

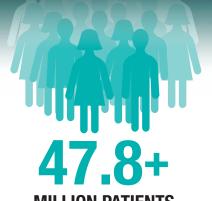
## ROBUST COVERAGE FOR MEDICARE PATIENTS<sup>1-4</sup>

≈93%

COVERED AS

PREFERRED BRAND

UNRESTRICTED\*



MILLION PATIENTS COVERED FOR LUMIGAN® 0.01%\*

\$46.73
AVERAGE MONTHLY

AVERAGE MONTHLY FINAL PATIENT PAY

(normalized for 30/90-day prescriptions)<sup>†</sup>

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.

<sup>†</sup>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

## \$15\* per 90-day prescription fill

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

That's as little as \$5 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. November 2023. 2. Data on file, AbbVie. Medicare Average 00P Copay Data. November 2023. 3. Data on file, AbbVie. LUMIGAN® 2021 LIS Claims Data January-April 2021. 4. 2024 resource and cost-sharing limits for low-income subsidy (LIS). Centers for Medicard Services. Published October 31, 2023. Accessed December 13, 2023. https://www.cms.gov/files/document/lis-memo.pdf.

