



PATIENT ACCESS AND REIMBURSEMENT SERVICES

# Your dedicated resource and support team

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

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Click, Call, or Connect [MyOcuCare.com](https://www.MyOcuCare.com)

**Dextenza**<sup>®</sup>  
(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



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\* 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 \$590). 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.

# REIMBURSEMENT ROADMAP

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



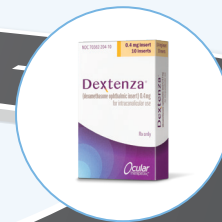
**1** Initial patient visit and diagnosis



**2** Register or login at [MyOcuCare.com](https://www.myocucare.com) to access the portal with tools, forms, and resources, or to speak with your Field Reimbursement Manager.

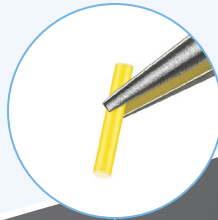


**3** Investigate benefits through **OcuCare** to confirm coverage and identify any criteria or restrictions. Patient may qualify for financial assistance, if needed.



**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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## 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



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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