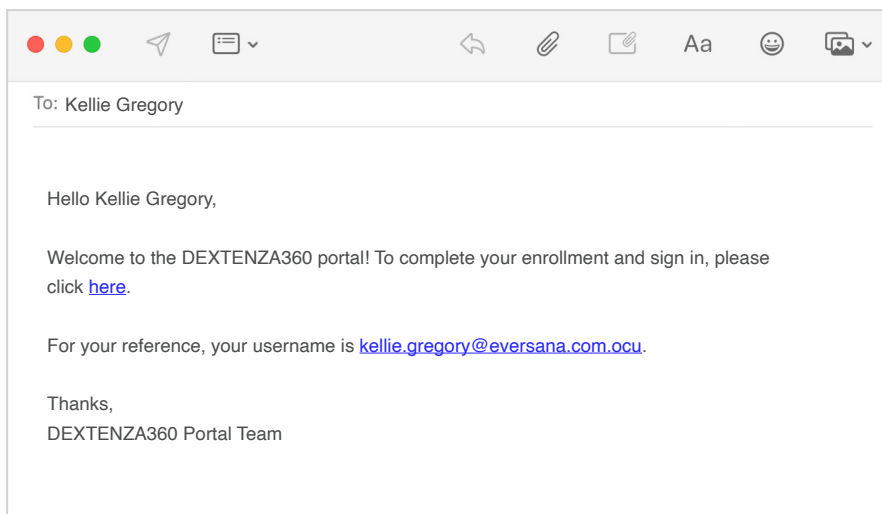
- Site 1 NPI (in the 'Provider's Office/Sites' section)
- Physician NPI (in the 'Providers' section)
- Provider PTAN # (in the 'Providers' section)

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)

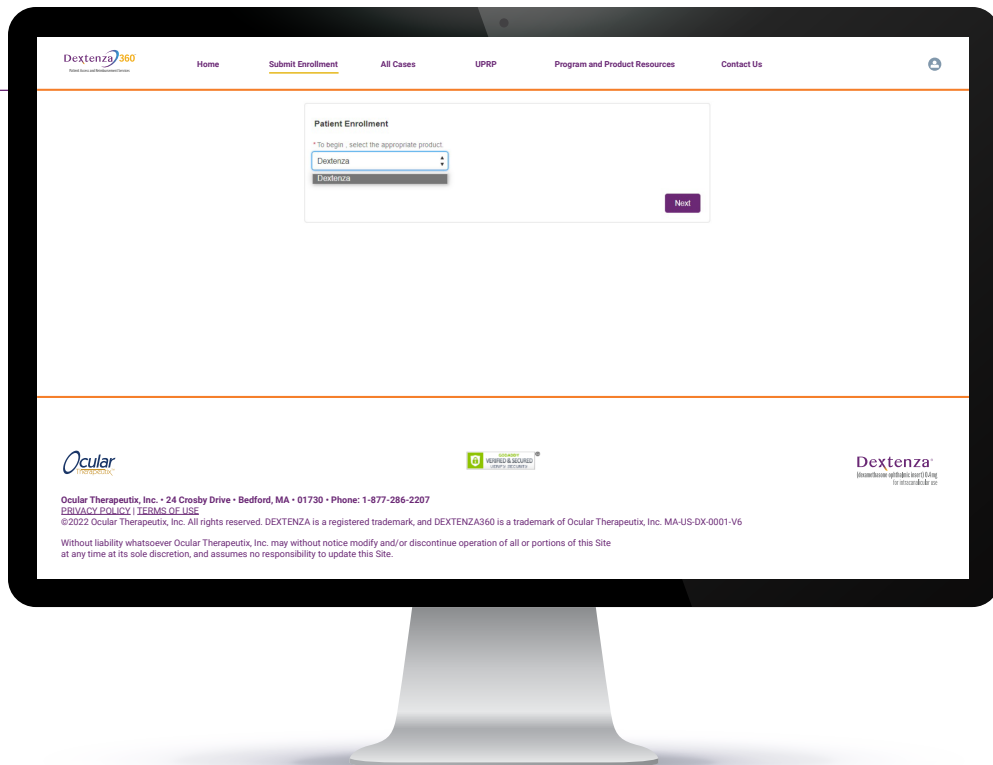
PATIENT ENROLLMENT

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

STEP 1

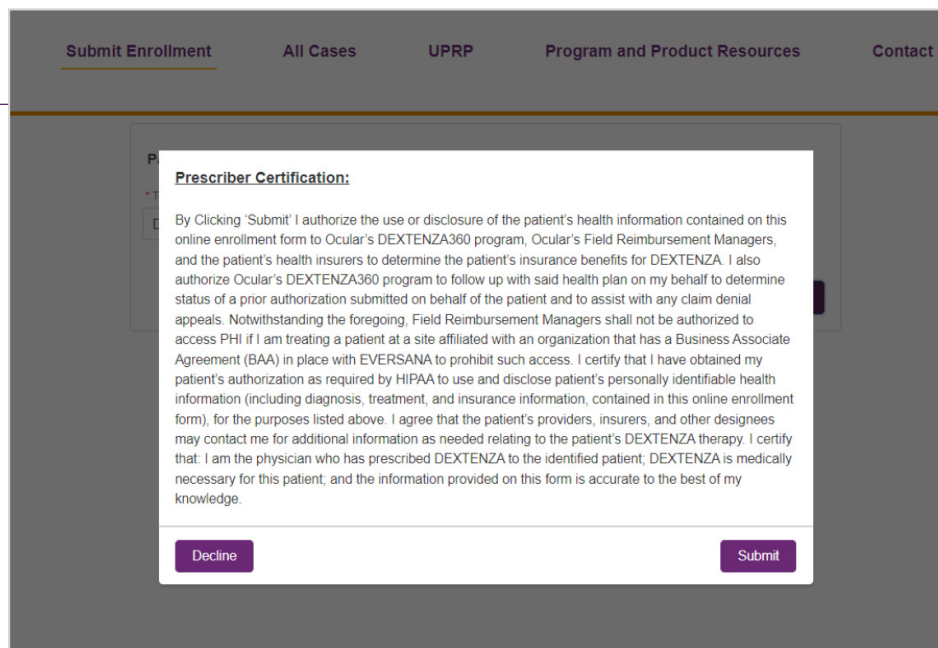
Click Submit Enrollment and **DEXTENZA*** from drop down menu.

* 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.

1

Patient Information

* First Name Middle Name

* Last Name * Date of Birth

* Gender * Home Phone

Mobile Phone Email

Preferred Communication Channel Communication Language

Allergies

Address Information

* Address 1 Address 2

* City * State

* Zip Code

Caregiver/Alternate Contact Information

☐ Patient authorized program to contact caregiver

First Name Last Name

Caregiver Relationship to Patient Home Phone

Mobile Phone Preferred Communication Channel

Preferred Contact Time

Previous Save & Exit Next

2

Insurance Information

Does Patient have insurance? ☐

Payer Other Payer (Payer not listed?)

Plan Primary Plan Type

Subplan Type Plan Name

Phone ID / Policy No.

Group No. Patient Relationship to Cardholder

Cardholder Name

+ Add Additional Insurance Coverage

Previous Save & Exit Next

3

Provider Information

* Provider

NPI Tax ID

PTAN (Provider Transaction Access Number)

Provider's Office

Address 1 Address 2 City

State Zip Code Phone

Fax Number

Treating Site

Address 1 Address 2 City

State Zip Code Phone

Fax Number * Facility Type

Previous Save & Exit Next

4

Insurance Information

Does Patient have insurance? ☐

Payer Other Payer (Payer not listed?)

Plan Primary Plan Type

Subplan Type Plan Name

Phone ID / Policy No.

Group No. Patient Relationship to Cardholder

Cardholder Name

+ Add Additional Insurance Coverage

Previous Save & Exit Next

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

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.



TIP TO REMEMBER

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

Treatment Information

Treating Site Enrollment Case

00087379

Product Family

Dextenza

Engagement Program

Dextenza360

☒ Left Eye

* Primary Diagnosis Code

H25.012

* Date of Service

Mar 31, 2022

Diagnosis Description

Cortical age-related cataract, left eye

☒ Right Eye

* Primary Diagnosis Code

H25.011

* Date of Service

Apr 6, 2022

Diagnosis Description

Cortical age-related cataract, right eye

☐ Bilateral

Primary Diagnosis Code

--None--

Date of Service

Diagnosis Description

+ Other Diagnosis Codes

Upload Supporting Documents

*Category

Available

Insurance Card

Supporting Documentation

Product Replacement Form

Upload Files

Or drop files

Chosen

Previous

Save & Exit

Submit

Click **Submit**

STEP 5

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

Welcome to the new platform for the Dextenza360 Provider Portal! If you have any questions or require additional support, please contact Dextenza360 by email at support@Dextenza360.com or by phone at 1-877-289-2207.

Patient Search

Search: Fred Jones From: To:

Flagged Cases

Flagged Filter Export

Search Case

Search this list...

<input type="checkbox"/>	Recently Updated	<input type="checkbox"/>	Need Attention	Case Number	Type	Account Name	Last Modified Date	Status	Sub-Status	Disposition	Product
<input type="checkbox"/>	Yes			00087630	Patient Enrollment	Fred Jones	03/02/2022	In Process	Processing	Enrollment in Process	Dextenza

Page 1 of 1 Number of records: 1

Patients List

Showing (1) Records Export

Patient Id	Patient Name	Date of Birth	Date Enrolled	Last Modified Date	Status	
PA-06110128	Fred Jones	02/01/2000	03/02/2022	03/02/2022	Enrolled	View

Page 1 of 1 Number of records: 1

STEP 6

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

STEP 7

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

Person Account
02/02/2000

Phone
(888) 888-8888

Account Information

First Name
Dawn

Account Name
Dawn Schape

Last Name
Schape

Gender
Female

Date of Birth
2/2/2000

Social Security Number

Status
Active

Engagement Program
Dextenza360

Allergies

Patient Has No Allergies
☒

All Cases

Refresh New

	Recently Updated	Need Attention	Case Number	Type	Account Name	Last Modified Date	Status	Sub-Status	Disposition	Product
1			00087570	Enrollment	Dawn Schape	03/04/2022	Not Started	Not Started	Not Started	Dextenza
2			00087566	Patient En...	Dawn Schape	03/04/2022	Complete	Reviewed	Active	Dextenza

STEP 8

Select **DEXTENZA** as product.

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

* Select Product
Dextenza

* Select a Record Type

Select

Claim Support
Copay
Enrollment
Patient Assistance Program

Available

65984
65400
65426
65730

Chosen

Please select a value.

Upload Supporting Documents

* Category

Available

Insurance Card
Supporting Documentation
Product Replacement Form

Chosen

Upload Files Or drop files

Submit

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.

*Select Product
Dextenza

*Select a Record Type
Enrollment

*CPT Codes

Available

- 65400
- 65426
- 65730
- 65756

Chosen

- 66984
- 68841

Please attach the following required documents for Enrollment:
Insurance Card

[Upload Supporting Documents](#)

*Category

Available

- Supporting Documentation
- Product Replacement Form

Chosen

- Insurance Card

[Upload Files](#) Or drop files

Submit

- 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

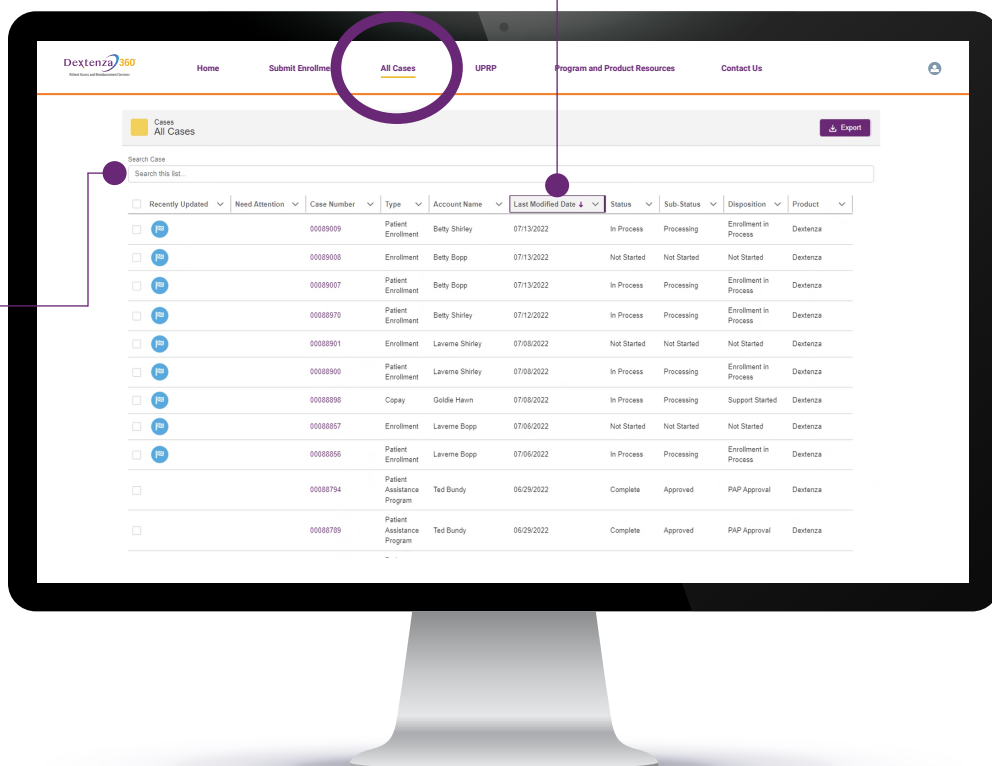
Recent Activity and status of patient enrollments you have submitted will be available for review by clicking **All Cases** on the main navigation bar, at any time at the top.

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.

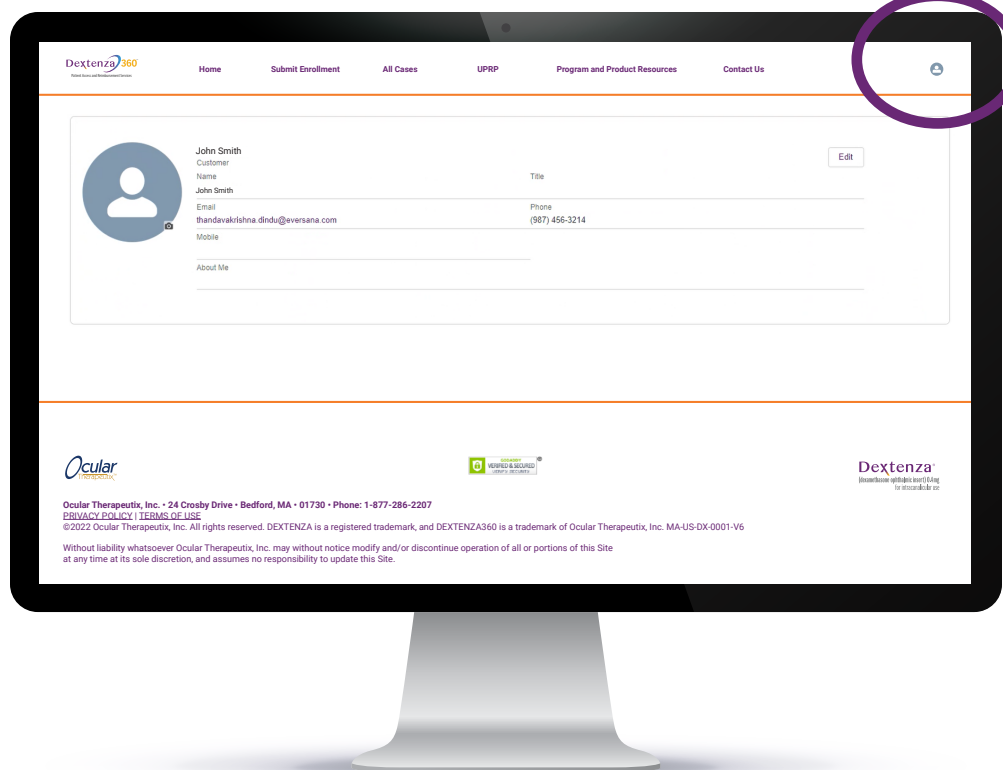


MANAGING/UPDATING YOUR PROFILE

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) 0.4mg
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.

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.

Cases

All Cases

Export

Search Case

Search this list...

<input type="checkbox"/>	Recently Updated	Need Attention	Case Number	Type	Account Name	Last Modified Date	Status	Sub-Status	Disposition	Product
<input type="checkbox"/>			00087593	Patient Enrollment	Dawn Hitt	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza
<input type="checkbox"/>			00087592	Patient Enrollment	Derek Jones	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza
<input type="checkbox"/>			00087588	Patient Assistance Program	Dawn Schape	03/06/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087573	Patient Assistance Program	Zury Test One	03/04/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087570	Enrollment	Dawn Schape	03/04/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087569	Patient Enrollment	Dawn Schape	03/04/2022	Complete	Reviewed	Active	Dextenza
<input type="checkbox"/>			00087564	Patient Enrollment	Fred Astire	03/04/2022	In Process	Processing	Enrollment in Process	Dextenza
<input type="checkbox"/>			00087540	Patient Enrollment	Howard Steern	03/02/2022	Complete	Reviewed	Active	Dextenza
<input type="checkbox"/>			00087541	Enrollment	Howard Steern	03/02/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087539	Patient Enrollment	Fred Jones	03/02/2022	In Process	Processing	Enrollment in Process	Dextenza
<input type="checkbox"/>			00087537	Enrollment	Test Zury	03/01/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087536	Patient Enrollment	Test Zury	03/01/2022	Complete	Reviewed	Active	Dextenza
<input type="checkbox"/>			00087385	Enrollment	Patient2 Ocular	03/01/2022	In Process	Processing	Enrollment in Process	Dextenza
<input type="checkbox"/>			00087516	Patient Enrollment	Zury Test One	02/24/2022	Complete	Reviewed	Active	Dextenza
<input type="checkbox"/>			00087508	Patient Assistance Program	john doe	02/24/2022	Closed	Process Terminated	Missing Information Not Received	Dextenza
<input type="checkbox"/>			00087507	Patient Assistance Program	See More	02/23/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087502	Enrollment	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087501	Patient Assistance Program	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza
<input type="checkbox"/>			00087498	Patient Enrollment	See More	02/23/2022	In Process	Processing	Enrollment in Process	Dextenza
<input type="checkbox"/>			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

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...										
<input type="checkbox"/> Recently Updated	<input type="checkbox"/> Need Attention	Case Number	Type	Account Name	Last Modified Date	Status	Sub-Status	Disposition	Product	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087603	Patient Enrollment	Dawn Hitt	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087592	Patient Enrollment	Derek Jones	03/07/2022	In Process	Processing	Enrollment in Process	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087588	Patient Assistance Program	Dawn Schape	03/06/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087573	Patient Assistance Program	Zury Test One	03/04/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087570	Enrollment	Dawn Schape	03/04/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087569	Patient Enrollment	Dawn Schape	03/04/2022	Complete	Reviewed	Active	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087564	Patient Enrollment	Fred Astire	03/04/2022	In Process	Processing	Enrollment in Process	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087540	Patient Enrollment	Howard Steern	03/02/2022	Complete	Reviewed	Active	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087541	Enrollment	Howard Steern	03/02/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087539	Patient Enrollment	Fred Jones	03/02/2022	In Process	Processing	Enrollment in Process	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087537	Enrollment	Test Zury	03/01/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087538	Patient Enrollment	Test Zury	03/01/2022	Complete	Reviewed	Active	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087385	Enrollment	Patient2 Ocular	03/01/2022	In Process	Processing	Enrollment in Process	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087516	Patient Enrollment	Zury Test One	02/24/2022	Complete	Reviewed	Active	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087608	Patient Assistance Program	john doe	02/24/2022	Closed	Process Termin...	Missing Information Not Received	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087507	Patient Assistance Program	See More	02/23/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087502	Enrollment	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087501	Patient Assistance Program	Patient1 Ocular	02/23/2022	Not Started	Not Started	Not Started	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087498	Patient Enrollment	See More	02/23/2022	In Process	Processing	Enrollment in Process	Dextenza	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	00087479	Patient Enrollment	john doe	02/23/2022	In Process	Processing	Enrollment in Process	Dextenza	

How to Submit a Product Replacement Form

Choose **Form Type**

* Provider
Sue, Ville

* Program Description
--None--
--None--
Standard Form
Multi-Unit Form
Product Replacement Form

Choose **Document Type**

Upload Supporting Documents

* Category

Available		Chosen
Supporting Documentation	▶	
Product Replacement Form	◀	

Upload Files Or drop files

Maximum Size of 25MB per File

Maximum Size of 25MB per File

Supported File Types .doc,.docx,.tif,.tiff,.pdf

File name cannot include periods (.), commas (,) or additional characters (~ # % & { } +)

Upload button will become available; upload files and submit.

Submit



TIP TO REMEMBER

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

RESETTING YOUR PASSWORD

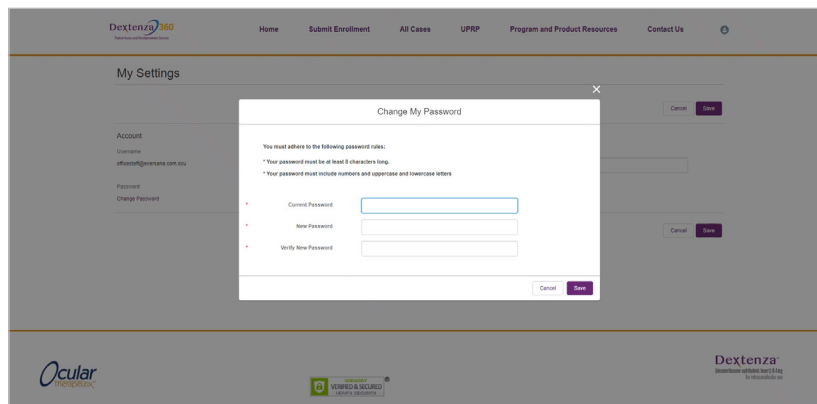
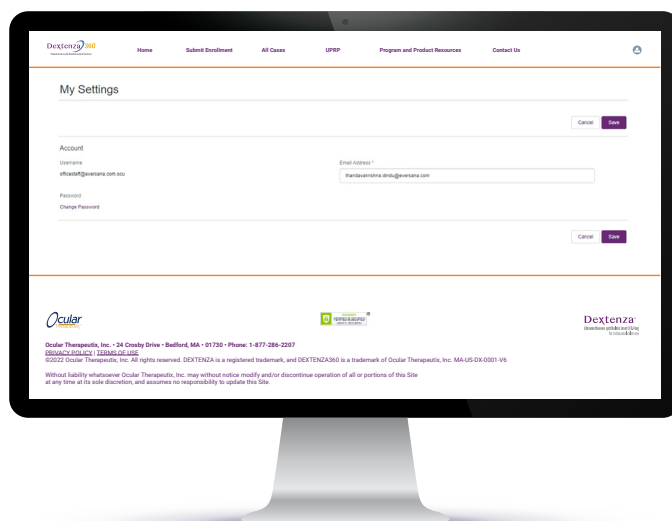
To reset your password, go to the homepage.

Click **Forgot Password**.

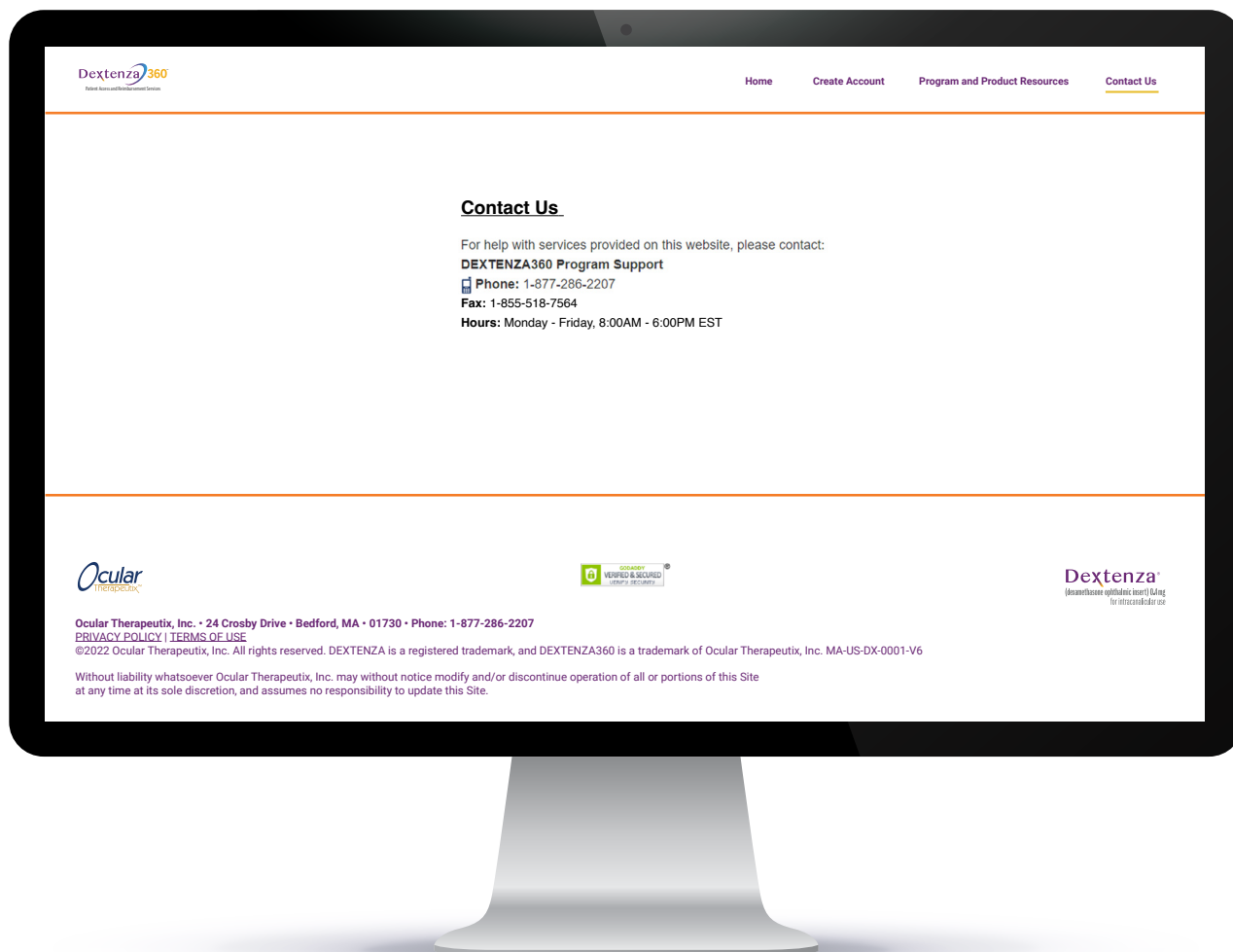


Within a few moments, you will receive an email with instructions to reset your password. Remember to create a password with at least 8 characters, including 1 capital letter, and 1 numeric value (eg, Brooklyn1). After resetting your password, you will see the following screen:

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



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.

IMPORTANT SAFETY INFORMATION

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.](#)



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