



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



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 \$605). 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.