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%
(Bimatprost ophthalmic solution 0.01%)

COMBIGAN®
(Brimonodide tetratetrahydropropilidate ophthalmic solution 0.2% / 0.5%)

ALPHAGAN® P 0.1%
(Brimonodide tetratetrahydropropilidate ophthalmic solution 0.1%)

PACKAGING (CIRCLE OR CHECK BOX OF APPROPRIATE PRODUCT)

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PACKAGE DETAILS

LUMIGAN®

Fill size: 2.5 mL, 5 mL, or 7.5 mL

NDC:

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

COMBIGAN®

Fill size: 5 mL, 10 mL, or 15 mL

NDC:

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

ALPHAGAN® P

Fill size: 5 mL, 10 mL, or 15 mL

NDC:

- 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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