

Ozurdex[®]
(dexamethasone intravitreal
implant) 0.7 mg

ENROLL
NOW

OZURDEX[®]
**SAVINGS
PROGRAM**

You may be eligible to pay as little
as \$50 for OZURDEX[®].



ELIGIBLE PATIENTS WITH COMMERCIAL OR PRIVATE INSURANCE CAN SAVE ON OZURDEX® OUT-OF-POCKET COSTS

ELIGIBLE PATIENTS CAN PAY AS LITTLE AS **\$50 FOR OZURDEX®**

Save on out-of-pocket costs for OZURDEX® (dexamethasone intravitreal implant).

Work with your physician to see if you can pay as little as \$50. This program does not cover costs for any other medication, procedure, or diagnostics. A member ID is valid for your OZURDEX® treatments for 1 year from the date the member ID is assigned. After 1 year, you must reenroll.

WHO IS ELIGIBLE?

You must:

- Be a resident of the United States, Puerto Rico, or Guam and at least 18 years of age
- Be prescribed OZURDEX® for an approved use
- Receive treatment after January 2020
- Have commercial or private health insurance
- Have insurance coverage for OZURDEX® for an approved use
- Have no government-sponsored insurance coverage such as Medicare or Medicaid

Patients are not eligible if they have government insurance (ie, patients are enrolled in any state or federally funded programs, including, but not limited to, Medicare, Medicaid, Medigap, Veterans Affairs [VA], Department of Defense [DoD], CHAMPVA, or TRICARE). Void where prohibited by law, taxed, or restricted.



IT'S FAST AND EASY TO ENROLL

ASK YOUR DOCTOR

Be sure your physician enrolls you in the OZURDEX® Savings Program **BEFORE** you receive OZURDEX®.

1

Work with your healthcare provider to fill out the enrollment form.

2

If you are eligible, your doctor's office will keep your member ID on file.

– They will enter your member ID number into their billing system and submit a reimbursement request

Ozurdex®
(dexamethasone intravitreal
implant) 0.7 mg

Ozurdex[®]

(dexamethasone intravitreal
implant) 0.7 mg

ENROLL TODAY TO
START SAVING!

Ozurdex[®]
(dexamethasone intravitreal
implant) 0.7 mg

RxBIN# 601341

RxPCN# OHCP

RxGroup# OH3301011

Member ID# JXXXXXXXXXXXX

OZURDEX[®]
SAVINGS
PROGRAM

PAY AS LITTLE AS **\$50**



© 2020 Allergan. All rights reserved. All trademarks are the property of their respective owners. Ozurdex.com OZU131647 01/20 002571