

**DURYSTA**<sup>®</sup>  
(bimatoprost intracameral implant) 10 mcg

## Savings Program



# Eligible Commercially-Insured Patients Pay \$0\* for One DURYSTA<sup>®</sup> Implant per Eye

**How to enroll: Ask your doctor to enroll you in the DURYSTA<sup>®</sup> Savings Program. It's that simple.**

**Questions? Call 1-833-DURYSTA, option 2.**

### Savings Program Overview

- **To be eligible, you must:**
  - Have commercial insurance coverage
  - Not receive reimbursement under any federal, state, or government-funded healthcare programs, such as Medicare or Medicaid
  - Be 18 years of age or older
  - Live in the US, including Puerto Rico
  - Have DURYSTA<sup>®</sup> administered by June 30, 2023
  - Agree to comply with the Program Terms, Conditions, and Eligibility Criteria on the reverse side
- **If you are eligible, your doctor's office will help you enroll in the savings program before you receive DURYSTA<sup>®</sup>**

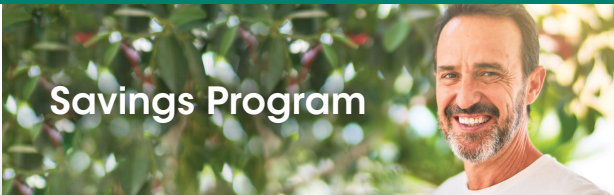
**Scan the  
QR code  
to learn more**



\*Offer valid only for commercially-insured patients with plans covering DURYSTA; patient out-of-pocket expense may vary. Offer not valid for patients receiving reimbursement from Medicare, Medicaid, or any other federal, state, or government-funded healthcare program. **See Program Terms, Conditions, and Eligibility Criteria at [www.durystasavingsprogram.com](http://www.durystasavingsprogram.com).**

**DURYSTA**<sup>®</sup>  
(bimatoprost intracameral implant) 10 mcg

## Savings Program



**Program Terms, Conditions, and Eligibility Criteria:** **1.** This offer is valid only for commercially-insured patients 18 years of age or older whose insurance plans cover DURYSTA<sup>®</sup> (bimatoprost intracameral implant) 10 mcg. **2.** This offer is not valid for use by patients receiving reimbursement under any federal, state, or government-funded healthcare programs (e.g., Medicare, Medicare Advantage, Medigap, 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. This offer is also not valid for commercially-insured patients whose insurance plans do not cover DURYSTA. **3.** Depending on insurance coverage, eligible commercially-insured patients pay \$0 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. Patient out-of-pocket expense may vary. **4.** Primary payer benefits must be applied prior to submitting a savings request on behalf of a patient. Patients may not seek reimbursement for value received from the DURYSTA Savings Program from any third-party payers. **5.** Offer applies to implants administered during the current program period of July 1, 2022 through June 30, 2023. Savings requests, including the DURYSTA Savings Program Physician Reimbursement Request Form, the CMS-1500 claim form, and the Explanation of Benefits (EOB) from the primary payer, must be submitted online at [AllerganEyeCue.com](https://AllerganEyeCue.com) or by fax to 1-866-676-4069 within 180 days after the product is administered to the patient. **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, 2023. **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.**

**For questions about the program, please call 1-833-DURYSTA, option 2, or email [durystasupport@iqvia.com](mailto:durystasupport@iqvia.com).**

Program managed by IQVIA Inc. on behalf of Allergan, an AbbVie company.



© 2022 AbbVie. All rights reserved.  
All trademarks are the property of their respective owners.  
US-DUR-220220 08/2022 017272