



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](https://www.MyOcuCare.com)

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



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 benefit is not available for patients with any government insurance including but not limited to Medicare, Medicaid, Medicare Advantage (Medicare Replacement) plans.

† Up to the provider/facility acquisition cost (not to exceed \$555). Program applies to the drug only. Commercial Assurance Program (CAP) 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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