Handling the insert

Carefully remove the foam carrier from the foil pouch and transfer to a clean and dry area.

Inserting into the canaliculus

1. **PULL** the lid temporally to open the angle of the canaliculus.³
2. **DILATE** the punctum thoroughly for both depth and diameter with an ophthalmic dilator. Avoid perforating the canaliculus. If perforation occurs, do not insert DEXTENZA.¹³
3. **DRY** the punctal area. DEXTENZA hydrates quickly upon contact with moisture. If DEXTENZA begins to hydrate before fully inserted, discard the product and use a new DEXTENZA.¹
4. **INSERT** DEXTENZA nasally using blunt (non-toothed) forceps into the canaliculus until the distal end is just below the punctal opening. Excessive squeezing of DEXTENZA may cause deformation.¹³

Once inserted

DEXTENZA can be visualized by a blue light source (e.g., slit lamp or hand held blue light) with a yellow filter.


Please see Important Safety Information on reverse side and full Prescribing Information in pocket.
STORAGE AND HANDLING

How DEXTENZA is supplied
DEXTENZA is supplied sterile in a foam carrier within a foil laminate pouch:
• NDC 70382-204-10 Carton containing 10 pouches (10 inserts)
• NDC 70382-204-01 Carton containing 1 pouch (1 insert)

Proper storage and handling
Store refrigerated, between 2°C and 8°C (36°F and 46°F). Do not freeze. Protect from light, keep in package until use. Do not use if pouch has been damaged or broken.
DEXTENZA is intended for single dose only.

INDICATION
DEXTENZA is a corticosteroid indicated for the treatment of ocular inflammation and pain following ophthalmic surgery.

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 dacrocystitis.

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.

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 in pocket.
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