



**TechALLIANCE**<sup>®</sup>  
by Allergan

# Understanding Medication Access at the Pharmacy Level

Answering common questions to help  
patients get the medication prescribed

Handling Pharmacy  
Callbacks

E-Rx and EHR

Intervention  
Letters

Prior  
Authorization

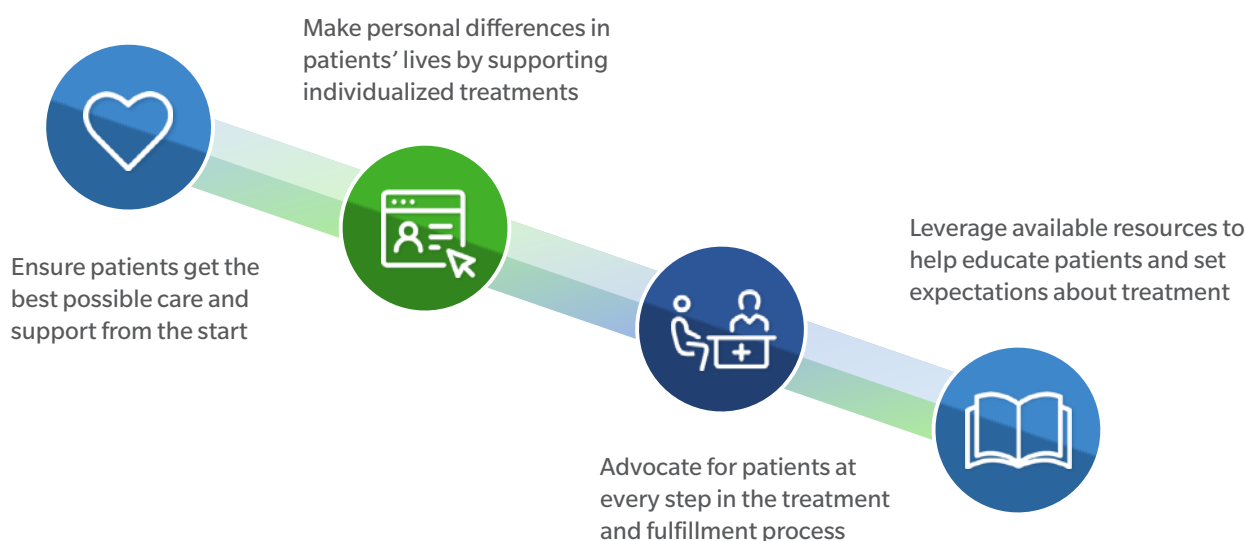
Quantity Limits

Substitutions

Cost Assistance

Additional  
Resources

## Your Role Is Critical in Helping Patients Manage Their Disease



- Your goal is to provide the best care for your patient. And when it comes to medications, ensuring the patients receive the medication prescribed is critical
- You can make a difference in patients' lives by taking steps to support the treatment plan for each patient and by being their advocate
- Setting clear expectations for patients on the importance of their treatment plan often starts with you

## The Importance of Office-to-Patient Dialogue

It's important for the office to communicate treatment expectations and provide resources such as patient brochures and savings program information to help educate patients.



Patients should know why their doctor chose their medication (at times, this could mean prescribing a branded medication vs a generic)



Patients may feel more empowered at the pharmacy when they know what to expect



Patients who better understand their coverage can make informed decisions about their prescription (Rx)

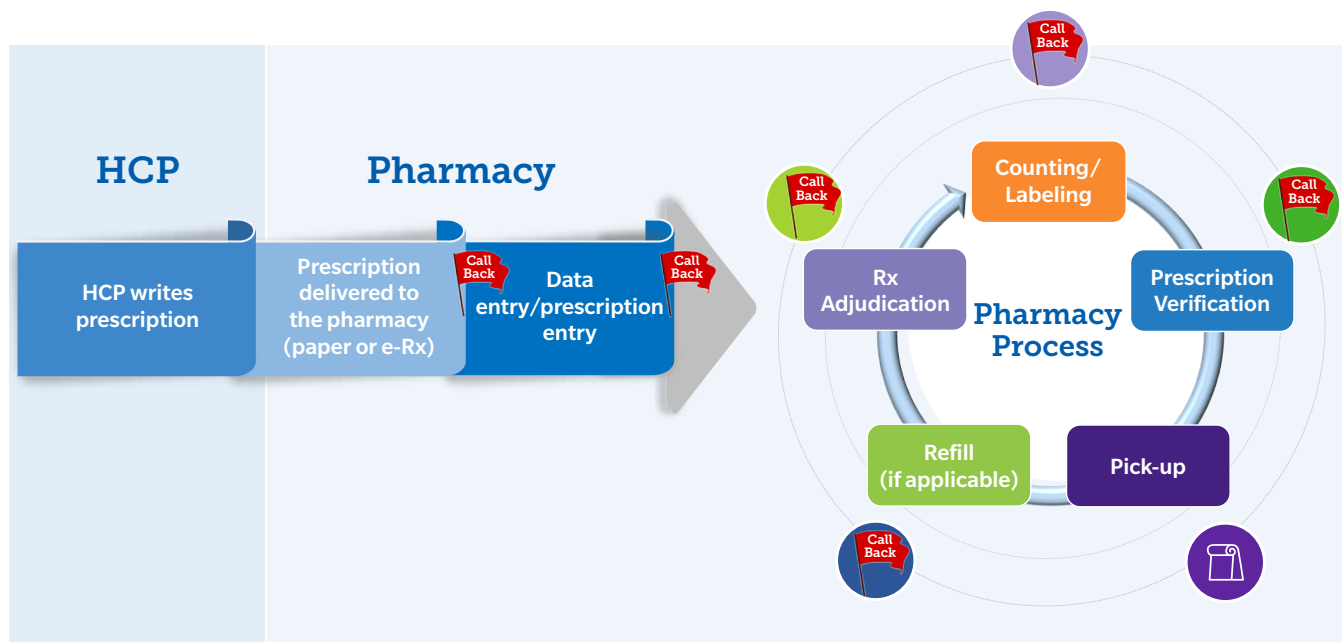
### Dialogue example

"Mrs. Johnson, the doctor chose this specific medication because they think this is what is best for you.

"When you get to the pharmacy, they may ask you questions about how much you are able to pay. It is important that you call us if for some reason the pharmacy does not give you exactly what was prescribed."

## The Prescription Process and Potential Callbacks

This is the path a prescription takes from the office through the pharmacy, and all the places where callbacks are common.



- The healthcare professional (HCP) writes a prescription. If appropriate, they check DAW or DNS to ensure the patient receives the prescribed medication
- A prescription is a legal document and cannot be altered by anyone other than the prescribing doctor
- If it is an electronic script, the name of the product should be written down for the patient, so the patient knows what medication was prescribed
- If the Rx is a brand, be sure to let the patient know that the doctor prescribed a branded medication
- Take these steps before the patient leaves the practice in order to reduce the chances of the patient not receiving the medication that was prescribed
- What is the typical pharmacy process? After the script is entered, the adjudication process begins
- This is often when callbacks are made

## What Are the Most Common Reasons for Pharmacy Callbacks?

### Rx coverage

- Prescription not covered
- Prior authorizations (PAs)
- Step edits
- High deductibles/coinsurance



### Pharmacy intervention

- Generic substitution requests
- Refill too soon/quantity limits
- Pharmacy clarifications
- Fax requests (changes/refills)

### Other

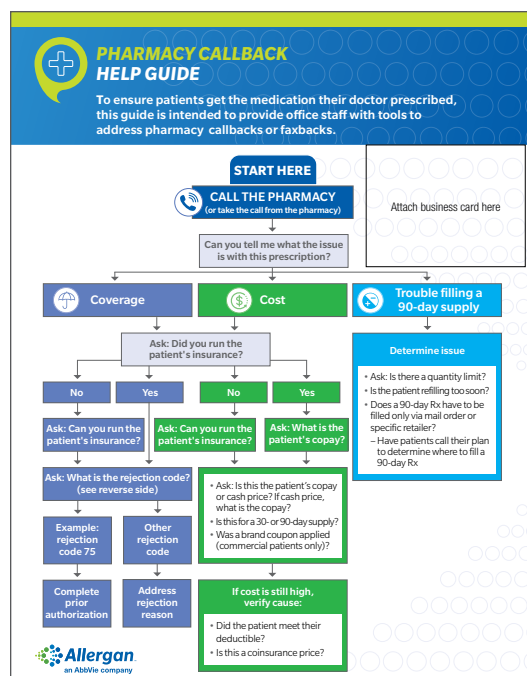
- Patient affordability
- Patient nonadherence
- Pick-up logistics/long waits
- Patient lost or ran out of medication



## Pharmacy Callback Help Guide

This guide is intended to provide office staff with helpful information when encountering callback issues from the pharmacy. For example, if the pharmacy or patient calls and says the medication isn't covered. Many times, a product is actually covered and there could be some simple questions you can ask to understand what is really going on.

### Pharmacy Callback help guide



**Most Common Rejection Codes**

The table below offers information on rejection codes for pharmacy prescriptions and can help you understand the next step to take to ensure the patient gets the medication their doctor prescribed.

Code	Reason/Message	Translation
65	<b>Patient Not Covered</b>	The patient may not have Rx benefits. The patient should call their plan.
70 MR	<b>Product/Service Not Covered</b> <b>Product Not on Formulary</b>	NDC or prescribed product is not covered under the patient's plan. Alternative would be required unless plan confirms ability of prior authorization or medical exception.
68/69	<b>Filled After Coverage Terminated or Expired</b>	The patient's benefits have expired or are no longer active. The patient should call their plan.
75	<b>Prior Authorization Required</b>	A prior authorization must be submitted for the plan to cover the medication prescribed.
76	<b>Plan Limitations Exceeded</b>	The prescription's days' supply or quantity limit must be addressed before the plan can cover the medication.
79	<b>Refill Too Soon</b>	The patient is not yet due for a refill according to the date on which a previous prescription was filled. If the patient is out of medication, the pharmacy should call the patient's plan for an override.
88	<b>DUR Reject Error</b>	Drug Utilization Review—comprehensive review of medication usage addressed by the pharmacist. Possibilities may include duplicate therapy, overuse, drug-drug, drug-age, drug-gender, and drug pregnancy.

**Allergan**  
an AbbVie company

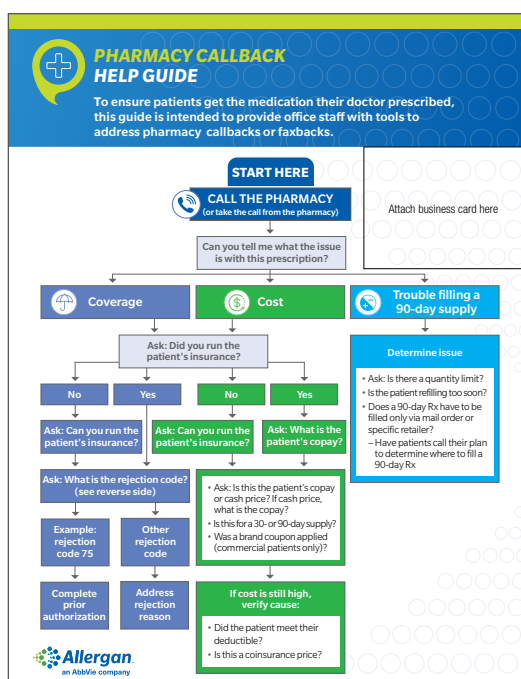
© 2022 AbbVie. All rights reserved. All trademarks are the property of their respective owners. UNB110353-02 10/20 10/2020



## How to Use the Pharmacy Callback Help Guide

**STEP  
01**

Use the flow chart on page 1 to understand the callback reason.



This guide will help you handle callbacks that occur for these 3 common reasons:



Coverage



Cost



90-day fill

See next page for rejection code information.


## How to Use the Pharmacy Callback Help Guide (continued)

STEP  
02

Use the table on page 2 to translate the rejection code or reason.

**Most Common Rejection Codes**  
The table below offers information on rejection codes for pharmacy prescriptions and can help you understand the next step to take to ensure the patient gets the medication their doctor prescribed.

Code	Reason/Message	Translation
65	Patient Not Covered	The patient may not have Rx benefits. The patient should call their plan.
70 MR	Product/Service Not Covered Product Not on Formulary	NDC or prescribed product is not covered under the patient's plan. Alternative would be required unless plan confirms ability of prior authorization or medical exception.
68/69	Filled After Coverage Terminated or Expired	The patient's benefits have expired or are no longer active. The patient should call their plan.
75	Prior Authorization Required	A prior authorization must be submitted for the plan to cover the medication prescribed.
76	Plan Limitations Exceeded	The prescription's days' supply or quantity limit must be addressed before the plan can cover the medication.
79	Refill Too Soon	The patient is not yet due for a refill according to the date on which a previous prescription was filled. If the patient is out of medication, the pharmacy should call the patient's plan for an override.
88	DUR Reject Error	Drug Utilization Review – comprehensive review of medication usage addressed by the pharmacist. Possibilities may include duplicate therapy, overuse, drug-drug, drug-age, drug-gender, and drug-pregnancy.

 © 2020 AbbVie. All rights reserved. All trademarks are the property of their respective owners. US811683 v2 10/20 007529

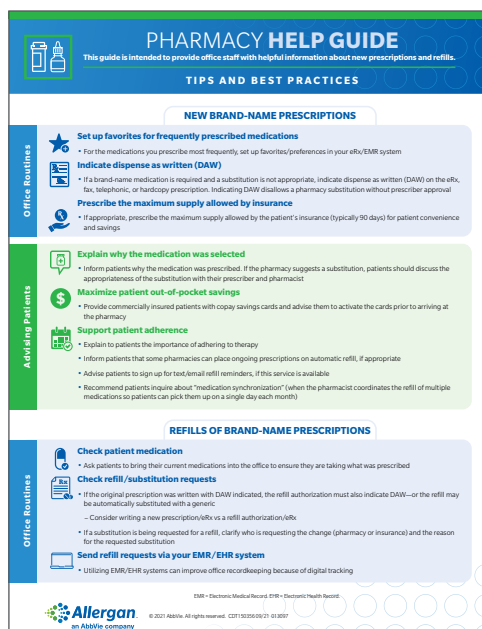
### Pharmacy rejection codes and reasons

- Provide pharmacy translation to help understand why the claim was rejected and how to act
- A pharmacy technician must code the reason a product is not covered
  - In many instances, the product is actually covered; however, there could be another reason it wasn't filled at the time
  - For example, if a patient tried to fill the Rx too soon, they could be told it wasn't covered and this may prompt the patient to call your office
- If a rejection code is not provided, insurance may not have been processed



## Pharmacy Help Guide for New Rx and Refills

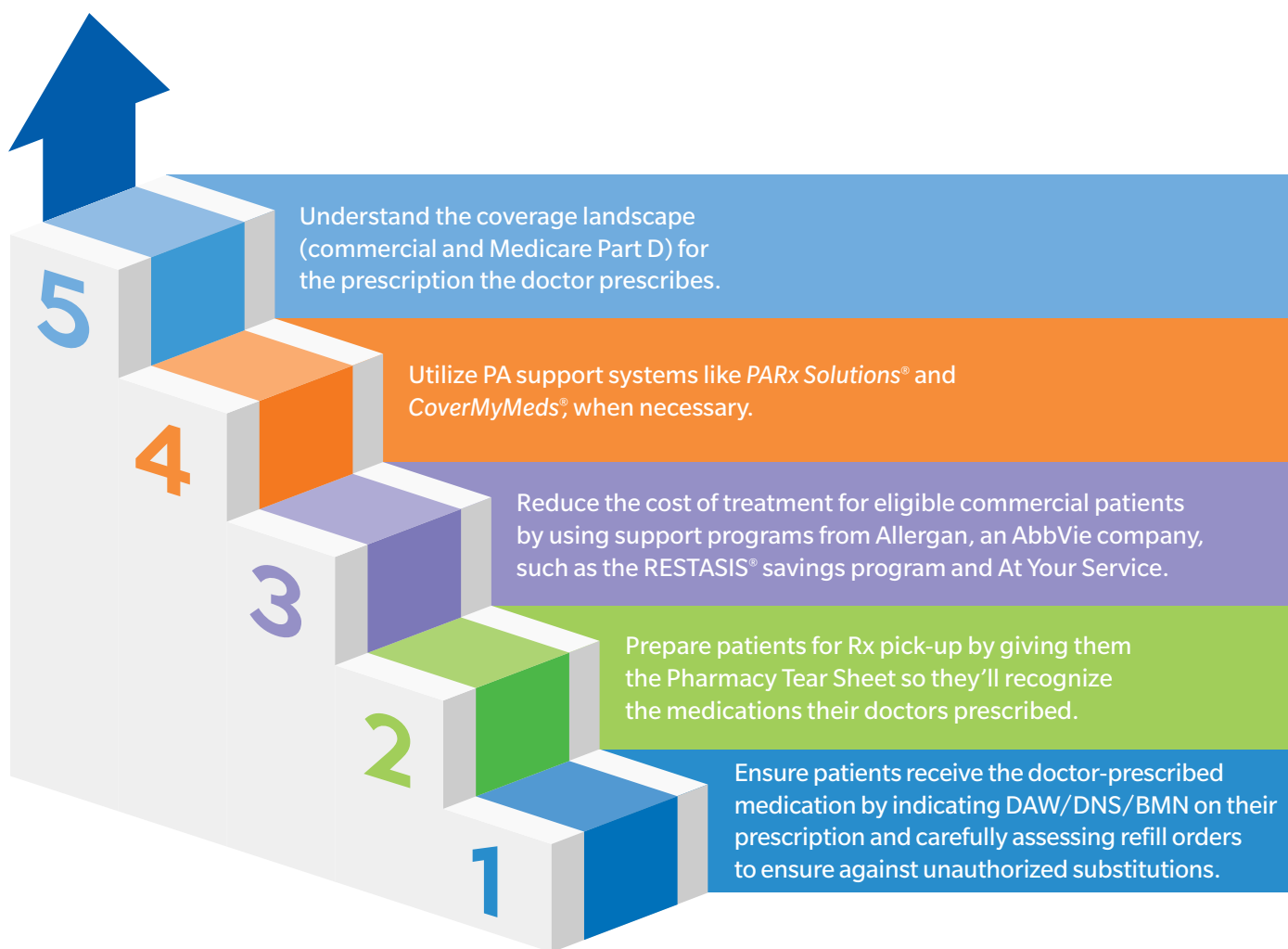
This guide provides best practices and helpful information when initiating new prescriptions and refills for your patients.



Establishing a routine can help ensure that patients get the prescribed medication.

- ☒ Uncheck the “generic substitution permitted” box if automatically checked
- ☒ Provide copay savings cards to patients when possible
- ☒ Explain the importance of the prescribed brand-name treatment to patients
- ☒ Remind patients to ask the pharmacist, “Is this the price of the medication or is this my copay?”
- ☒ Send refills through your e-Rx system if fax form does not include a space for “DAW” or “brand medically necessary”
- ☒ Consider putting notes to the pharmacist in the signature line for visibility

## Five Important Steps to Help Set Up Patients for Success at the Pharmacy



## How Can I Best Use E-Rx/Electronic Health Records (EHRs) to My Advantage?

**The e-Rx portion of an EHR is an efficient way to convey instructions from the doctor to the pharmacist**

However, if not changed, default settings in the e-Rx can enable unauthorized substitutions to the medication order.

To prevent any confusion with e-Rx/EHR prescriptions:



01

Create a favorites list with the doctor's frequently prescribed medications (if your system offers a favorites list capability).

Change any default settings that may allow for substitutions. Periodically review these settings as the changes can return to the default following any program updates.

02



03

Always select DNS or DAW or applicable language by state on all e-Rx prescriptions if that is what the doctor intends.

## Example of an E-Rx/EHR System

**Lumigan 0.01 % eye drops**

Dose checking not performed [Request Prior Authorization](#) [mg/kg calculator](#) ☒ PDR

Quantity	Form	Route	Frequency	Quantity	Dispense Form	Refills
1			Select Frequency		Milliliter	0

1-2  
1-3  
2-3  
0.33/third  
0.5/half  
0.5-1  
1.5  
2  
2.5  
3  
4  
5  
6  
7  
8  
9

☐ DAW / DNS  
☐ PRN

Select Frequency

7 day  
10 day  
14 day  
21 day  
30 day  
60 day  
90 day

☐ 2ND RX 90 DAY  
☐ Save Sig to Doctor's List

**SAVE RX** **DELETE**  
**LEAVE PENDING**

Days Supply: 90

Packaging Options:

Refills: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Additional Sig: (will appear on rx label)

This screen shows where you can select

- Quantity
- DAW/DNS
- Frequency of treatment
- Day supply
- Refills

## How Can Intervention Letters Affect My Patients?

### **Some health plans send intervention letters stating that a medication is not covered or no longer covered**

These letters can be confusing for patients, who might assume that the medication itself is no longer covered, when, in some cases, it may just be a specific packaging size. This letter may also be confusing to practices, as letters may be sent on a national payer letterhead but may only reflect a subplan or employer group.

- For example, coverage may be based upon the bottle size of the prescribed medication. Quantity limits within a health plan determine the bottle or packaging sizes that patients can be prescribed



**If a patient comes to you with an intervention letter, determine exactly what is no longer covered, then ensure the patient gets the package or bottle that is still covered under his or her health plan.**

## Example of an Intervention Letter

March 8, 2022

Dear John Doe,

Our records show that on 3/6/2022, you filled a prescription for a medicine that is either not included on our formulary drug list, or it is included on the formulary drug list but subject to certain limits. We have provided you with a temporary supply of the following medicine:

It is important for you to know that this is a temporary supply of this medicine and it may not be covered under your plan if you attempt to fill it again without taking action.

**ACTION NEEDED: Please talk with your prescriber**

Before you run out of your medicine, please talk with your prescriber about your treatment options. Ask if you should:

- Switch to a new medicine that is on our formulary drug list, OR
- Request a prior authorization showing that you meet our criteria for coverage, OR
- Request an exception to how we cover this medicine

When you request approval for coverage or an exception from coverage criteria, these are called coverage determinations. Please do not assume that any coverage determination, including an exception, you have requested or appealed has been approved because you were able to receive more fills of a medicine. If we approve coverage, we'll send you another written notice.

To learn how to switch to a new medicine, ask for an exception or prior authorization, or appeal a denial, see the instructions at the end of this letter.

The following is a specific explanation of why your medicine is not covered or is limited.

- This is an example of an intervention letter from a health plan provider to a patient
- The letter states that the patient's prescribed medication is not covered and that the patient has been given a temporary supply until a prior authorization or exception is granted
- Some plans will still provide access to the drug with a medication exception or PA form

## How Can I Ensure Patients Get Prior Authorization (PA) When Needed?

### PA process

To ensure that the patient receives the medication that is prescribed, the doctor may be required to complete a PA request.

### PA purpose

A PA is a process that some managed care companies require to validate the appropriate use of certain medications.

### PA form

If a medication requires a PA, the appropriate form must be completed, submitted to the managed care plan, and approved before the medication can be covered and dispensed.



## PA Support for Allergan<sup>®</sup> Products

Click the logo for more detailed information on these programs

**covermymeds**<sup>®</sup>

**PAR·X**  
solutions<sup>®</sup>

- Electronic services to streamline the PA process
- Assist with patient access to appropriate treatments and products
- Improve time to therapy and decrease prescription abandonment

Learn more at  
[www.CoverMyMeds.com](http://www.CoverMyMeds.com) and [www.PARxSolutions.com](http://www.PARxSolutions.com)





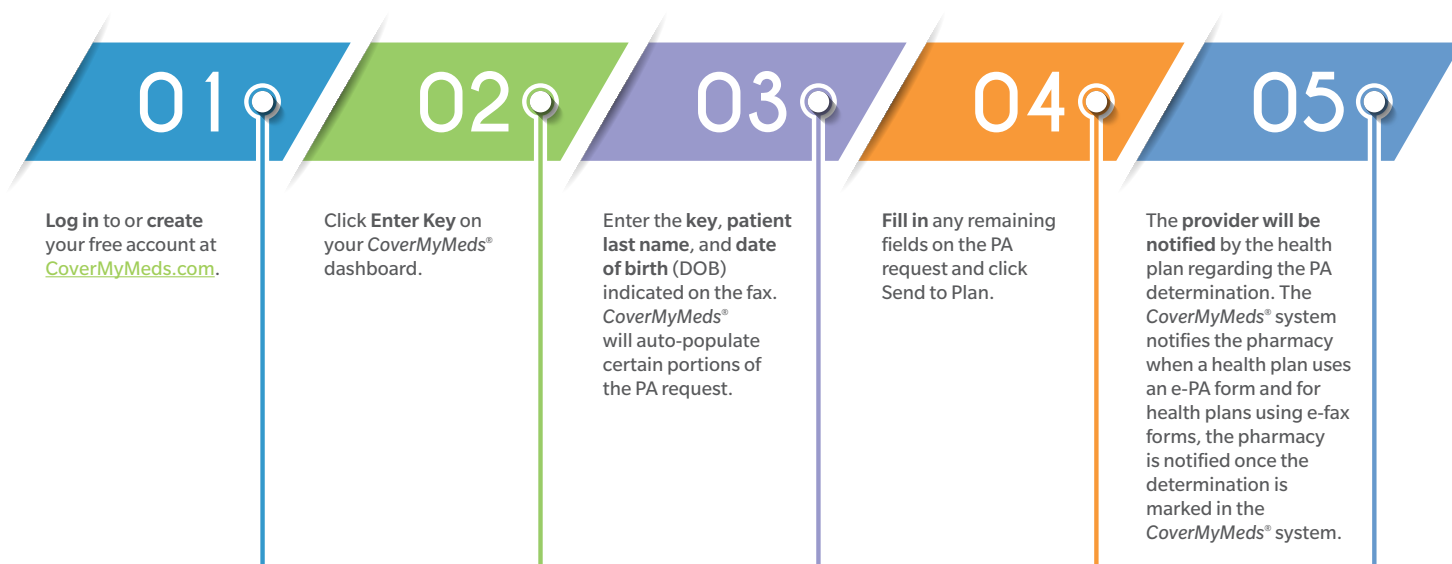
## *CoverMyMeds*<sup>®</sup> Process for Completing a PA Initiated by the Pharmacy

**Pharmacy initiates a PA request in *CoverMyMeds*<sup>®</sup> and sends it to the HCP office.**

The HCP office will receive a fax with instructions on how to access the PA on [CoverMyMeds.com](https://CoverMyMeds.com).

- If the office has a verified account with *CoverMyMeds*<sup>®</sup>, the PA will automatically be shared into their account

### Steps to access the PA



These PAs will have demographic information pulled from the dispensing system and auto-populated in the PA.

## CoverMyMeds®

# What Happens if the Provider Doesn't Take Action After the Pharmacy Initiates the PA?

Prior Authorization Assistance by  
**ABC Pharmacy**

Pharmacy Address:  
123 Main Street  
City Name, ST 55555  
tel (888) 555-5555  
fax (123) 456-7890

**Please complete a prior authorization for Drug XYZ.**

**Action requested by 01/01/01.**

Dear Prior Authorization staff,  
I started the prior authorization (PA) for your office. Please complete the form and submit this PA to the plan today so your patient can receive their medication.

**To complete the PA for John Doe:**

- Go to [key.covermymeds.com](http://key.covermymeds.com) and click "Enter a Key"
- Enter the patient's last name and date of birth and the key.

Patient Last Name: **Doe**  
DOB: **01/01/2001**  
Key: **ABCDEF**

- Complete the form and click "Send to Plan." Alternatively, complete the included form and manually fax it to the plan.

Please notify us when you receive a response from the plan.

Sincerely,  
Pharmacist Name

Powered by: [covermymeds.com](http://covermymeds.com)

This communication was sent by CoverMyMeds on [Month, Day, Year] at [Time]. For questions, contact us at 1-866-432-5071. CoverMyMeds is compliant with all state mandates for completing electronic prior authorization requests. This information is intended solely for the addressee. If you have received this in error, please contact Marcelline Dyer at (555) 555-5555 and dispose of this information.

## PRIOR AUTHORIZATION REQUEST

Please answer the following questions and fax this form to the number listed above. Information left blank or illegible may delay the review process.

<b>Patient Name:</b> John Doe	<b>Provider Name:</b> Timothy, Gustardoth MD
Member/Subscriber Number: 1234567890	Fax: 888-555-5555 Phone: 800-555-5555
Patient date of birth: 01/01/2001	Office contact:
Group number: ABC123	NPI: 010101010 Tax ID:
Address: 123 Main Street	Address: 123 Main Street Suite D
City/state ZIP: Columbus, OH 43215	City/state ZIP: Columbus, OH 43215
	Specialty/facility name (if applicable):

Drug name: Drug XYZ  
Directions/DO: 30mg tablets taken with food daily  
Quantity: 60 days supply

Is this a proactive request for a new plan year? Yes ☐ No ☐ If yes, please provide plan year: \_\_\_\_\_

(Please note: all reviews will be processed with generic equivalents for brand drugs whenever possible.)

Please attach pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please provide diagnosis: <input type="checkbox"/> Mild pain or pain not expected to persist for an extended period of time? <input type="checkbox"/> Moderate to severe chronic pain due to a malignant condition? <input type="checkbox"/> Moderate to severe chronic pain due to a non-malignant condition? <input type="checkbox"/> Other (Please provide):
Q2. Please provide J-Code, if applicable:
Q3. Please provide ICD-9 code:
Q4. Is the medication being requested for use in an ongoing investigational trial? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q5. Is the request for pain in the immediate post-operative (first 12 to 24 hours following surgery)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q6. Is there documented inadequate response or intolerance to TWO formulary long-acting opioid products (e.g. Avinza (morphine sulfate ER), Duragesic (fentanyl), Kadian (morphine sulfate ER), Methadone, MS Contin (morphine sulfate ER), Opana ER (oxycodone ER), Oramorph SR (morphine sulfate SR))? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q7. Please provide start/stop dates and reason for discontinuing medication(s):

## If the office does not access the PA within 48 hours:

- CoverMyMeds® will automatically send a follow-up fax with the same instructions on how to access the PA on [CoverMyMeds.com](http://CoverMyMeds.com)
- A hard copy of the PA form will be included to allow the office to complete and send via fax



TIP

Some offices find it faster to complete the PA electronically, as the office may receive a determination a couple of days sooner when done electronically than when sent to the plan via fax.

## *PARx Solutions*<sup>®</sup>

## PA Support for Patients and Prescribers

### Steps for submitting a PA

#### Your office

- 01** ➤ Log in at [PARxSolutions.com](https://PARxSolutions.com)
- 02** ➤ Provide the standard required PA information and verify for completeness
- 03** ➤ Click Submit to send to PARx

#### *PARx Solutions*<sup>®</sup>

- 01** ➤ Checks the PA request for completeness
- 02** ➤ Submits the request to the designated health plan
- 03** ➤ Manages the request and all follow-up throughout the process
- 04** ➤ Notifies your office of the outcome of the PA request, and updates the provider's status page



#### TIPS

Ensure that all of the technicians in your office are aware of the standard reasons/answers to get a PA covered.

Ensure that the specifics (ie, DAW/DNS) of each prescription are entered in the e-Rx/EHR system so that the patient receives the appropriate medication.

## How Can Quantity Limits Affect My Patients?

### Health plans vary, with many placing limits on the bottle and packaging sizes that are covered for patients

Understanding quantity limits within each health plan can help you ensure the doctor prescribes the largest covered size of a patient's medication.



- Larger bottle and packaging sizes provide more doses of medication, often for a nominally higher copay (when covered)

- Quantity limits are put in place to ensure dispensing is consistent with on-label use. Quantity limits generally do not prevent a patient from getting a 90-day fill, but they would prevent a patient from refilling a 90-day prescription after 40 days



- Additionally, if the largest size of the patient's medication is not covered, it can typically be exchanged for a smaller size without the pharmacy initiating a phone call to the office

## What Can I Do to Reduce Pharmacy Callbacks Regarding Quantity Limits?

**In many cases, you will receive phone calls from the pharmacy, asking you to approve a change to a medication**

These frequent calls can take you away from other important daily tasks.

**You can help to reduce or prevent pharmacy callbacks and ensure that patients get the medication the doctor intended**

- Always reinforce to the pharmacist and the patient that the physician chose a certain medication for a reason—it's the medication he or she believes is right for the patient
- Ensure “dispense as written” (DAW) is checked, and quantity limit is correct



## Example of Quantity Limits Letter

**Name of Medicine:** <insert product name>

**Date Filled:** 01/19/2022

**Reason for this notification: Quantity Limit**

This medicine is on our formulary drug list, but we do not cover the full amount prescribed. We will not pay for more than what our quantity limit permits unless you obtain a quantity limit from us. We limit the amount of medicine that we cover at one time for safety reasons.

You can refill your prescription until you get a 30 day supply. Before you use up your supply, your prescriber will need to request a quantity limit exception from us. Additional fills will not be covered unless you receive approval from us to cover this medicine.

**How do I change my prescription?**

Talk with your prescriber and see if the alternative medicine option(s) will work for you. If there is no alternative medicine that will work for you or your prescriber feels the prescribed medicine works best for you, you or your prescriber can request an exception from us to cover this medicine.

**How do I request a coverage determination, including an exception?**

The first step in asking for a coverage determination, including an exception to our coverage rules is for you or your prescriber to contact us at:

Attn: XXXX Pharmacy Review  
PO Box 12345  
City, State  
Fax: 1-8xx-xxx-xxxx  
Phone: 1-8xx-xxx-xxxx

If you are requesting coverage of a medicine that is not on our formulary drug list, or an exception to a coverage rule, your prescriber will need to send a statement supporting the request. It may be helpful to take this letter with you to the prescriber or send a copy to his or her office. If the exception request involves a prior authorization, or other coverage rule we have placed on a medicine that is on our formulary drug list, the prescriber's statement must indicate that the coverage rule we have placed on your medicine isn't right for your condition or would have adverse effects for you.

We will let you know if the request was approved or denied no later than 72 hours for standard requests or 24 hours for expedited requests, once it has been received. For exceptions, the timeframe begins when we obtain your prescriber's statement.

- This is an example of a notice from a health plan to a patient regarding quantity limits
- It is important when writing an Rx to check DAW and "largest bottle covered" to cut down on the number of quantity limits letters

## How Can I Minimize Unauthorized Product Substitution at the Pharmacy?

### Medication substitutions are very common

Due to many managed care policies, patient concern over copay cost, and state and other substitution laws, there is a strong likelihood of substitution for certain prescription drugs.

- Substitutions may cause patients to receive a medication other than what the physician intended and often require a call to the physician's office

### You can help ensure that patients get the medication the doctor intended

- 01** ➤ Ask patients to bring in their medication so you can see that they have received the correct medication from the pharmacy.
- 02** ➤ Always reinforce to the patient and the pharmacist that the doctor chose a certain medication—it's the medication he or she believes is appropriate for the patient.
- 03** ➤ Unauthorized substitutions can be reduced or prevented by checking DAW or DNS, or applicable state requirements, in addition to "brand medically necessary" on handwritten prescriptions and by selecting these options on e-Rx prescriptions.
  - Ensure refills also indicate this

## Example of Pharmacy Substitution

**“The pharmacy switched my medication.”**

Patient comes into the office using drug X instead of drug Y, even though the physician prescribed drug Y.

- **Why so many medication switches?**
  - The physician’s office authorized the switch verbally because of the patient’s insurance plan or because a generic was requested
  - Refills
- **What can the office do?**
  - A physician can choose to provide his or her own direction to the pharmacist regarding the prescription
  - Indicating DAW or DNS on the prescription (per state guidelines) can also help alleviate substitutions at the pharmacy level

Provider Communication: Request for Prescription Change or Information

TO: (Prescribing Provider)	Title:	NPC:
DEA:	State License:	
Address:	Fax:	
City, State, Zip	Phone:	

Patient Name:	Patient DOB:	Plan:
Patient Address:	Patient Phone:	:
Alert Name:	Cost Savings - Lurnigan	Pharmacist
	Date:	

A medical review was conducted for your product. I spoke with your patient and would like to bring the following to your attention:

\_\_\_\_\_

\_\_\_\_\_

Recommendation - Cost Savings: Your patient has requested a change from \_\_\_\_\_ for cost savings after a discussion with our Medication Therapy Management pharmacy staff. Please assess if this change would be clinically appropriate. Please check your patient's formulary before changing/adding therapy.

\_\_\_\_\_

What you need to do:

1. To implement a medication change, please follow up with your patient and, if needed, send a new prescription to their dispensing pharmacy.
2. The Centers for Medicare and Medicaid Services (CMS) requires us to report back on this effectiveness of our MTM intervention in influencing drug therapy changes for our members. Please indicate your plan for member below and return by fax back to us at 1-888-391-3880.
 

<input type="checkbox"/> Will add recommended medication <input type="checkbox"/> Will make recommended medication change <input type="checkbox"/> Will discontinue referenced medication(s) <input type="checkbox"/> Will change referenced medication dose	<input type="checkbox"/> Will review information with patient at next visit <input type="checkbox"/> Recommendations declined <input type="checkbox"/> No longer my patient <input type="checkbox"/> Other: _____
---	--

If you have questions, call 1-888-318-4884.



## What Resources Can Help My Patients With Cost Assistance?

**Allergan® patient savings and assistance programs are available on [AllerganEyeCare.com](https://www.AllerganEyeCare.com)**

### Patient savings tips

- Print or email savings offers found on [AllerganEyeCare.com](https://www.AllerganEyeCare.com) to your patients
- Note that patients are not eligible for coupons if they are enrolled in any government, state, or federally funded health program. This includes Medicare, Medicaid, Medigap, VA, DOD, and TriCare as well as any other state or federal employee benefit programs
- Reliably find your patients' copay and coverage status with the Cost Estimator at [SaveWithAYS.com](https://www.SaveWithAYS.com)

### Patient assistance

- The Allergan Patient Assistance Program provides certain products to patients in the United States who are unable to afford the cost of their medication and who meet other eligibility requirements. [Learn more](#)



## RESTASIS<sup>®</sup> Savings Program

### RESTASIS<sup>®</sup> savings for eligible patients

Most eligible patients pay as little as \$0 per prescription\*

- Commercially insured patients may be able to receive their medication for as little as \$0\*, for either the 30- or 90-day supply

Two easy ways for patients to enroll



Visit [Restasis.com/Savings](http://Restasis.com/Savings)

or



Text **SAVE** to 72428

  
*(Cyclosporine Ophthalmic Emulsion) 0.05%*

\*Maximum savings limits apply; patient out-of-pocket expense will vary depending on insurance coverage. Offer is not valid for patients enrolled in Medicare, Medicaid, or other state or federal healthcare programs. The actual savings on patient out-of-pocket cost for RESTASIS<sup>®</sup> and RESTASIS MultiDose<sup>®</sup> will vary according to refill quantity and personal healthcare insurance coverage.

## Allergan<sup>®</sup> At Your Service

### Comprehensive support to help eligible patients start and stay on therapy

At Your Service provides a simple and efficient approach to prescribing Allergan<sup>®</sup> brands while providing your eligible patients the support they need

Most eligible patients pay as little as \$30 per prescription\*

- Commercially insured patients may be able to receive their medication for as little as \$30 per prescription
- If patients are using 2 of the medications, both qualify for the \$30 benefit

Two easy ways for patients to enroll



Visit [savewithays.com](https://savewithays.com)



or

Text **SAVINGS** to 72428

**LUMIGAN<sup>®</sup> 0.01%**  
(bimatoprost ophthalmic solution) 0.01%

**Combigan<sup>®</sup>**  
(brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%

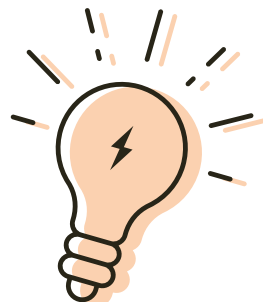
**Alphagan<sup>®</sup> P 0.1%**  
(brimonidine tartrate ophthalmic solution) 0.1%

**At Your Service**  
COLLABORATION. SAVINGS. SUPPORT.

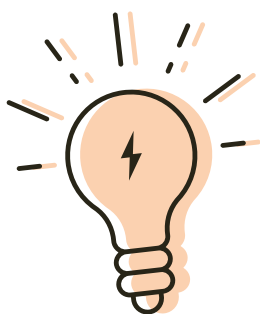
\*This offer applies to LUMIGAN<sup>®</sup> 0.01%, COMBIGAN<sup>®</sup>, and ALPHAGAN<sup>®</sup> P 0.1% only. Offer not valid for patients enrolled in Medicare, Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). Other limitations may apply. This offer is valid for up to 13 prescription fills for a 30-day supply and 5 prescription fills for a 90-day supply per medication. Offer applies only to prescriptions filled before the program expires on 12/31/2022. This offer cannot be combined with any programs, offers, or discounts, and may not be redeemed for cash. Allergan<sup>®</sup> reserves the right to rescind, revoke, or amend this offer without notice at any time.

## Tips and Tricks

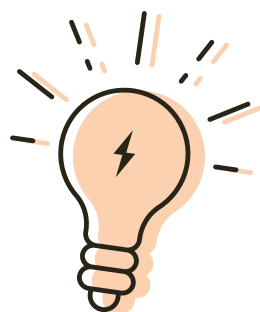
Help patients  
understand their  
copay differential.



Sign eligible commercial patients  
up for Allergan<sup>®</sup> savings programs to  
save money on their prescriptions.



Visit the At Your Service Copay Estimator  
at [SaveWithAYS.com](https://www.savewithays.com) to access reliable  
coverage and cost information for both  
commercial and Part D patients.



## Pharmacy Tear Sheet

**The Pharmacy Tear Sheet provides patients with the visual support needed for Rx pickup**

- Helps patients identify if they are receiving the medication their doctors intended
- Reminds you to add DAW/DNS/BMN on every e-Rx
- Allows you to discuss why the doctor chose the Allergan® medication
- Offers NDC codes and package details to help the pharmacy fulfill the correct bottle size



**LUMIGAN® 0.01%**  
(bimatoprost ophthalmic solution) 0.01%

**Combigan®**  
(brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%

**Alphagan® P 0.1%**  
(brimonidine tartrate ophthalmic solution) 0.1%

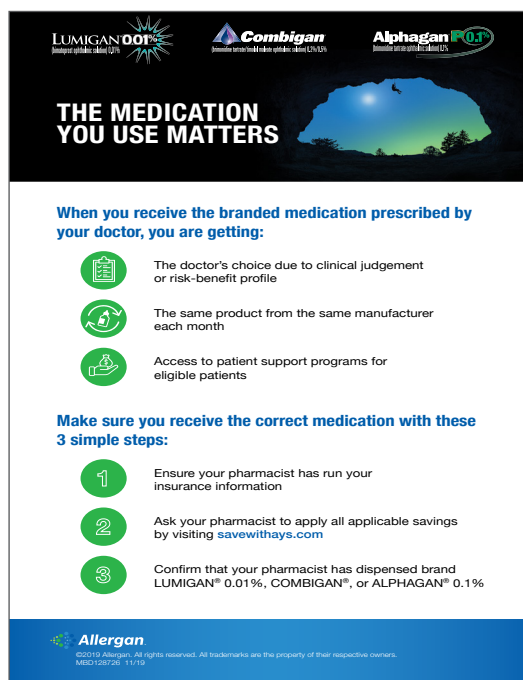
**ENSURE YOU RECEIVE THE MEDICATION YOUR DOCTOR PRESCRIBES**

There are no FDA-approved generic or therapeutically equivalent brand substitutions for LUMIGAN® 0.01%, COMBIGAN®, or ALPHAGAN® P 0.1%

PACKAGING (CIRCLE OR CHECK THE BOX OF THE APPROPRIATE PRODUCT)

Product	30-day supply	60-day supply	90-day supply
LUMIGAN® 0.01%	2.5 mL bottle	5 mL bottle	7.5 mL bottle
Combigan®	5 mL bottle	10 mL bottle	15 mL bottle
Alphagan® P 0.1%	5 mL bottle	10 mL bottle	15 mL bottle

To help save on your co-pay, ask your doctor to prescribe the largest covered bottle size.



**LUMIGAN® 0.01%**  
(bimatoprost ophthalmic solution) 0.01%

**Combigan®**  
(brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%

**Alphagan® P 0.1%**  
(brimonidine tartrate ophthalmic solution) 0.1%

**THE MEDICATION YOU USE MATTERS**

When you receive the branded medication prescribed by your doctor, you are getting:

- The doctor's choice due to clinical judgement or risk-benefit profile
- The same product from the same manufacturer each month
- Access to patient support programs for eligible patients

Make sure you receive the correct medication with these 3 simple steps:

1. Ensure your pharmacist has run your insurance information
2. Ask your pharmacist to apply all applicable savings by visiting [savewiththays.com](http://savewiththays.com)
3. Confirm that your pharmacist has dispensed brand LUMIGAN® 0.01%, COMBIGAN®, or ALPHAGAN® P 0.1%

**Allergan**  
©2019 Allergan. All rights reserved. All trademarks are the property of their respective owners.  
MSB128728 11/19



**LUMIGAN® 0.01%**  
(bimatoprost ophthalmic solution) 0.01%

**Combigan®**  
(brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%

**Alphagan® P 0.1%**  
(brimonidine tartrate ophthalmic solution) 0.1%

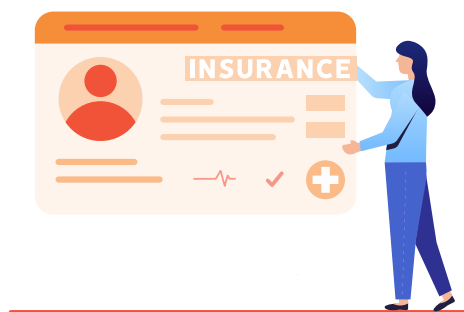
## Where Can My Patients Learn More About Their Health Plan Coverage?

**Patients may have difficulty understanding which medications are covered or not covered and why**

How you can help

Drive Coverage Awareness

- Ask the patient to call the number on the back of their health plan card to see what medication is covered, identify any quantity limits, and if utilizing a specific pharmacy is required
- For your Medicare patients:  
[Medicare.gov](https://www.medicare.gov) allows you to access patient-specific copay information based on the plan and medication prescribed



See next page for health plan- and physician-specific data.

## Where Can My Patients Learn More About Their Health Plan Coverage? (continued)

### How your rep can help

#### Share health plan–specific data

- Your Allergan<sup>®</sup> sales representative can provide customized data for the top plans relevant to your office (see examples below)

#### Physician-specific data

A PDF of the results specific to your practice can also be sent via email

Dr. Firstname Lastname

[60%]  
Low Income  
Subsidy(LIS)

[60%] of your Medicare Part D business may be eligible for low income subsidy and, if so, will pay no more than \$8.95 for

Plan Name <sup>1</sup>	Channel	% Of Bus. <sup>2</sup>	Lowest <sup>3</sup> Coverage Status <sup>3</sup>
CBS Health/Genmark	Comm	14%	[Pharm]
UBC	Comm	12%	[Covered]
BCBS/The Regence Group	LIS	11%	[Covered]
MCCA Health	Comm	14%	[Covered]
Saverscript	LIS	15%	[Covered]
WellCare Health Plans	LIS	7%	[Covered]
Express Scripts Unsupc	Comm	12%	[Covered]

1. MIS Xponent<sup>™</sup> PlanTrak, as of Month YYYY.  
2. Managed Markets Insight and Technology, LLC<sup>™</sup>, a trademark of MMIT. Database as of Month YYYY. Data are subject to change.  
Data are not intended to compare clinical safety or efficacy or suggest product interchangeability.  
Data are not a guarantee of coverage, or partial or full payment, for any patient listed. Actual benefits are determined by respective plan administrators. Insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. Allergan does not endorse any individual plans. Formulary coverage does not imply efficacy or safety.

Print

TOP PLANS    DISPLAY OPTIONS    ACCESS UPDATE

Firstname Lastname

is currently covered by the payers common to your practice.

Plan Name <sup>1</sup>	Channel	% Of Bus. <sup>2</sup>
Dynamic data fields for Coverage Grid		

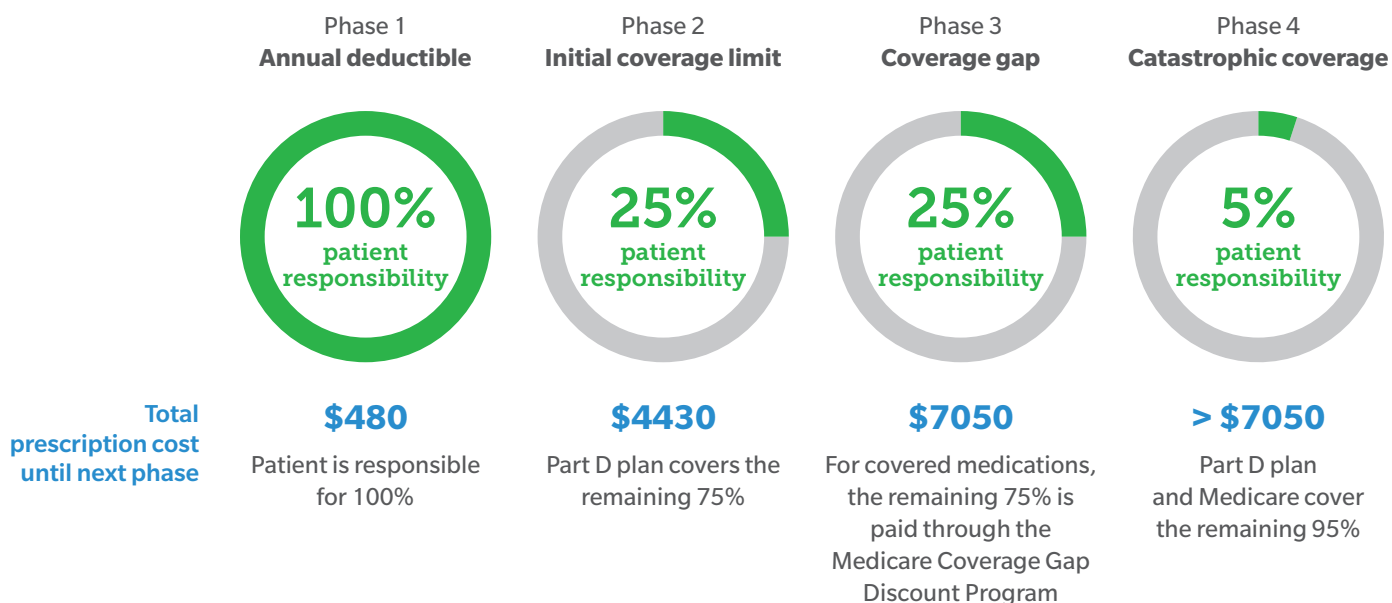
1. MIS Xponent<sup>™</sup> PlanTrak, as of Month YYYY.  
2. Managed Markets Insight and Technology, LLC<sup>™</sup>, a trademark of MMIT. Database as of Month YYYY. Data are subject to change.  
Data are not intended to compare clinical safety or efficacy or suggest product interchangeability.  
Data are not a guarantee of coverage, or partial or full payment, for any patient listed. Actual benefits are determined by respective plan administrators. Insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. Allergan does not endorse any individual plans. Formulary coverage does not imply efficacy or safety.

## Understanding Medicare

### The 4 parts of Medicare<sup>1</sup>



### Part D 2022 standard benefit design<sup>1-3,\*</sup>



\*This design is only indicative of the standard benefit and may vary by plan.



## Why Medicare Low Income Subsidy (LIS) Matters to Your Practice

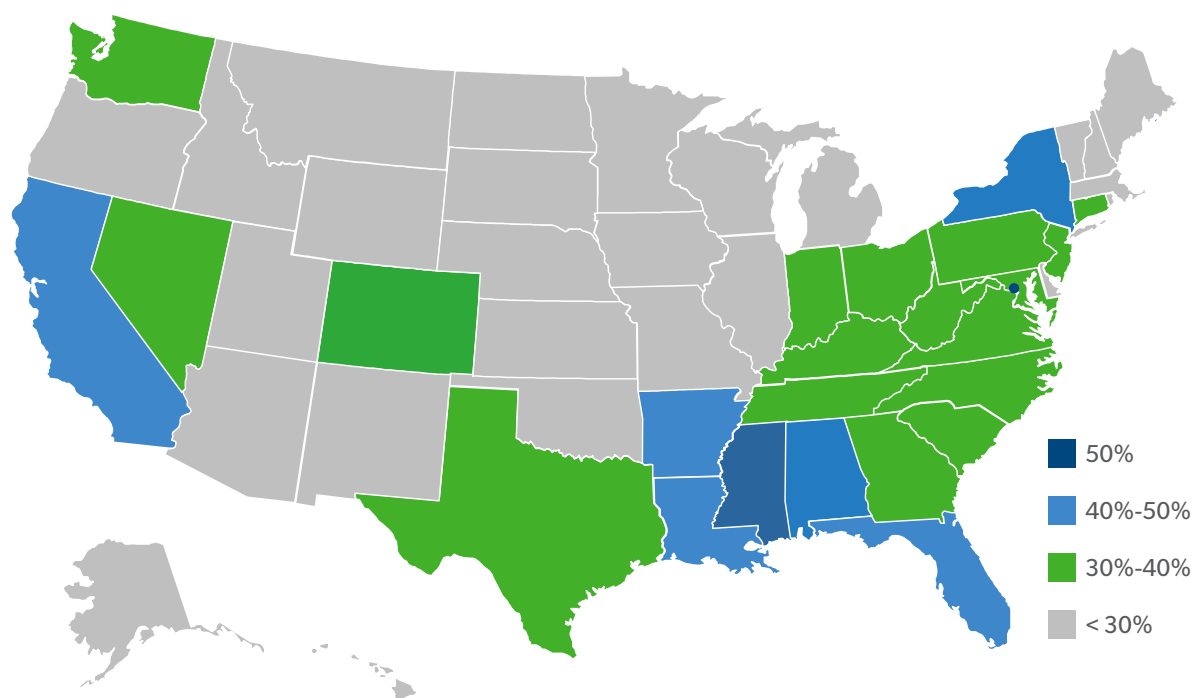
2022 Out-of-Pocket Drug Costs by Patient Status <sup>2,4</sup>				
Patient Type	Deductible	Premium	Cost Sharing	Coverage Gap?
Standard Part D (no LIS)	\$480	Variable	25% coinsurance (or negotiated copay)	Yes
Partial LIS	\$99	Sliding scale based on income	15% coinsurance (no more than \$9.85 for medications past the threshold)*	No
Full LIS	\$0	\$0	\$3.95-\$9.85	No
Dual-eligible/ Medicare + Medicaid	\$0	\$0	\$1.35-\$9.85	No

- Costs are lower for LIS beneficiaries and even lower for dual-eligible patients compared to standard Medicare Part D beneficiaries
- When a patient qualifies for at least a partial benefit, their deductible ranges from \$0 to \$99 dollars per year, versus the standard \$480 deductible
- There also may be no monthly premium and they are not subject to the donut hole, or coverage gap, like a standard Part D patient would be
- For many LIS patients, their monthly copays for medications range from \$1.35-\$9.85
- There are some exceptions with some medications
- As of 2021, approximately 11 million Part D enrollees are receiving LIS

\*Dual-eligible patients or patients with full LIS pay \$0 for medications past the out-of-pocket threshold. Patients with partial LIS pay no more than \$9.85 for medications past the threshold.

## LIS Density by State—PGA Market\*

### Percentage of Part D patients receiving LIS<sup>5</sup>



- Mississippi and DC have the highest percentage of Medicare Part D patients who qualify as dual-eligible, at approximately 50%
- Alabama, Arkansas, California, Florida, Louisiana, and New York have greater than 40% of Part D patients as dual-eligible
- The rest of the states in green have between 30% and 40% as dual-eligible

\*These data are for PGA market and will differ by indication/market.

## Managed Care Landscape<sup>6</sup>

**LUMIGAN<sup>®</sup> 0.01%**  
(bimatoprost ophthalmic  
solution) 0.01%

**Combigan<sup>®</sup>**  
(brimonidine tartrate/timolol maleate  
ophthalmic solution) 0.2%/0.5%

**Alphagan<sup>®</sup> P 0.1%**  
(brimonidine tartrate ophthalmic  
solution) 0.1%

**27% COMMERCIAL**

**88%**  
ACCESS

**21%**  
RESTRICTED

**67%**  
UNRESTRICTED

**PARx**  
solutions

**\$57<sup>†</sup>**  
AVERAGE COPAY

Eligible patients  
pay as little as **\$30**



**66% MEDICARE PART D**

UP TO  
**37%<sup>7</sup>**

**LIS**

**96%**  
ACCESS

AS LOW AS  
**60%**

**STANDARD**

**PARx**  
solutions

**1%**  
RESTRICTED

**PARx**  
solutions

**\$9.85<sup>†</sup>**  
MAX COPAY

**95%**  
UNRESTRICTED

**\$36<sup>†</sup>**  
AVERAGE COPAY

Medicare Tier  
Exceptions  
Request **> \$60**  
Nonpreferred  
brand

\*Excludes Medicaid, HIX, and cash.

<sup>†</sup> Monthly copay.

Commercial and Medicare Part D data reflect LUMIGAN<sup>®</sup> 0.01% only.

## Managed Care Landscape<sup>6</sup> (continued)



**37% COMMERCIAL**

**93%  
ACCESS**

**42%  
RESTRICTED**



**52%  
UNRESTRICTED**

**\$58<sup>†</sup>  
AVERAGE COPAY**

Eligible patients  
pay as little as **\$0**

**53% MEDICARE PART D**

**UP TO  
47%<sup>8</sup>**

**LIS**  
(Low Income Subsidy)



**\$9.85<sup>†</sup>  
MAX COPAY**

**99%  
ACCESS**

**5%  
RESTRICTED**

**94%  
UNRESTRICTED**

**AS LOW AS  
46%<sup>8</sup>**

**STANDARD**



**\$40<sup>†</sup>  
AVERAGE COPAY**

Medicare Tier  
Exceptions  
Request | Plan's  
Nonpreferred  
brand

\*Excludes Medicaid, HIX, and cash. RESTASIS® vials only.

<sup>†</sup>Monthly copay, November 2020.



**TechALLIANCE**<sup>®</sup>  
by Allergan

**References:** **1.** Centers for Medicare & Medicaid Services. Medicare & You, 2021. Centers for Medicare & Medicaid Services website. Accessed April 23, 2021. <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>. **2.** 2022 Medicare Part D Program Outlook. Q1Medicare website. Accessed October 7, 2021. <https://q1medicare.com/PartD-The-2022-Medicare-Part-D-Outlook.php>. **3.** Aspire Health Plan. What's new for Medicare for 2021? Aspire Health Plan website. Published July 15, 2020. Accessed April 23, 2021. <http://www.aspirehealthplan.org/2020/07/15/whats-new-medicare-2021>. **4.** HI 03001.020 Eligibility for Extra Help (prescription drug low-income subsidy). Social Security Administration website. Revised December 22, 2020. Accessed April 23, 2021. <https://secure.ssa.gov/apps10/poms.nsf/lnx/0603001020>. **5.** Data on file, Allergan; IQVIA September 2021 LIS dataset. **6.** Managed Markets Insight and Technology, LLC<sup>™</sup>, a trademark of MMIT, database as of September 2021. Data are subject to change. **7.** AIMM+, October 8, 2021. **8.** Data on file, Allergan.