



TechALLIANCE[®]
by Allergan

Understanding Medication Access at the Pharmacy Level

Answering common questions to help
patients get the medication prescribed

Handling Pharmacy
Callbacks

Electronic Prescription
(E-Rx)/Electronic
Health Record (EHR)

Intervention
Letters

Prior
Authorization

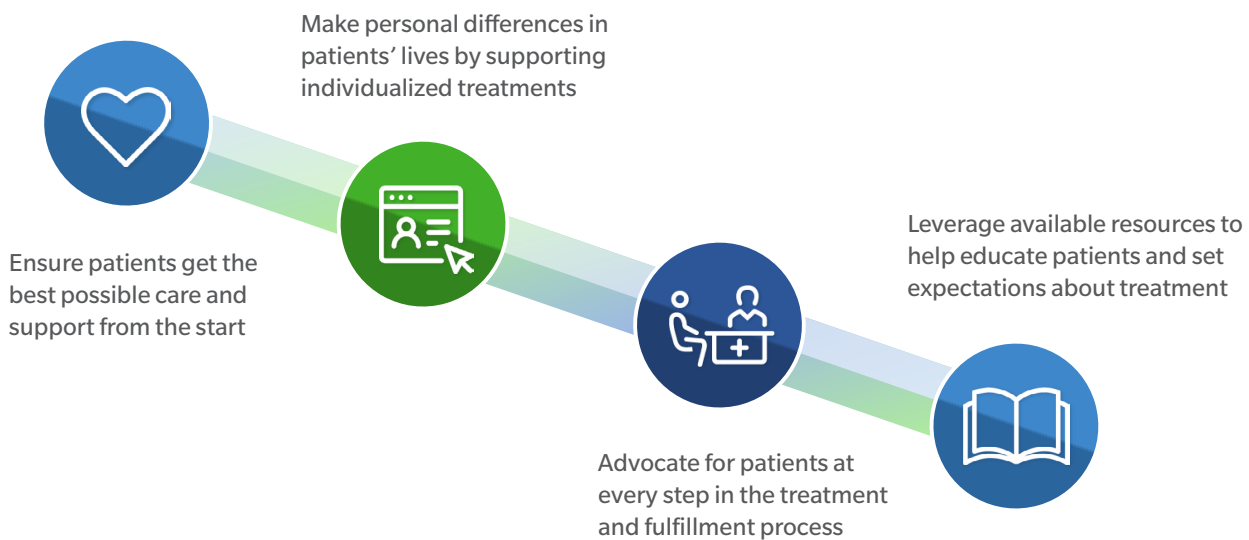
Quantity Limits

Substitutions

Cost Assistance

Additional
Resources

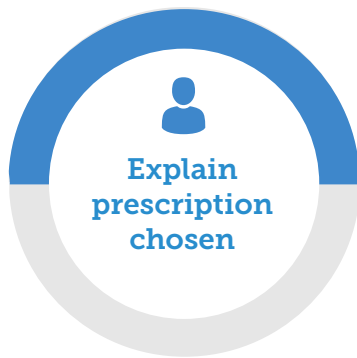
Your Role Is Critical in Helping Patients Manage Their Disease



- 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)

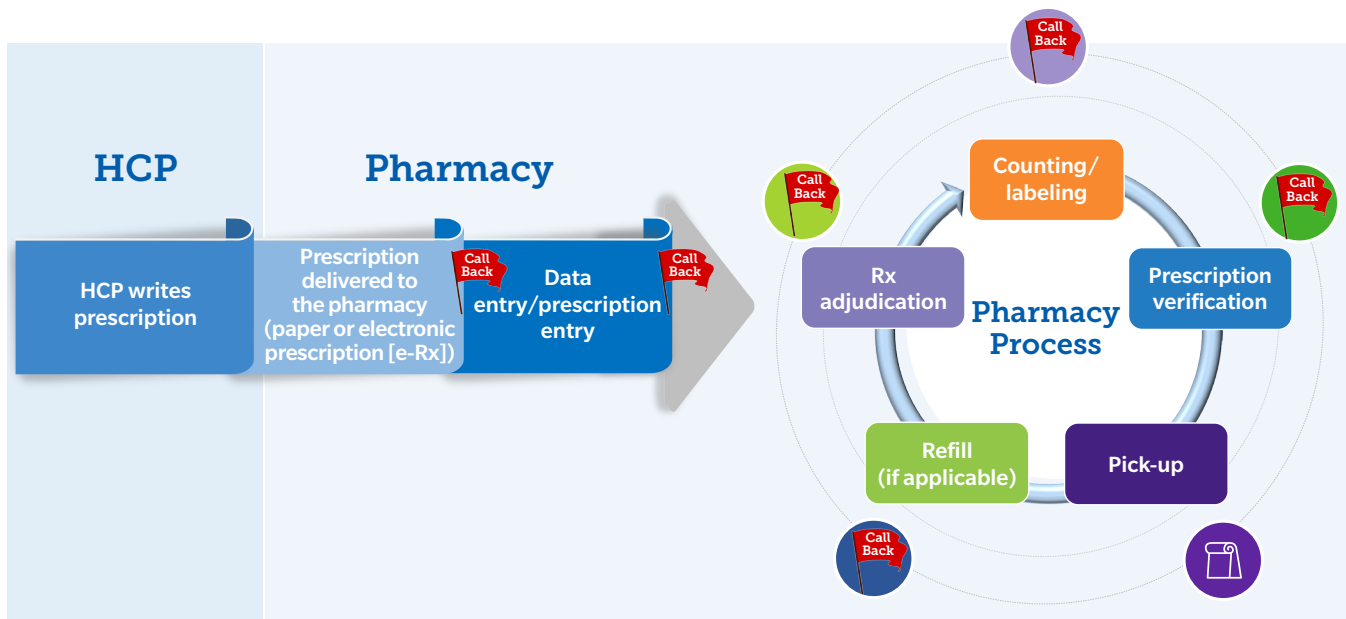
Dialogue example

“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 Dispense as Written (DAW) or Do Not Substitute (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

PHARMACY CALLBACK HELP GUIDE

To ensure patients get the medication their doctor prescribed, this guide is intended to provide office staff with tools to address pharmacy callbacks or faxbacks.

START HERE

CALL THE PHARMACY (or take the call from the pharmacy)

Attach business card here

Can you tell me what the issue is with this prescription?

Coverage

Ask: Did you run the patient's insurance?

No: Ask: Can you run the patient's insurance?

Yes: Ask: What is the rejection code? (see reverse side)

Example: rejection code 75 → Complete prior authorization

Other rejection code → Address rejection reason

Cost

Ask: Can you run the patient's insurance?

No: Ask: What is the patient's copay?

Yes: Ask: Is this the patient's copay or cash price? If cash price, what is the copay?

Is this for a 30- or 90-day supply? Was a brand coupon applied (commercial patients only)?


If cost is still high, verify cause:

- Did the patient meet their deductible?
- Is this a coinsurance price?

Trouble filling a 90-day supply

Determine issue


- Ask: Is there a quantity limit?
- Is the patient refilling too soon?
- Does a 90-day Rx have to be filled only via mail order or specific retailer?
- Have patients call their plan to determine where to fill a 90-day Rx.

 Allergan
an AbbVie company


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	Product/Service Not Covered MR 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.

 Allergan
an AbbVie company

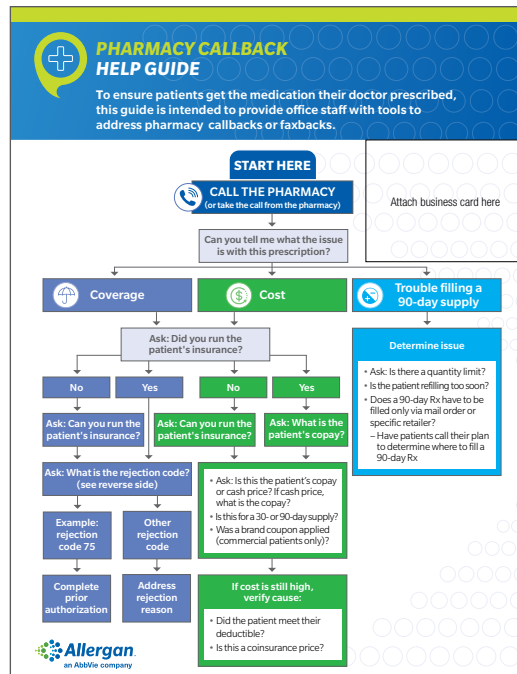
© 2022 AbbVie. All rights reserved. All trademarks are the property of their respective owners. U08116033-02/20 007526



How to Use the Pharmacy Callback Help Guide

STEP 01

Use the flowchart 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	Product/Service Not Covered	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.
MR	Product Not on Formulary	
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.

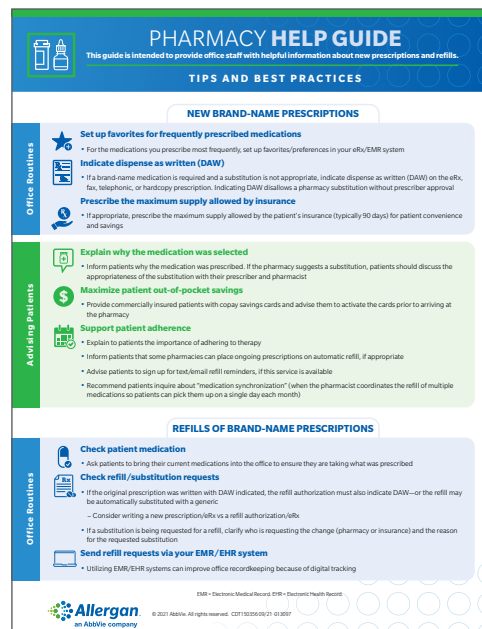
 © 2020 AbbVie. All rights reserved. All trademarks are the property of their respective owners. US#11683-e2 10/20 007529

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

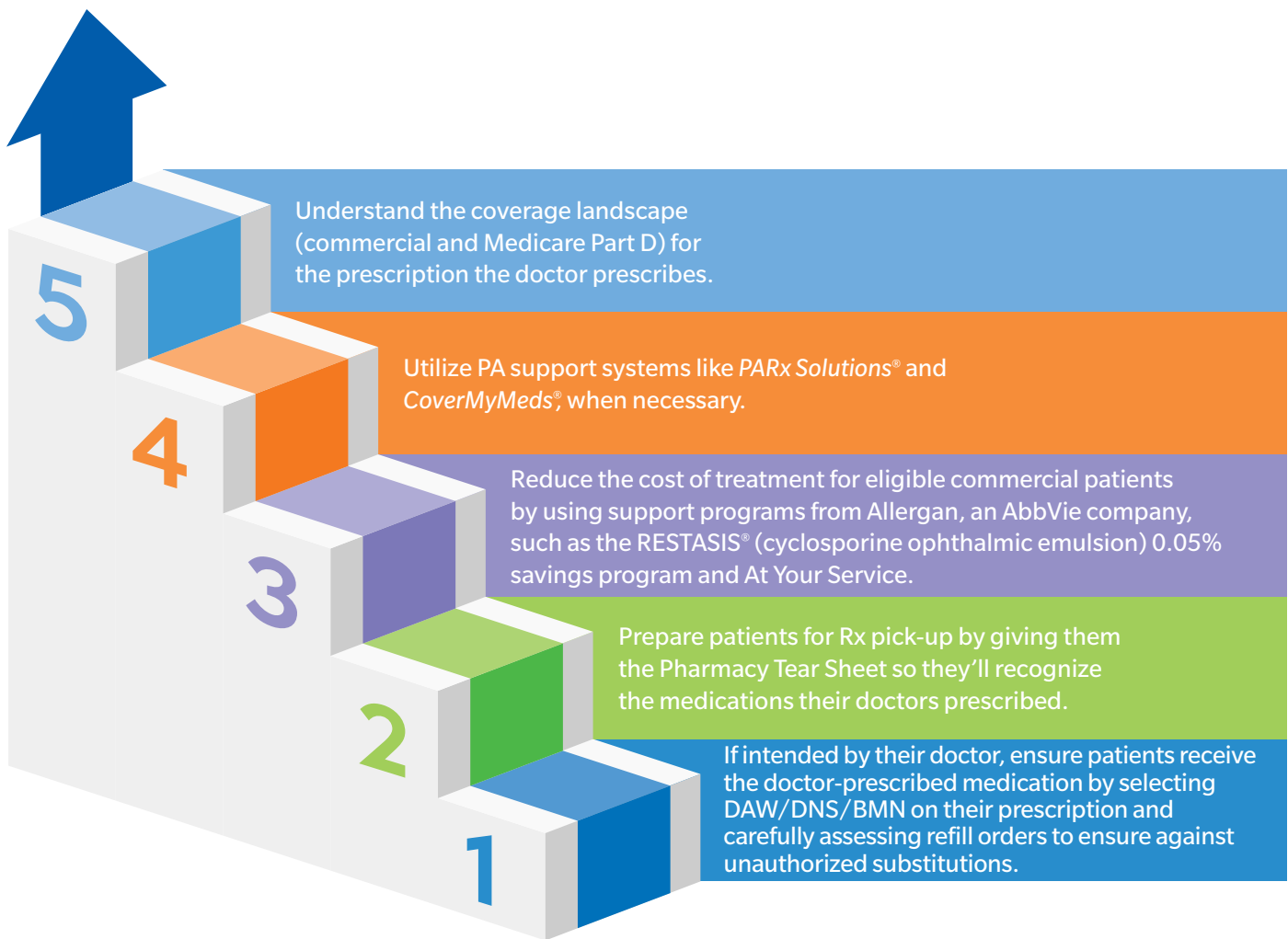
This guide provides helpful information when initiating new prescriptions and refills for your patients.



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

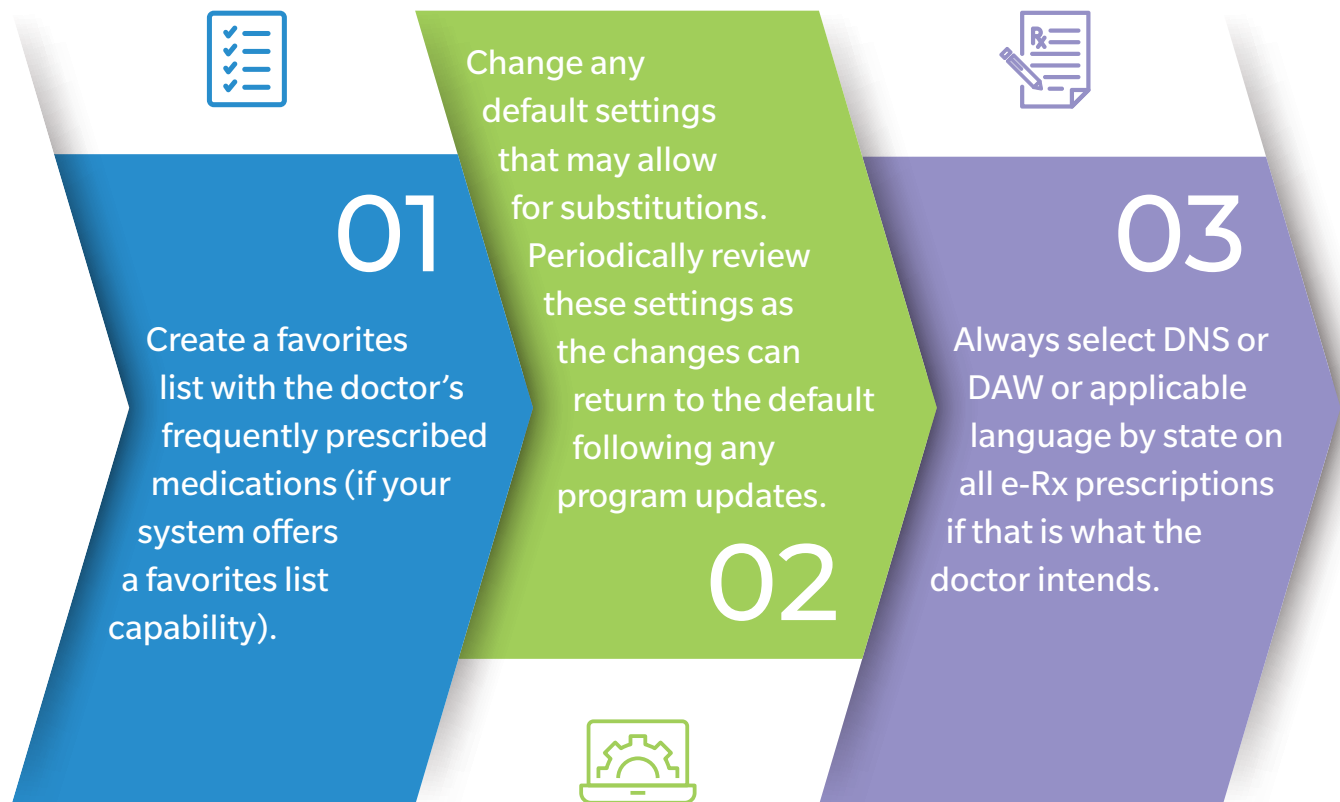


How Can I Best Use E-Rx/EHRs to My Advantage?

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:



Example of an E-Rx/EHR System

LUMIGAN® (bimatoprost ophthalmic solution) 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

DAW / DNS
 PRN

Days Supply: 90
[7 day](#)
[10 day](#)
[14 day](#)
[21 day](#)
[30 day](#)
[60 day](#)
[90 day](#)

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

Additional Sig: (will appear on rx label)

This screen shows where you can select

- Quantity
- DAW/DNS
- Frequency of treatment
- Days' 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 their 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's office 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 Products

covermymeds[®]

PAR·X
solutions[®]

- 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
CoverMyMeds.com and PARxSolutions.com



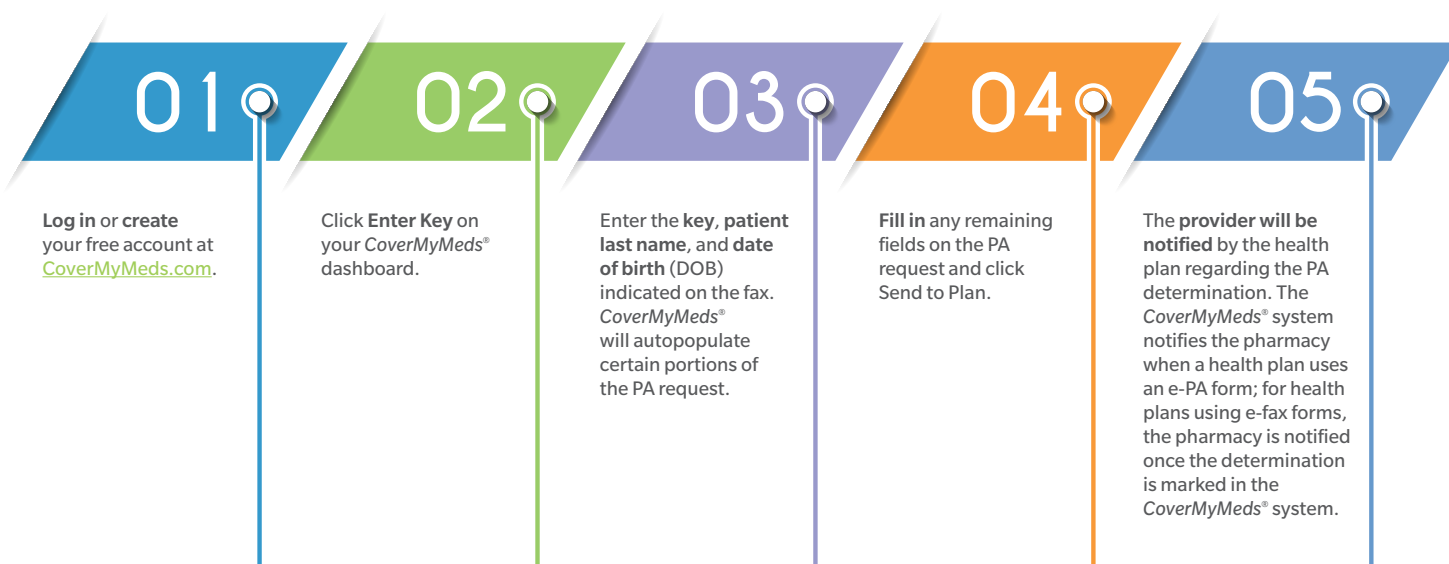
CoverMyMeds[®] Process for Completing a PA Initiated by the Pharmacy

Pharmacy initiates a PA request in CoverMyMeds[®] 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.

- If the office has a verified account with CoverMyMeds[®], 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 autopopulated 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:

1. Go to key.covermymeds.com and click "Enter a Key."
2. Enter the patient's last name and date of birth and the key.

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

3. 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**

This communication was sent by CoverMyMeds on [Month, Day, Year] at [Time]. For questions, contact us at 1-866-452-5017. 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 Marceline Dyer at (555) 555-5555 and dispose of this information.

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



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[®] PA Support for Patients and Prescribers

Steps for submitting a PA

Your office

- 01 Log in at PARxSolutions.com.
- 02 Provide the standard required PA information and verify for completeness.
- 03 Click Submit to send to PARx.

PARx Solutions[®]

- 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 all staff in your office are aware of the information that plans commonly ask for on a PA and where to locate that information in the patient's chart.

Ensure that the specifics (eg, 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
- Patients are frequently rejected for quantity limits on their medications due to refilling too soon. In many cases, patients may need to wait a few days to refill
- DAW (Dispense As Written): Select the proper checkboxes if you wish the prescription to be dispensed as written. Have you electronically indicated your brand preference?



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 they believe 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 - Lumigan	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:

- To implement a medication change, please follow up with your patient and, if needed, send a new prescription to their dispensing pharmacy.
- 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 review information with patient at next visit
<input type="checkbox"/> Will make recommended medication change	<input type="checkbox"/> Recommendations declined
<input type="checkbox"/> Will discontinue referenced medication(s)	<input type="checkbox"/> No longer my patient
<input type="checkbox"/> Will change referenced medication dose	<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 federal, state, or government-funded health program. This includes Medicare, Medicaid, Medigap, VA, DOD, and TriCare as well as any other state or federal employee benefit programs
- 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. Refer to [AbbVieAccess.com](https://www.AbbVieAccess.com) for information.



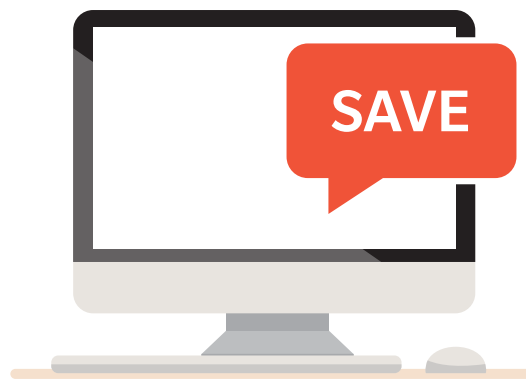
RESTASIS[®] (cyclosporine ophthalmic emulsion) 0.05% Savings Program

RESTASIS[®] 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

Easy enrollment for patients



Visit [Restasis.com/save-now](https://www.restasis.com/save-now)


Restasis[®]
(Cyclosporine Ophthalmic Emulsion) 0.05%

*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 RESTASIS[®] or RESTASIS MultiDose[®]. Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal, state, or government-funded healthcare program. See RESTASIS[®] Savings Program Terms, Conditions, and Eligibility Criteria at [Restasis.com/save-now](https://www.restasis.com/save-now)

Allergan 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 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



or Text **SAVINGS** to 72428

LUMIGAN 0.01%
(bimatoprost ophthalmic solution) 0.01%

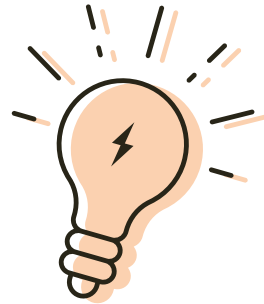
Combigan
(brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%

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

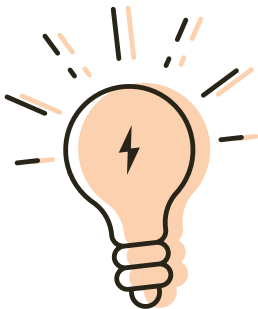
At Your Service
COLLABORATION. SAVINGS. SUPPORT.

*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® 0.01%, COMBIGAN®, or ALPHAGAN® P 0.1%. 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 at SaveWithAYS.com

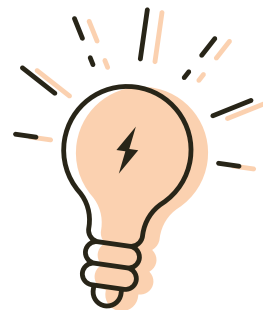
Help patients understand their copay differential.



Sign eligible commercial patients up for Allergan savings programs to save money on their prescriptions.



Visit the At Your Service Copay Estimator at 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 **appropriate** 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%

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

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

ASK YOUR PHARMACIST FOR THE MEDICATION YOUR DOCTOR PRESCRIBES

There are no FDA-approved generic versions of LUMIGAN[®] 0.01% or ALPHAGAN[®] P 0.1%

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		
30-day supply: 2.5 mL bottle 90-day supply: 7.5 mL bottle	30-day supply: 5 mL bottle 60-day supply: 10 mL bottle 90-day supply: 15 mL bottle	30-day supply: 5 mL bottle 60-day supply: 10 mL bottle 90-day supply: 15 mL bottle

To help save on your out-of-pocket costs, ask your doctor if a prescription for the largest covered bottle size may be appropriate for you.



ELIGIBLE PATIENTS MAY SAVE ON THE MEDICATION THEY USE

Enroll in savings before you visit the pharmacy

ELIGIBLE COMMERCIALY-INSURED PATIENTS MAY PAY AS LITTLE AS **\$30* PER 90-DAY PRESCRIPTION FILL**

THAT'S AS LITTLE AS \$10 PER MONTH FOR A 90-DAY SUPPLY

*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[®] 0.01%, ALPHAGAN[®] P 0.1% or COMBIGAN[®]. 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 at savewithays.com.

SCAN THIS CODE TO BEGIN SAVING | TEXT "SAVINGS" TO 72428* | CALL 1-833-DIAL-AYS (1-833-342-5297)

*SMS Alerts: Msg and data rates apply. Msg frequency depends on user. Reply HELP for help; reply STOP to cancel. Consent to texts not required to sign up for offer. Visit savewithays.com to view our Mobile Terms & Conditions and Privacy Policy.

For more information, talk to your doctor, visit savewithays.com, or call Allergan At Your Service Customer Service at 1-833-Dial-AYS (1-833-342-5297).

Reminders to help you receive the medication your doctor prescribes:

- 1 Ensure that your pharmacist has run your insurance information
- 2 Add your Savings Card to your Apple Wallet[®] and have it available for reference
- 3 Ask your pharmacist to confirm that your out-of-pocket cost is correct
- 4 Check that the label on the bottle is correct



Allergan an AbbVie company

© 2022 AbbVie. All rights reserved. Apple Wallet[®] is a registered trademark of Apple Inc. All other trademarks are the property of their respective owners. US-MAL-2022-098-11/22 Printed in the U.S.A.

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



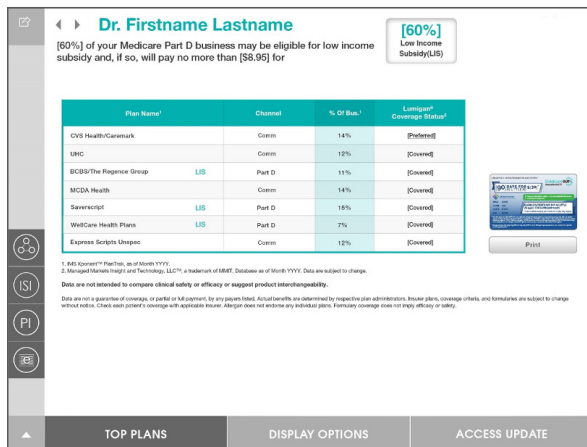
Where Can My Patients Learn More About Their Health Plan Coverage? (continued)

How your rep can help

Share health plan–specific data

- Your Allergan sales representative can provide data for the top plans relevant to your office (see examples below)

Physician-specific data



Dr. Firstname Lastname [60%] Low Income Subsidy(LIS)

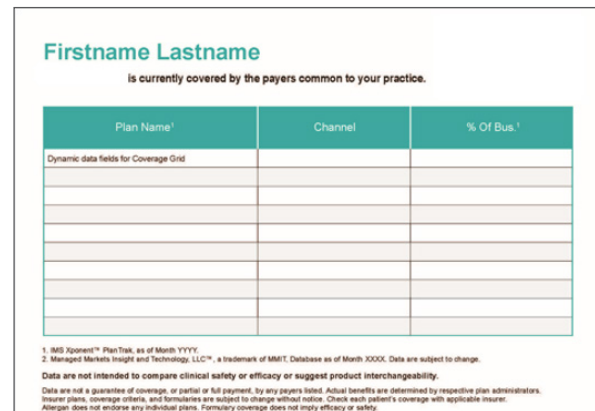
[60%] of your Medicare Part D business may be eligible for low income subsidy and, if so, will pay no more than [\$8.95] for

Plan Name ¹	Channel	% Of Bus. ²	Low Income Coverage Status ³
CVS Health/Caremark	Comm	14%	[Filtered]
UMC	Comm	12%	[Covered]
BCBS/The Regence Group	LIS Part D	11%	[Covered]
MCCA Health	Comm	14%	[Covered]
SaverScript	LIS Part D	15%	[Covered]
WellCare Health Plans	LIS Part D	7%	[Covered]
Express Scripts Utopac	Comm	12%	[Covered]

1. MIS Xponent™ PlanTrak, as of Month YYYY.
2. Managed Markets Insight and Technology, LLC™, 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, by any payers listed. Actual benefits are determined by respective plan administrators. Insure 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.

TOP PLANS DISPLAY OPTIONS ACCESS UPDATE

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



Firstname Lastname
is currently covered by the payers common to your practice.

Plan Name ¹	Channel	% Of Bus. ²
Dynamic data fields for Coverage Grid		

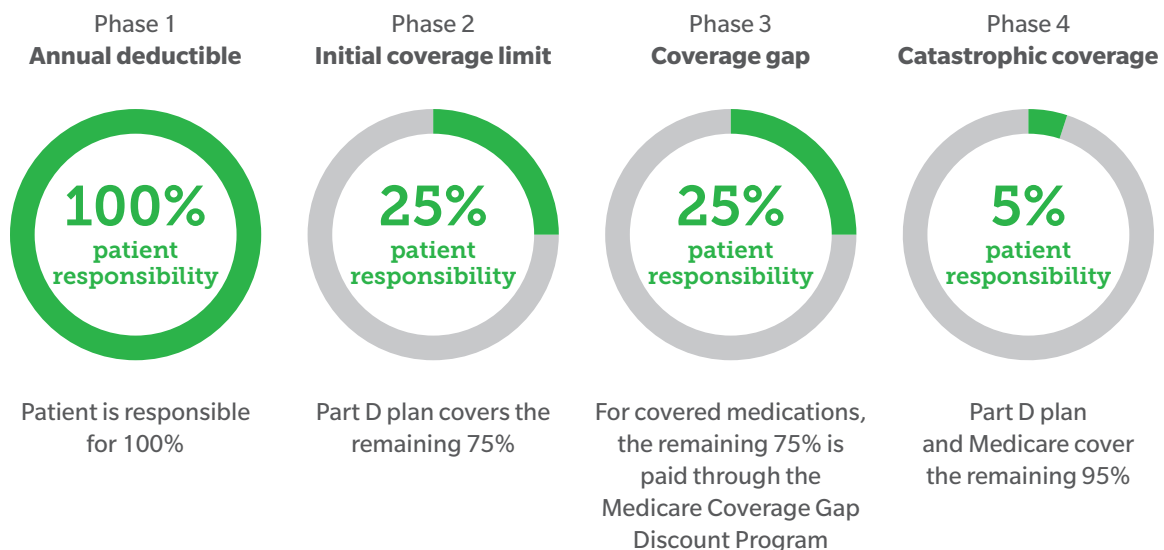
1. MIS Xponent™ PlanTrak, as of Month YYYY.
2. Managed Markets Insight and Technology, LLC™, a trademark of MMIT, Database as of Month YYYY. Data are subject to change.
Data are not intended to compare clinical safety or efficacy or suggest product interchangeability.
Data are not a guarantee of coverage, or partial or full payment, by any payers listed. Actual benefits are determined by respective plan administrators. Insure 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 Medicare¹



Part D standard benefit design^{1-4,*}



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



TechALLIANCE[®] by Allergan

References: **1.** Centers for Medicare & Medicaid Services. Medicare & You, 2023. Centers for Medicare & Medicaid Services. Accessed April 18, 2023. <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>. **2.** 2023 Medicare Part D Program Outlook. Q1Medicare. Accessed April 18, 2023. <https://q1medicare.com/PartD-The-2023-Medicare-Part-D-Outlook.php>. **3.** Aspire Health Plan. What you'll pay for Medicare in 2023. Aspire Health Plan. Published February 20, 2023. Accessed April 18, 2023. <https://www.aspirehealthplan.org/2023/02/20/what-youll-pay-for-medicare-in-2023/>. **4.** What kind of discount can we expect in the Medicare Part D Donut Hole or Coverage Gap? Q1Medicare. Accessed April 18, 2023. https://q1medicare.com/faq/FAQ.php?faq=What-kind-of-discount-can-we-expect-in-the-Medicare-Part-D-Donut-Hole-or-Coverage-Gap-&faq_id=470&category_id=129.

