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

OZURDEX® SAVINGS PROGRAM
PHYSICIAN REIMBURSEMENT REQUEST FORM

*Required information.

Allergan EyeCue®

Thank you for using the OZURDEX® Savings Program. In order to receive reimbursement, you must submit this form within **365 days** from date of service by faxing it, along with the required supporting documentation listed below, to **1-866-676-4069**. Supporting documents can also be submitted at AllerganEyeCue.com. If your patient qualifies, estimated time for reimbursement is 3 days (ACH) or 2 to 4 weeks (check).

PATIENT

Patient first name*: _____ Patient last name*: _____ Date of birth*: ___/___/_____

Patient member ID*: _____

This is the number you receive after enrollment.

PHYSICIAN

Reimbursement checks will be mailed to the address on the Explanation of Benefits (EOB); not applicable to ACH payment.

Physician first name*: _____ Physician last name*: _____

Office contact email address*: _____

For fax users only: Please indicate payment preference type for claims reimbursement†:

☐ Electronic payment via ACH ☐ Check

†Note: Registered portal users with an indicated payment preference in their account profile will receive reimbursement based on the selected method.

SUPPORTING DOCUMENTS

Supporting documents to include:

- Completed OZURDEX® Savings Program Physician Reimbursement Request form (this form)
- HCFA 1500 claim form
- EOB document(s): Should be obtained from the patient's insurer

ATTESTATION

I, _____,
Physician's or delegate's name

hereby attest that I am the prescribing physician or a delegate authorized on behalf of the prescribing physician and that the patient listed above, on _____, received OZURDEX® as part of the OZURDEX® Savings Program
Date of service*

from AbbVie. I also attest that all appropriate steps were completed to determine the appropriate patient out-of-pocket costs and that the information submitted to AbbVie is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of data may be subject to certain fines and/or liabilities.

Complete and upload all materials to AllerganEyeCue.com or fax to 1-866-676-4069.
Questions? Contact our Help Desk at 1-866-698-7339 or visit AllerganEyeCue.com.

IMPORTANT INFORMATION: By submitting this form, you certify that you are not seeking reimbursement under any federal, state, or other government program for this prescription for OZURDEX®, a product of AbbVie, and that you and the patient listed herein agree to 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. 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

Indications and Usage
Diabetic Macular Edema
OZURDEX® (dexamethasone intravitreal implant) is a corticosteroid indicated for the treatment of diabetic macular edema.

Retinal Vein Occlusion
OZURDEX® is a corticosteroid indicated for the treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).

Posterior Segment Uveitis
OZURDEX® is indicated for the treatment of noninfectious uveitis affecting the posterior segment of the eye.

Dosage and Administration
FOR OPHTHALMIC INTRAVITREAL INJECTION. The intravitreal injection procedure should be carried out under controlled aseptic conditions. Following the intravitreal injection, patients should be monitored for elevation in intraocular pressure and for endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis without delay.

IMPORTANT SAFETY INFORMATION
Contraindications
Ocular or Periocular Infections: OZURDEX® (dexamethasone intravitreal implant) is contraindicated in patients with active or suspected ocular or periocular infections including most viral diseases of the cornea and conjunctiva, including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal diseases.

Glaucoma: OZURDEX® is contraindicated in patients with glaucoma, who have cup to disc ratios of greater than 0.8.

Torn or Ruptured Posterior Lens Capsule: OZURDEX® is contraindicated in patients whose posterior lens capsule is torn or ruptured because of the risk of migration into the anterior chamber. Laser posterior capsulotomy in pseudophakic patients is not a contraindication for OZURDEX® use.

Hypersensitivity: OZURDEX® is contraindicated in patients with known hypersensitivity to any components of this product.

Warnings and Precautions
Intravitreal Injection-related Effects: Intravitreal injections, including those with OZURDEX®, have been associated with endophthalmitis, eye inflammation, increased intraocular pressure, and retinal detachments. Patients should be monitored regularly following the injection.

Steroid-related Effects: Use of corticosteroids including OZURDEX® may produce posterior subcapsular cataracts, increased intraocular pressure, glaucoma, and may enhance the establishment of secondary ocular infections due to bacteria, fungi, or viruses.

Corticosteroids are not recommended to be used in patients with a history of ocular herpes simplex because of the potential for reactivation of the viral infection.

Adverse Reactions
Diabetic Macular Edema
Ocular adverse reactions reported by greater than or equal to 1% of patients in the two combined 3-year clinical trials following injection of OZURDEX® for diabetic macular edema include: cataract (68%), conjunctival hemorrhage (23%), visual acuity reduced (9%), conjunctivitis (6%), vitreous floaters (5%), conjunctival edema (5%), dry eye (5%), vitreous detachment (4%), vitreous opacities (3%), retinal aneurysm (3%), foreign body sensation (2%), corneal erosion (2%), keratitis (2%), anterior chamber inflammation (2%), retinal tear (2%), eyelid ptosis (2%). Non-ocular adverse reactions reported by greater than or equal to 5% of patients include: hypertension (13%) and bronchitis (5%).

Increased Intraocular Pressure: IOP elevation greater than or equal to 10 mm Hg from baseline at any visit was seen in 28% of OZURDEX® patients versus 4% of sham patients. 42% of the patients who received OZURDEX® were subsequently treated with IOP-lowering medications during the study versus 10% of sham patients.

The increase in mean IOP was seen with each treatment cycle, and the mean IOP generally returned to baseline between treatment cycles (at the end of the 6-month period).

Cataracts and Cataract Surgery: The incidence of cataract development in patients who had a phakic study eye was higher in the OZURDEX® group (68%) compared with Sham (21%). The median time of cataract being reported as an adverse event was approximately 15 months in the OZURDEX® group and 12 months in the Sham group. Among these patients, 61% of OZURDEX® subjects versus 8% of sham-controlled subjects underwent cataract surgery, generally between Month 18 and Month 39 (Median Month 21 for OZURDEX® group and 20 for Sham) of the studies.

Retinal Vein Occlusion and Posterior Segment Uveitis
Adverse reactions reported by greater than 2% of patients in the first 6 months following injection of OZURDEX® for retinal vein occlusion and posterior segment uveitis include: intraocular pressure increased (25%), conjunctival hemorrhage (22%), eye pain (8%), conjunctival hyperemia (7%), ocular hypertension (5%), cataract (5%), vitreous detachment (2%), and headache (4%).

Increased IOP with OZURDEX® peaked at approximately week 8. During the initial treatment period, 1% (3/421) of the patients who received OZURDEX® required surgical procedures for management of elevated IOP.

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

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