OcuCare™

PATIENT ACCESS AND REIMBURSEMENT SERVICES

# Your dedicated resource and support team

Ready to help answer your specific questions and find comprehensive solutions throughout the access process—from benefits identification to appeals support.



**Click, Call, or Connect MyOcuCare.com**

Dextenza®

(dexamethasone ophthalmic insert) 0.4 mg

for intracanalicular use

OcuCare™

PATIENT ACCESS AND REIMBURSEMENT SERVICES

# COMMITTED TO YOU AND YOUR PATIENTS

## BENEFITS IDENTIFICATION

- A full report, including insurance coverage, within 2 business days.

## CLAIMS ASSISTANCE

- Helping address your questions up front. Receive coding and billing guidance before a claim is submitted.

## PRIOR AUTHORIZATION (PA) ASSISTANCE

- If a PA is necessary, we provide access to helpful forms and assistance with payer requirements to facilitate approval. We track the status of PAs and clearly communicate results and next steps.

## APPEAL ASSISTANCE

- Individualized guidance on appeal submission and assistance with documentation and forms. We track the status of appeals and clearly communicate results and next steps.

## PATIENT ASSISTANCE PROGRAM

- Assistance for all qualifying patients. OcuCare will help determine patient eligibility and investigate options.

## COMMERCIAL ASSURANCE PROGRAM

- Designed to assist eligible* patients, who have coverage for DEXTENZA (J1096) through a commercial insurance plan†.

## PRODUCT REPLACEMENT PROGRAM

- Product Replacement Program for damaged or unusable product



## PROVIDING COMPREHENSIVE SUPPORT

### CLICK

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

### CALL OR FAX

Call 877-286-2207
or fax 855-518-7564
Monday - Friday,
8:00AM - 6:00PM ET

### CONNECT

Directly with your Field Reimbursement Manager or OcuCare Case Manager

* The DEXTENZA Commercial Assurance Program patient eligibility 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. This benefit is not available for patients with any 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.

† 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.MyOcuCare.com** | **www.DEXTENZA.com**

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