DEXTENZA® COMMERCIAL ASSURANCE PROGRAM

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

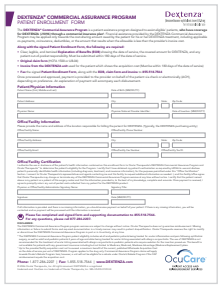
The DEXTENZA Commercial Assurance Program is a patient assistance program designed to assist eligible patients, **who have coverage for DEXTENZA (J1096) through a commercial insurance plan***. Financial assistance provided by the DEXTENZA Commercial Assurance Program may be applied only towards the cost-sharing amount owed by the patient for his or her DEXTENZA treatment, including applicable co-payments, coinsurance, deductibles, or the amount that results when the allowable is less than the provider's invoice cost.

Program Eligibility Requirements, Terms and Conditions



- Patient must not have government insurance including but not limited to Medicare Part B, Medicare Part C (Medicare Advantage) or Medicare Part D, Medicaid, VA, DoD, TRICARE, CHAMPVA or any other federally or state-funded government-assisted program.
- DEXTENZA must be covered by the patient's commercial or private insurance. If coverage is denied, patient will not be eligible for the program.
- Patient eligibility for DEXTENZA includes adult and pediatric patients being treated for ocular inflammation and pain following ophthalmic surgery, as well as adult and pediatric patients 2 years of age and older being treated for ocular itching associated with allergic conjunctivitis. 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.
- Offer only valid in the US and its territories; void where prohibited by law, taxed or restricted.

How To Enroll A Patient



Along with the signed Patient Enrollment Form, the following are required:

- Clear, legible, and itemized **Explanation of Benefits (EOB)** showing the date of service, the covered amount for DEXTENZA, and any patient out-of-pocket responsibility. Must be submitted within 180 days of the date of service.
- **Original claim form** (HCFA 1500 or UB-04)
- **Invoice from the DEXTENZA unit** used for the patient which shows the acquisition cost (Must be within 180 days of the date of service)
- **Fax** the signed **Patient Enrollment Form**, along with the **EOB, claim form and invoice** to **1-855-518-7564**

Once processed and approved, payment is provided to the provider on behalf of the patient via check or electronically (ACH), depending on preference. An explanation of payment will accompany each disbursement.

LEARN MORE AT DEXTENZA.COM

Questions? Contact the DEXTENZA Commercial Assurance Program at **877-286-2207** | Monday - Friday 8:00AM - 6:00PM ET

DISCLAIMER:
The DEXTENZA Commercial Assurance Program services are subject to change without notice. Ocular Therapeutix™ does not guarantee reimbursement. Missing information or failure to submit forms and required documentation in a timely manner may result in patient disqualification. Ocular Therapeutix reserves the right to modify or discontinue the DEXTENZA Commercial Assurance Program in part or in its entirety, at any time.

* Up to the provider/facility acquisition cost not to exceed a maximum benefit of the current, published Wholesale Acquisition Cost on the date of service per unit of DEXTENZA. Program applies to the drug only. Commercial Assurance Program claims will apply towards Ocular's Rebate Program tiers; however, a unit will not be eligible for a rebate under Ocular's Rebate Program if the CAP reimbursement equals the acquisition cost.

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

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OcuCare™
PATIENT ACCESS AND REIMBURSEMENT SERVICES