



http://www.travatanz.com/glaucoma-medicine.aspx

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Tools, Tips & Support

- My Action Plan
- When Plans Go Awry
- IOP Tracker
- Side Effects
- How to Use Drops
- Reminder Service
- Asking for Help
- Financial Assistance

Savings Card & Other Resources

Savings Card

Save up to \$1300 on your TRAVATAN Z Solution Refills*

Pay no more than \$25 for each 30-day supply of TRAVATAN Z® Solution through March 2013

If you've been prescribed TRAVATAN Z® Solution, sign up for the Openings™ Patient Support Program today for useful tips, helpful reminders and an opportunity to save money on your prescription.

You'll receive a welcome kit in the mail that includes our savings card — which makes it a little easier to stay on track with your TRAVATAN Z® Solution prescription. Here's how:

- If you fill your prescription every month, Alcon will pay up to \$100 after your copay or out-of-pocket costs over \$25 for each 30-day supply. If you get 12 bottles per year (one each month), your savings can amount to as much as \$1,200. If you fill your prescription every 3 months, Alcon will pay up to \$325 after your copay or out-of-pocket costs over \$50 for each 90-day supply. If you get a 3-bottle refill, your out-of-pocket cost would be less than \$17 per month. Your savings can amount to as much as \$1,300 with the 90-day supply.
- So, for instance, let's say the pharmacist tells you that you owe \$75 for your prescription after accounting for any private insurance you may have, you will be responsible for \$25 of the total, and the OPENINGS™ Patient Support Program will cover the rest (a \$50 savings). [Click here](#) for savings information if you get your prescription from mail order.

Sign up for your savings card and other support materials from the OPENINGS Patient Support Program here.

*Click here for Rebate Terms and Conditions.



Complete this form to request your savings card

Save up to \$1300 on TRAVATAN Z® Solution when you join the Openings™ Patient Support Program.*

*Required Fields

Check all boxes that apply.

1. Have you been diagnosed with any of these ocular conditions?

- High eye pressure
- Primary open-angle glaucoma
- Ocular hypertension
- Other

2. Are you currently taking TRAVATAN Z® Solution?

- Yes
- No

YES, send me my Savings Card and sign me up for other helpful materials from the Openings™ Patient Support Program. I prefer:

- e-mail
- regular mail

INDIAN TRAVATAN Z® (tr
Address (IOP) in patients with open-angle glaucoma or ocular hypertension.
Dose and Adm
The recommended dose of TRAVATAN Z® Solution is one drop in the affected eye(s) once a day, in the evening.
State Select one

IMPORTANT SAFETY Warnings and Precautions

Pigmentation Some patients may experience darkening of the iris (the colored part of the eye) which is most noticeable in patients who only receive treatment in one eye.

Eyelash Change:

Patients may experience thickening and darkening of their eyelashes, and/or darkening of the skin around the eye. These changes are usually reversible.

Adverse Reactions

The most common side effect with TRAVATAN Z® Solution is redness of the eye (also known as ocular hyperemia). Other side effects include eye discomfort, a feeling of something in the eye, eye pain and itching.

*Click here for Rebate Terms and Conditions.

Use in Specific Populations

Use in pediatric patients below the age of 16 years is not recommended because of potential safety concerns related to increased pigmentation following long-term chronic use.

How to redeem your savings if you get your prescriptions from mail order.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Click here for the full prescribing information.

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Most mail order facilities do not accept savings cards because they are unable to process them.

But you can still take advantage of the savings on your prescriptions of TRAVATAN Z[®] Solution filled by mail order by following these steps:

- Start by asking your mail order facility if they accept the card.
- If not, collect the following information:
 - The 11-digit ID# and GRP# that are found in the lower left hand corner of your card; if you prefer, you can make a photocopy of the front of the card instead
 - Your original receipt (which should include the mail order pharmacy name, product name, prescription number or Rx#, date filled, quantity, and price you paid)
 - A card with your name, address, city, state, zip code, phone number, and the amount of money you paid for your prescription (your "out of pocket" expense)
- **Mail all of this information to:**
TRAVATAN Z[®] Solution Savings Program
PO Box 7017
Bedminster, NJ 07921
For questions regarding this process, please call 866-875-2455.

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