

Patient Information

| | |
|---|--------------------------|
| _____ Patient Name | _____ Date of Birth |
| _____ HCP Name | _____ Date of Service |
| Payer type: <input type="checkbox"/> Commercial: _____ | |
| <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____ | |

Drug Administration

| Drug Name | 11-Digit NDC Code |
|--|-------------------|
| XIPERE™ (triamcinolone acetonide injectable suspension) 40 mg/mL | 71565-0040-01 |

See Coding and Billing Guide for ICD-10-CM codes specific to XIPERE

ICD-10-CM Code(s) _____

| Service Time in Minutes | Place of Service |
|--|--|
| <input type="checkbox"/> Pre-Service Time _____ minutes | <input type="checkbox"/> Physician Office |
| <input type="checkbox"/> Skin to Skin Time _____ minutes | <input type="checkbox"/> Hospital Outpatient |
| <input type="checkbox"/> Post-Service Time _____ minutes | <input type="checkbox"/> Ambulatory Surgery Center |

If payer requests additional information, consider providing:

- | | |
|--|---|
| <input type="checkbox"/> FDA Approval Letter | <input type="checkbox"/> Letter of Medical Necessity |
| <input type="checkbox"/> Package Insert | <input type="checkbox"/> Progress notes |
| <input type="checkbox"/> Product Invoice | <input type="checkbox"/> Service time in minutes (How long did it take) |

Please see accompanying full Prescribing Information for XIPERE™, also available at <https://www.bauschretinarx.com>.

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