



Ensure that your patients
get what you recommend

When prescribing an Allergan product, make sure to check or write
“Dispense as Written” (“DAW”), “Do Not Substitute” (“DNS”),
or “Brand Medically Necessary”, depending on your state.

PRODUCT NAME

LUMIGAN[®] 0.01%
(bimatoprost ophthalmic solution) 0.01%

Combigan[®]
(brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%:

Alphagan P[®] 0.1%
(brimonidine tartrate ophthalmic solution) 0.1%

PACKAGING (CIRCLE OR CHECK BOX OF APPROPRIATE PRODUCT)



PACKAGE DETAILS

Fill size: 2.5 mL, 5 mL, or 7.5 mL¹

NDC¹:

2.5 mL—0023-3205-03
5 mL—0023-3205-05
7.5 mL—0023-3205-08

Fill size: 5 mL, 10 mL, or 15 mL²

NDC²:

5 mL—0023-9211-05
10 mL—0023-9211-10
15 mL—0023-9211-15

Fill size: 5 mL, 10 mL, or 15 mL³

NDC³:

5 mL—0023-9321-05
10 mL—0023-9321-10
15 mL—0023-9321-15

For cost-saving coupons and more, visit
Lumigan.com, Combigan.com, and AlphaganP.com

1. LUMIGAN[®] Prescribing Information. 2. COMBIGAN[®] Prescribing Information.
3. ALPHAGAN[®] P Prescribing Information.



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