DURYSTA®
(bimatoprost intracameral implant) 10 mcg

Allergan EyeCue®

Submit at: AllerganEyeCue.com
Call: 1-833-DURYSTA, option 2
Fax: 1-866-676-4069
Hours of operation: Mon-Fri, 9 AM-8 PM ET

*Required information

DURYSTA® SAVINGS PROGRAM PHYSICIAN REIMBURSEMENT REQUEST FORM

Thank you for using the DURYSTA® 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 DURYSTA® 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 a DURYSTA® administration as a part of
Date of service*

the DURYSTA® Savings Program from Allergan, an AbbVie company. I also attest that, to the best of my knowledge, the patient listed above has not had a prior administration of DURYSTA® in the treated eye. 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 1-833-DURYSTA, option 2 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 DURYSTA®, a product of Allergan, an AbbVie company, and that you and the patient listed herein agree to comply with the DURYSTA Savings Program Terms, Conditions, and Eligibility Criteria available and printable at www.DurystaSavingsProgram.com. AbbVie, its affiliates, collaborators, and agents ("AbbVie") will use the information collected about you and your patient to provide and manage *Allergan EyeCue*® services and the DURYSTA Savings Program and to perform research and analytics on a de-identified basis. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information, visit www.abbvie.com/privacy. **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/durysta_pi.pdf

Indications and Usage
DURYSTA® (bimatoprost intracameral implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).

Important Safety Information
Contraindications
DURYSTA® is contraindicated in patients with: active or suspected ocular or periocular infections; corneal endothelial cell dystrophy (e.g., Fuchs' Dystrophy); prior corneal transplantation or endothelial cell transplants (e.g., Descemet's Stripping Automated Endothelial Keratoplasty [DSAEK]); absent or ruptured posterior lens capsule, due to the risk of implant migration into the posterior segment; hypersensitivity to bimatoprost or to any other components of the product.

Warnings and Precautions
The presence of DURYSTA® implants has been associated with corneal adverse reactions and increased risk of corneal endothelial cell loss. Administration of DURYSTA® should be limited to a single implant per eye without retreatment. Caution should be used when prescribing DURYSTA® in patients with limited corneal endothelial cell reserve.

DURYSTA® should be used with caution in patients with narrow iridocorneal angles (Shaffer grade < 3) or anatomical obstruction (e.g., scarring) that may prohibit settling in the inferior angle.

Macular edema, including cystoid macular edema, has been reported during treatment with ophthalmic bimatoprost, including DURYSTA® intracameral implant. DURYSTA® should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

Prostaglandin analogs, including DURYSTA®, have been reported to cause intraocular inflammation. DURYSTA® should be used with caution in patients with active intraocular inflammation (e.g., uveitis) because the inflammation may be exacerbated.

Ophthalmic bimatoprost, including DURYSTA® intracameral implant, has been reported to cause changes to pigmented tissues, such as increased pigmentation of the iris. Pigmentation of the iris is likely to be permanent. Patients who receive treatment should be informed of the possibility of increased pigmentation. While treatment with DURYSTA® can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly.

Intraocular surgical procedures and injections have been associated with endophthalmitis. Proper aseptic technique must always be used with administering DURYSTA®, and patients should be monitored following the administration.

Adverse Reactions
In controlled studies, the most common ocular adverse reaction reported by 27% of patients was conjunctival hyperemia. Other common adverse reactions reported in 5%-10% of patients were foreign body sensation, eye pain, photophobia, conjunctival hemorrhage, dry eye, eye irritation, intraocular pressure increased, corneal endothelial cell loss, vision blurred, iritis, and headache.

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

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