



## My Tears, My Rewards® Program Terms and Conditions

RESTASIS® (Cyclosporine Ophthalmic Emulsion) 0.05% *My Tears, My Rewards®* is a savings, counseling, and support program offered to eligible patients free of charge. You can [enroll and obtain](#) your *My Tears, My Rewards®* Savings Card through this website, at participating physicians' offices, by calling the toll-free customer service support line 1-844-4MY-TEARS (1-844-469-8327), or through a printed offer.

### Eligibility

This program is offered only in the United States and Puerto Rico.

According to state and federal laws, patients covered by Medicare, Medicaid, or a similar federal or state healthcare program are not eligible for savings programs.

Patients not eligible for the *My Tears, My Rewards®* Program are still [eligible to enroll](#) in the RESTASIS® *My Tears, My Support™* Program, which offers members free information and counseling about treatment with RESTASIS®.

### My Tears, My Rewards® Savings Card

If you printed a Savings Card from this website, it is already activated and you can start using it instantly.

If you received your Savings Card from your doctor, or in the mail, [activate it here](#) or call 1-844-4MY-TEARS (1-844-469-8327) and select option 3.

Go to your pharmacy and present your Savings Card along with your RESTASIS® prescription to your pharmacist.

### My Tears, My Rewards® 90-Day Prescription

Most commercially insured patients pay \$0\* (save up to \$250) on every refill with 90-day RESTASIS® prescriptions.

Offer only valid for a 90-day prescription which comes with 180 vials. No other refill quantities will qualify.

### My Tears, My Rewards® 30-Day Prescription

Most commercially insured patients pay no more than \$30\* (save up to \$250) on every 30-day RESTASIS® prescription.

Offer only valid for a 30-day prescription which comes with 60 vials. No other refill quantities will qualify.

### RESTASIS® My Tears, My Rewards® Program for Mail-Order/Manual Claims

If your mail-order pharmacy or pharmacy does not accept your Savings Card, get a [claim form here](#). Print and complete the form, attach your receipt, and send both to the address on the form:

**PSKW Attn: RESTASIS® Claims Processing Dept, PO BOX 7017, Bedminster, NJ 07921**

You will be mailed a check for the applicable benefit amount. In 3 to 6 weeks your check will arrive in the mail.

### My Tears, My Rewards® Savings Card Expiration and Re-enrollment

Your *My Tears, My Rewards®* Savings Card expires either 1 year from the date you first use it to pay for a prescription, or if you don't use it by 1/31/2018.

If your Savings Card expires, to get a new one just [enroll again here](#) or call 1-844-4MY-TEARS (1-844-469-8327) and select option 3. You will instantly get a new Savings Card and other materials necessary to continue to benefit from the program if you:

- Actively participate in the program<sup>‡</sup>
- Use your Savings Card per instructions provided

Allergan reserves the right to revise or discontinue this program at any time and without prior notice or recourse.

\*Members whose prescriptions will be paid for in part or in whole by Medicare, Medicaid, or any similar federal or state healthcare program, are not eligible for savings or rebates according to federal and state law.

The actual savings on your out-of-pocket costs for RESTASIS® will vary according to refill quantity, personal healthcare insurance coverage, and adherence to FDA dosing guidelines. Please review the *My Tears, My Rewards®* Program guidelines to learn more.

‡Actively participating is defined as: using at least 3 times in the last 10 months for those with 30-day prescriptions and using at least twice in the last 10 months for those with 90-day prescriptions.

#### Approved Use

RESTASIS® and *RESTASIS MultiDose*™ Ophthalmic Emulsion help increase your eyes' natural ability to produce tears, which may be reduced by inflammation due to Chronic Dry Eye. RESTASIS® and *RESTASIS MultiDose*™ did not increase tear production in patients using anti-inflammatory eye drops or tear duct plugs.

#### Important Safety Information

Do not use RESTASIS® and *RESTASIS MultiDose*™ Ophthalmic Emulsion if you are allergic to any of the ingredients. Be careful not to touch the container tip to your eye or other surfaces, to help avoid eye injury and contamination. RESTASIS® and *RESTASIS MultiDose*™ should not be used while wearing contact lenses. If contact lenses are worn, they should be removed prior to use of RESTASIS® and *RESTASIS MultiDose*™ and may be reinserted after 15 minutes.

The most common side effect is a temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging, and blurred vision.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

[Click here for full Product Information for RESTASIS® and RESTASIS MultiDose™.](#)

Dr. Tendler is an actual RESTASIS® patient and is compensated for appearing on this website.



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