

ROBUST COVERAGE FOR MEDICARE PATIENTS¹⁻⁴

<≈**93**%>

COVERED AS PREFERRED BRAND UNRESTRICTED*



MILLION PATIENTS COVERED FOR LUMIGAN® 0.01%* <\$**46.73**>

AVERAGE MONTHLY FINAL PATIENT PAY

(normalized for 30/90-day prescriptions)[†]

UP TO <43%> OF PART D LUMIGAN° 0.01% PRESCRIPTIONS ARE LIS* IN <2024>, LIS PATIENTS PAY UP TO <\$11.20>

LIS = low-income subsidy.

*As of <November 2023>.

[†]From <January 2023 through September 2023>.

From <January 2021 through April 2021>.



SUPPORT FOR COVERED AND NONCOVERED COMMERCIAL PATIENTS



Scan here to help your patients enroll



SavewithAYS.com

AYS can help your eligible commercially insured patients access their prescription drops, even if LUMIGAN® 0.01% is not covered by their insurance:

Eligible commercially-insured patients may pay as little as

<\$30*> per 90-day prescription fill

with the At Your Service (AYS) Copay Savings Program.

That's as little as <\$10> a month for a 90-day supply

Patients can also receive refill reminders

Maximum savings limits apply; patient out-of-pocket expense will vary depending on insurance coverage. Offer valid for patients with commercial prescription insurance coverage and a valid prescription for LUMIGAN (bimatoprost ophthalmic solution) 0.01%. Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal, state, or government-funded healthcare program. See At Your Service Savings Program Terms, Conditions, and Eligibility Criteria in this display or at SaveWithAYS.com.

References: 1. Data on file, AbbVie. Medicare Preferred Coverage Data. <Variable Date>. 2. Data on file, AbbVie. Medicare Average OOP Copay Data. <Variable Date>. 3. Data on file, AbbVie. LUMIGAN® <Variable Date> LIS Claims Data <Variable Date> A. <Variable Date> source and cost-sharing limits for low-income subsidy (LIS). Centers for Medicare & Medicaid Services. Published <Variable Date>. Accessed <Variable Date>. https://www.cms.gov/files/document/lis-memo.pdf.

