

# ELIGIBLE PATIENTS MAY PAY AS LITTLE AS \$20\*



## PATIENT ELIGIBILITY REQUIREMENTS

- United States resident and at least 18 years of age
- Be prescribed DURYSTA™ for an approved use
- Have insurance coverage for DURYSTA™ for an approved use
- Does not have government-sponsored insurance coverage such as Medicare or Medicaid



## ENROLLMENT THROUGH ALLERGAN EYECUE®

### 1 | Access the enrollment form.

- Go to [DurystaHCP.com](http://DurystaHCP.com) and navigate to "Resources"
- An *Allergan EyeCue*® account is suggested for ease of use, but not required to enroll patients

### 2 | Complete and submit the enrollment form.

- Enrollment form requires patient information, patient signature, and physician signature
- Submit completed enrollment form through the *Allergan EyeCue*® portal or via fax (1-866-676-4069)
- Benefit verification/investigation support is also available using this form

### 3 | Receive confirmation of enrollment.

- Receive member ID from *Allergan EyeCue*®
- Out-of-pocket cost information will be sent through the benefit verification/investigation process



## QUESTIONS?

Call the DURYSTA™ Savings Program at 1-833-DURYSTA (1-833-387-9782), option 2 Monday through Friday, 9 AM-8 PM ET.

\*Maximum savings benefit of \$1000 per eye.



# DURYSTA™ REIMBURSEMENT—DIRECT TO YOU

## Access enrollment form

Visit [DurystaHCP.com](http://DurystaHCP.com) and navigate to “Resources.”

## Enroll patient

Complete enrollment form with patient information, patient signature, and physician signature. Submit form through the *Allergan EyeCue®* portal or via fax (1-866-676-4069).

## Receive enrollment confirmation

Receive member ID from *Allergan EyeCue®*.  
Out-of-pocket cost information will be sent through the benefit verification/investigation process.

## Administer DURYSTA™

Administer DURYSTA™ and collect patient out-of-pocket responsibility (minimum of \$20 per eye).

## Request reimbursement\* (covered patients)

Submit required forms through the *Allergan EyeCue®* portal or via fax.

- 1 Physician Reimbursement Request form
- 2 CMS-1500 form
- 3 Patient's EOB

**Receive confirmation email.**

## Receive reimbursement

Reimbursement payment sent via check or electronic payment.†

\*The reimbursement request must be received within 180 days from the date of service.

†If requesting payment via electronic payment, it must be set up during registration of your practice on *Allergan EyeCue®*.



Visit [DurystaHCP.com](http://DurystaHCP.com) or call **1-833-DURYSTA (1-833-387-9782)**, option 2  
Monday through Friday, 9AM-8PM ET for more information.

