

**DURYSTA™**  
(bimatoprost implant) 10 mcg  
For intracameral administration



**SAVINGS  
PROGRAM**

# YOU MAY BE ELIGIBLE TO PAY AS LITTLE AS \$20\*



**IT'S EASY—JUST ASK YOUR DOCTOR'S OFFICE TO ENROLL YOU**

- **To be eligible, you must be:**
  - Commercially insured on a plan that covers DURYSTA™
    - Have no government-sponsored insurance, such as Medicare or Medicaid
  - Prescribed DURYSTA™ for an approved use
  - A US resident who is 18 years or older
- **Your doctor's office will confirm your eligibility and enroll you before you receive DURYSTA™—just sign the enrollment form**
- **Once enrolled, you will pay as little as \$20\* for DURYSTA™**
  - Your doctor's office will collect your copay for DURYSTA™ (or, if you use a specialty pharmacy, they will collect it)

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



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