



ELIGIBLE PATIENTS MAY PAY AS LITTLE AS \$0* FOR DURYSTA[®]



PATIENT ELIGIBILITY REQUIREMENTS

- Patient must have commercial insurance coverage and a valid prescription for DURYSTA[®] for an approved use
- Patient cannot receive prescription reimbursement under any federal, state, or government-funded healthcare programs, such as Medicare or Medicaid
- Patient must be a US resident who is 18 years of age or older
- Patient must agree to comply with the Program Terms, Conditions, and Eligibility Criteria below



ENROLLMENT THROUGH ALLERGAN EYECUE[®]

1 | Access the enrollment form.

- Go to 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, prescriber information, diagnosis, and prescription
- 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.

***Program Terms, Conditions, and Eligibility Criteria:** 1. This offer is valid only for patients 18 years of age or older who have commercial insurance coverage and a valid prescription for DURYSTA[®] (bimatoprost intracameral implant) 10 mcg for an approved use. 2. This offer is not valid for use by patients receiving prescription reimbursement under any federal, state, or government-funded healthcare programs (eg, Medicare, Medicare Advantage, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs), private indemnity or HMO insurance plans that reimburse patients for the entire cost of their prescription drugs, or where prohibited by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any federal, state, or government-funded healthcare program, patient will no longer be eligible for this offer and must call IQVIA Inc. at 1-833-DURYSTA, option 2, to stop program participation. This offer is not valid for cash-paying patients. 3. Depending on insurance coverage, eligible patients whose commercial insurance plan covers DURYSTA[®] may pay as little as \$0 for each of up to one (1) DURYSTA[®] implant per eye, and eligible patients whose commercial insurance plan does not cover DURYSTA[®] may pay as little as \$250 for each of up to one (1) DURYSTA[®] 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 \$1700.00 per eye applies; patient out-of-pocket expense will vary. 4. Patients may not seek reimbursement for value received from the DURYSTA[®] Savings Program from any third-party payers. 5. Offer applies to implants administered before the program expires on June 30, 2022. 6. Allergan, an AbbVie company, reserves the right to rescind, revoke, or amend this offer without notice. 7. Offer good only in the USA, including Puerto Rico. 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. Program expires June 30, 2022. 13. 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.

DURYSTA[®] REIMBURSEMENT—DIRECT TO YOU

Access enrollment form

Visit DurystaHCP.com and navigate to “Resources.”

Enroll patient

Complete enrollment form with patient information, prescriber information, diagnosis, and prescription. 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.

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 or call **1-833-DURYSTA (1-833-387-9782)**, option 2 Monday through Friday, 9AM-8 PM ET for more information.