





HELPING PATIENTS GET THE THERAPY THEY NEED AT AN AFFORDABLE PRICE

The **EYSUVIS / SAVE PATIENT ACCESS PROGRAM** is a total patient access solution that offers:

-  Co-pay assistance*
-  Prior Authorization and Benefit Verification support
-  Patient refill reminders
-  Convenient mail-order fulfillment through **SCRIPTS Rx**

*Restrictions and conditions apply.

PRESCRIBER STEPS	PATIENT STEPS
<p>PRESCRIBE</p> <p>There are 2 ways to get started:</p> <p>1) Fax a completed Scripts Rx form to 877-992-3831. Please write clearly to help automate processing so the prescription will reach your patient faster</p> <p>OR</p> <p>2) Locate Scripts Rx in your EMR system by searching:</p> <p>Address: 1815 S Meyers Road, Suite 100, Oakbrook Terrace, IL 60181 OR 1333 W Belmont Avenue, Suite 320, Chicago, IL 60657</p> <p>NCPDP/NABP: 1468481 NPI: 110 498 2230</p>	<p>PREPARE</p> <ul style="list-style-type: none"> • Insurance information • Patient information • Payment
<p>INCLUDE</p> <p>Your patient's cell phone number. Scripts Rx will send a text to the patient immediately after receiving the prescription to confirm shipping.</p>	<p>RECEIVE</p> <p>A call from Scripts Rx: 833-EYSUVIS (833-397-8847)</p>
<p>PROVIDE</p> <p>Provide the patient with a tear sheet. This helps ensure the patient knows what to expect next. We will call the patient and ship their prescription promptly.</p>	<p>OBTAIN</p> <p>A prescription through contactless delivery.</p>

If you have any questions or need assistance, please call or text 833-EYSUVIS (833-397-8847).

The Script Rx hours of operation are 8AM to 7PM Monday to Friday and 10AM to 2PM on Saturday (all times in CST).

**KALA IS COMMITTED TO
PATIENT ACCESS WITH THE**

EYSUVIS™
(loteprednol etabonate
ophthalmic suspension) 0.25%

I SAVE
PATIENT ACCESS
PROGRAM

COMMERCIALLY INSURED



AS LITTLE AS \$40 for patients whose commercial insurance covers EYSUVIS*

AS LITTLE AS \$75 for patients whose commercial insurance does not cover EYSUVIS*

***Eligibility criteria/terms and conditions:**

This program is subject to overall maximum support amounts and is valid for up to 10 prescriptions. This program is not valid for patients with prescription coverage under Medicaid, Tricare, or VA. Patient may not combine this offer with any other rebate, coupon, free trial, or similar offer. Subject to additional eligibility requirements. Restrictions apply.

MEDICARE

The **EYSUVIS / SAVE PATIENT ACCESS PROGRAM** will run benefit verifications for all Medicare patients. If covered, EYSUVIS will be dispensed according to the patient's Medicare benefit. If not covered, we will help to seek coverage for the patient through the medical exception process. If the patient's Medicare plan denies the medical exception, the patient will have the opportunity to purchase EYSUVIS for a discounted cash price.

UNINSURED

\$75 for verified uninsured patients

If you need assistance please call or text **833-EYSUVIS (833-397-8847).**