Call: 1-866-OZURDEX (1-866-698-7339) **Fax: 1-866-676-4069** **Hours of operation: M-F, 9 AM-8 PM ET**

Visit: AllerganEyeCue.com

Ozurdex® (dexamethasone intravitreal implant) 0.7 mg

PATIENT ENROLLMENT FORM

*Required information.

Allergan EyeCue®

SUPPORT REQUEST

Please select one option for *Allergan EyeCue*® support*:
(**Please note:** If no box below is selected, comprehensive support will be provided.)

☐ **Comprehensive program support** (eg, OZURDEX® benefit verification, prior authorization/appeals support, OZURDEX® Savings Program, information regarding other patient financial support options)

☐ **OZURDEX® Savings Program only**

OPTIONAL: By checking the box below, I'm requesting *Allergan EyeCue*® to enroll my patient in a specialty pharmacy

(Note: Specialty pharmacy may not be an option for all insurance plans)

☐ **Enroll in specialty pharmacy (optional)**

PATIENT

First name*:_____ Middle initial:_____ Last name*:_____

Date of birth*:_____/_____/_____ Gender*: ☐ Male ☐ Female U.S. resident: ☐ Yes ☐ No

Home phone*:_____ Cell phone:_____ Email:_____

Address*:_____ City*:_____ State*:_____ Zip*:_____

INSURANCE

Patient is uninsured (no third-party or private insurance) ☐ Yes ☐ No

☐ Participating provider ☐ Nonparticipating provider

☐ Insurance card attached (optional: If patient is insured, provide a legible copy of the front and back of the patient's insurance card)

Primary Insurance*

☐ Commercial ☐ Medicare ☐ Medicaid ☐ Other

Insurance company*:_____

Phone*:_____

Insured name*:_____

Insured date of birth*:_____

Policy number*:_____

Secondary Insurance

☐ Commercial ☐ Medicare ☐ Medicaid ☐ Other

Insurance company:_____

Phone:_____

Insured name:_____

Insured date of birth:_____

Policy number:_____

PRESCRIBING PHYSICIAN

Place of service*: ☐ Physician's office ☐ Hospital outpatient ☐ Ambulatory surgical center

Practice/facility name*:_____

Physician name (first and last)*:_____ Physician specialty:_____

Address*:_____ City*:_____ State*:_____ Zip*:_____

Email:_____ Phone*:_____ Fax*:_____

Facility Tax ID No.*:_____ Physician State License No.*:_____ Physician National Provider Identifier (NPI)*:_____

Office Contact Information

Primary office contact*:_____

Phone*:_____ Ext:_____ Fax:_____ Email*:_____

DIAGNOSIS/TREATMENT

Product: OZURDEX®

HCPCS code: J7312 Diagnosis 1*:_____

CPT® code: 67028 Diagnosis 2:_____

Please note: We cannot verify benefits without a valid diagnosis code

Drug units*: ☐ 7 units

Anticipated date of treatment:____/____/_____

IMPORTANT INFORMATION: By submitting this form, you are referring the above patient to *Allergan EyeCue*® for patient support and to determine eligibility to receive financial support related to OZURDEX®, a product of AbbVie. By authorizing you to submit this form, the above patient represents that they are an eligible commercially-insured patient and that they will comply with the OZURDEX Savings Program Terms, Conditions, and Eligibility Criteria available and printable at www.OZURDEXSavingsProgram.com/termsandconditions.

Privacy Notice: For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties, if you are a patient visit https://abbv.ie/PrivacyPatient, if you are a prescriber visit https://abbv.ie/PrivacyHCP.

Through my submission of this Enrollment form, I consent to the collection, use, and disclosure of my personal health data, as described in the Privacy Notice above and in AbbVie's Privacy Notice in the "How We May Disclose Personal Data" section. My consent is required to process sensitive personal data under certain privacy laws, and I have the right to withdraw my consent by visiting "Your Privacy Choices" on AbbVie's website. **If you are a prescriber, please share this information with your patient.**

Please see Important Safety Information on the following page.

Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/ozurdex_pi.pdf

OZURDEX Program Terms and Conditions

1. This offer is valid only for patients 18 years of age or older who have commercial insurance coverage for OZURDEX® (dexamethasone intravitreal implant). **2.** This offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. This offer is not valid for cash-paying patients. **3.** Depending on insurance coverage, most eligible insured patients may pay as little as $0 for each eye, up to one (1) OZURDEX implant per eye. This offer applies to the implant only and does not apply to costs for any other medication, procedure, or diagnostic service. Check with healthcare provider and insurance plan for discount. Maximum reimbursement limit of $5,000.00 per patient applies; patient out-of-pocket expense will vary. **4.** Claims must be submitted within 365 days of the treatment date and must include a copy of (a) an Explanation of Benefits (EOB) for OZURDEX, (b) OZURDEX Reimbursement Request Form, and (c) documentation from the physician's office indicating the product code, the patient-paid amount, and the diagnosis of an FDA-approved indication. **5.** Patients and healthcare providers may not seek reimbursement for value received from the OZURDEX Savings Program from any third-party payers. **6.** AbbVie reserves the right to rescind, revoke, or amend this offer without notice. **7.** Offer good only in the USA, including Puerto Rico and Guam. Patients residing in or receiving treatment in certain states may not be eligible to participate in this program. **8.** Void if prohibited by law, taxed, or restricted. **9.** This offer is not transferable. The selling, purchasing, trading, or counterfeiting of this offer is prohibited by law. **10.** This offer has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. **11.** This offer is not health insurance. **12. By redeeming this offer, patient represents they meet the eligibility criteria above and patient understands and agrees to comply with the terms and conditions of this offer. 13. To learn about AbbVie's privacy practices and your privacy choices, visit https://abbv.ie/corpprivacy.**

For questions about this program, please call 1-866-OZURDEX (1-866-698-7339).

Program managed by IQVIA Inc. on behalf of AbbVie.

Approved Uses

OZURDEX® (dexamethasone intravitreal implant) is a prescription medicine that is an implant injected into the eye (vitreous) and used:

- To treat adults with diabetic macular edema
- To treat adults with swelling of the macula (macular edema) following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)
- To treat adults with noninfectious inflammation of the uvea (uveitis) affecting the back segment of the eye

IMPORTANT SAFETY INFORMATION

When Not to Use OZURDEX®

OZURDEX® should not be used if you have any infections in or around the eyes, including most viral diseases of the cornea and conjunctiva, including active herpes viral infection of the eye, vaccinia, varicella, mycobacterial infections, and fungal diseases.

OZURDEX® should not be used if you have glaucoma that has progressed to a cup-to-disc ratio of greater than 0.8.

OZURDEX® should not be used if you have a posterior lens capsule that is torn or ruptured.

OZURDEX® should not be used if you are allergic to any of its ingredients.

Warnings and Precautions

Injections into the vitreous in the eye, including those with OZURDEX®, are associated with serious eye infection (endophthalmitis), eye inflammation, increased eye pressure, and retinal detachments. Your eye doctor should monitor you regularly after the injection.

Use of corticosteroids including OZURDEX® may produce posterior subcapsular cataracts, increased eye pressure, glaucoma, and may increase the establishment of secondary eye infections due to bacteria, fungi, or viruses. Let your doctor know if you have a history of ocular herpes simplex as corticosteroids are not recommended in these patients.

Common Side Effects in Diabetic Macular Edema

The most common side effects reported in patients with diabetic macular edema include: cataract, increased eye pressure, conjunctival blood spot, reduced vision, inflammation of the conjunctiva, specks that float in the field of vision, swelling of the conjunctiva, dry eye, vitreous detachment, vitreous opacities, retinal aneurysm, foreign body sensation, corneal erosion, inflammation of the cornea, anterior chamber inflammation, retinal tear, drooping eyelid, high blood pressure, and bronchitis.

Common Side Effects in Retinal Vein Occlusion and Uveitis

The most common side effects reported in patients for retinal vein occlusion and uveitis include: increased eye pressure, conjunctival blood spot, eye pain, eye redness, ocular hypertension, cataract, vitreous detachment, and headache.

Patient Counseling Information

After repeated injections with OZURDEX®, a cataract may occur. If this occurs, your vision will decrease and you will need an operation to remove the cataract and restore your vision. You may develop increased eye pressure with OZURDEX® that will need to be managed with eye drops, and rarely, with surgery.

In the days following injection with OZURDEX®, you may be at risk for potential complications including in particular, but not limited to, the development of serious eye infection or increased eye pressure. If your eye becomes red, sensitive to light, painful, or develops a change in vision, you should seek immediate care from your eye doctor. You may experience temporary visual blurring after receiving an injection and should not drive or use machinery until your vision has resolved.

Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/ozurdex_pi.pdf

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