# Dear [insert Healthcare Provider’s name],

I am excited to share with you that I [recently began/am planning to begin] utilizing an innovative post- operative steroid insert for [some of] our patients. I felt it was important to let you know that you [may/will] begin to see patients in your office that I have treated with DEXTENZA® (dexamethasone ophthalmic insert) 0.4 mg.

In the event that you are not familiar, DEXTENZA is an ophthalmic intracanalicular insert that is inserted through the lower lacrimal punctum and into the canaliculus. A single DEXTENZA insert is designed to release a 0.4 mg tapered dose of dexamethasone for up to 30 days following insertion. DEXTENZA is a corticosteroid indicated for the treatment of ocular inflammation and pain following ophthalmic surgery. Please note that during this 30-day period, the patient will have steroid onboard via this intracanalicular insert. Also note that, as with all steroids, intraocular pressure should be monitored during the course of treatment.

If you have any questions, please refer to the enclosed Prescribing Information for DEXTENZA. I hope you will not hesitate to call me directly with any questions or concerns surrounding the use of this new product in our patients.

Sincerely yours,

[Physician Name] [Practice Name] [Address]

**DEXTENZA IMPORTANT SAFETY INFORMATION**

## Contraindications

DEXTENZA is contraindicated in patients with active corneal, conjunctival or canalicular infections, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella; mycobacterial infections; fungal diseases of the eye, and dacryocystitis.

## Warnings and Precautions

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. Intraocular pressure should be monitored during treatment.

Corticosteroids may suppress the host response and thus increase the hazard for secondary ocular infections. In acute purulent conditions, steroids may mask infection and enhance existing infection.

Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal culture should be taken when appropriate.

Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.

**DEXTENZA IMPORTANT SAFETY INFORMATION CONT.**

## Adverse Reactions

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: anterior chamber inflammation including iritis and iridocyclitis (10%); intraocular pressure increased (6%); visual acuity reduced (2%); cystoid macular edema (1%); corneal edema (1%); eye pain (1%) and conjunctival hyperemia (1%).

The most common non-ocular adverse reaction that occurred in patients treated with DEXTENZA was headache (1%).

Please see full Prescribing Information enclosed and visit [www.dextenza.com](http://www.dextenza.com/) for additional information.