

ASSISTANCE PROGRAMS OVERVIEW

PATIENT ASSISTANCE PROGRAM (PAP)

Eligible patients may receive DEXTENZA[®] at no cost:

- Provides free product for financially eligible uninsured, government insured, and commercially insured patients with no payer coverage for DEXTENZA.

COMMERCIAL COVERAGE PATIENT ASSISTANCE

Financial assistance with out-of-pocket costs for qualifying patients:

- For eligible patients with commercial insurance, Ocular Therapeutix covers the patient's responsibility for DEXTENZA.
- This program is not designed to cover underpayment, bundling or groupings.

PRODUCT REPLACEMENT PROGRAM FOR DAMAGED OR UNUSABLE PRODUCT

Product replacement for DEXTENZA inserts rendered unusable:

- Place a formal request with the Product Replacement Form, located on www.DEXTENZA.com or available from your local Field Reimbursement Manager.
- FOR RETURNS OF EXPIRED PRODUCT OR PRODUCT DAMAGED IN SHIPMENT, please contact your distributor for return.

PROGRAM ELIGIBILITY CRITERIA LISTED ON REVERSE SIDE

ORDERING AND



REIMBURSEMENT

QUESTIONS?

Talk to your local Field Reimbursement Manager
or visit our website at www.DEXTENZA.com

PROGRAM ELIGIBILITY CRITERIA

PAP CRITERIA

- US resident with a legal US mailing address.
- Annual income of <500% of federal poverty level adjusted for family size
 - See www.aspe.hhs.gov/poverty-guidelines for US federal poverty guidelines
- Enrolled in DEXTENZA360 by the healthcare provider or site of care.
- DEXTENZA360 benefits verification determines patient does not have payer coverage for DEXTENZA.
- Diagnosis that meets the product label requirements.
- Submission of completed and signed application must be received at least 5 business days prior to date of surgery.

COMMERCIAL CRITERIA

- US resident with a legal US mailing address.
- Enrolled in DEXTENZA360 by the healthcare provider or site of care.
- Must have a commercial insurance plan, not government insurance, i.e. Medicare, Medicaid, Medicare Advantage and TriCare.
- Diagnosis that meets the product label requirements.
- Benefit is capped at the Facility Acquisition Cost.
- Underpayments, bundling and group claims do not qualify for this program.
- Invoice must be included with request.

PRODUCT REPLACEMENT CRITERIA

- Product is deemed unusable if:
 - The product was mishandled, dropped, or broken;
 - The product was inappropriately stored, refrigerated, or frozen;
 - The product is deemed not appropriate for administration before, during, or after the procedure.
- Product replacement request must be submitted 30 days from the date of incident.

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