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

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.

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.

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.



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

* 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.

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REIMBURSEMENT **ROADMAP**

We recognize that every care setting is unique.
We support you and your team with your specific needs.

1

Initial patient visit and diagnosis

2

Register or login at MyOcuCare.com to access the portal with tools, forms, and resources, or to speak with your Field Reimbursement Manager.

3

Investigate benefits through OcuCare to confirm coverage and identify any criteria or restrictions. Patient may qualify for financial assistance, if needed.

4

Order DEXTENZA (dexamethasone ophthalmic insert) through specialty distributors.

5

DEXTENZA insertion

6

After administering DEXTENZA, submit claim to the plan for DEXTENZA and the procedure using a CMS-1500 or CMS-1450 Form. If applicable, the patient's out-of-pocket is collected by the provider.

7

Reconcile and confirm reimbursement with support from your Field Reimbursement Manager or **OcuCare**.

This information is provided for general informational purposes and is not a directive, guarantee of coverage, or a substitute for an independent clinical decision.

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PATIENT ACCESS AND REIMBURSEMENT SERVICES

KEY PARTICIPANTS IN THE PROCESS

SURGICAL OR OFFICE SITE

- **Orders** DEXTENZA from a DEXTENZA distributor
- **Manages** DEXTENZA inventory and administration to patient
- **Responsible** for claim submission and reimbursement management

DISTRIBUTOR

- **Establishes** payment terms
- **Fulfills** DEXTENZA order for provider
- **Charges** provider for DEXTENZA order

PAYER

- **Establishes** reimbursement protocols for DEXTENZA and services
- **Defines** benefit and authorization standards
- **Processes** claims and reimbursement for provider and facility

Refer to the **Reimbursement Guidebook** for more information, and don't forget to order DEXTENZA from your distributor for timely delivery.



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

ORDERING AND REIMBURSEMENT

Learn More About Patient Access and Services at **DEXTENZA.com.**

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

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