

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

PROGRAM DURATION
January 1 - March 31, 2021

Q1 REBATE PROGRAM

MINIMUM QUALIFYING PURCHASES
REQUIRED FOR TIERED REBATE PAYMENT

Tier	Inserts Purchased	Rebate Per Insert*
1	25	\$10
2	50	\$15
3	75	\$20
4	100	\$25
5	125	\$30
6	250	\$50
7	500	\$100

* Insert = 1 DEXTENZA intracanalicular insert

Terms

- All purchasing Ambulatory Surgery Centers, Hospital Outpatient Departments and other Health Care Providers are eligible to participate in the DEXTENZA Rebate Program
- All purchases must be made through an authorized Ocular Therapeutix distributor
- Remittance details will be required within 10 business days of first purchase via the Remittance Form to be emailed to: oculrebates@ocutx.com
- Rebate payments are only available on qualified purchases based on ship to dates made between January 1, 2021 and March 31, 2021 and will be made within 60 days after quarter end
- This rebate program is not related to any other rebate program for DEXTENZA
- Rebates under the program are not available to customers receiving any discounts or rebates for DEXTENZA through any other source
- Inserts purchased under 340B program are excluded
- Rebates made available under the DEXTENZA Rebate Program represent discounts that must be properly and accurately accounted for, disclosed and reported by purchasers on cost reports or claims for reimbursement to federal healthcare programs (including Medicare and Medicaid) and other third party payor programs requiring such disclosure, and to federal and state agencies upon request, in accordance with all applicable laws and regulations