



Eligible commercially-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

YOUR ALLERGAN SAVINGS INFORMATION

BIN: **600426**

PCN: **54**

GRP:

ID:

*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.

Patient: Present this card to the pharmacist along with your prescription for LUMIGAN® (bimatoprost ophthalmic solution) 0.01%, COMBIGAN® (brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%, or ALPHAGAN® P (brimonidine tartrate ophthalmic solution) 0.1%. This offer is valid for up to thirteen (13) prescription fills for a 30-day supply and five (5) prescription fills for a 90-day supply per medication. Offer applies only to prescriptions filled before the program expires on 12/31/23. Benefit cap applies regardless of co-pay amount. If you have questions, visit www.savewithays.com or call 1-833-Dial-AYS (1-833-342-5297).

By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below.

Pharmacist Instructions for a Patient with an Eligible Third-Party Payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Submit the claim to the primary Third-party Payer first, then submit the balance due to **Change Healthcare** using BIN #600426 as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g., **8**). If you receive a rejection due to PA, step-edit, or NDC block, submit Other Coverage Code of **03** (Secondary Claim). The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Reimbursement will be received from **Change Healthcare**. **Valid other coverage code required. For any questions regarding Change Healthcare online processing, please call the pharmacy help desk at 1-800-433-4893.**

Restrictions: 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). Under certain state laws, patients may need to disclose your acceptance of offers to their third-party payer (insurer).

Other limitations may apply. Offer void where prohibited by law, taxed, or restricted. This offer cannot be combined with any other programs, offers, or discounts, and may not be redeemed for cash.

Program managed by ConnectiveRx on behalf of Allergan Inc., an AbbVie company. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.



© 2022 AbbVie. All rights reserved.

All trademarks are the property of their respective owners.

US-MULT-221251 11/22