Akorn EyeRx Direct™ Enrollment Form

AKORN

EYE Rx DIRECT

All information must be filled in to enroll.

Patient Information

Name: _____
first middle last

Date of Birth: ____ /____ /____ Gender: ○ Female ○ Male
mm dd yyyy

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

Best contact time: ○ Morning ○ Afternoon ○ Evening

Do you have drug allergies? Please check all allergies you have:

- ○ Amoxicillin
- ○ Aspirin
- ○ Cephalosporin
- ○ Codeine
- ○ Erythromycin
- ○ Iodine
- ○ Penicillin
- ○ Sulfa
- ○ Tetracycline
- ○ No Known Drug Allergy
- ○ Other (please specify) _____

Are you taking other medications?

○ YES ○ NO If yes, please list all over-the-counter, herbal supplements, and prescription medications:

_____

_____

Please check any health conditions you have:

- ○ Asthma
- ○ Bleeding
- ○ Chronic Obstructive Pulmonary Disease
- ○ Depression
- ○ Diabetes
- ○ GERD/Ulcer
- ○ High Cholesterol/Heart Disease
- ○ Hypertension
- ○ Liver Disease
- ○ Renal Disease
- ○ No Known Health Condition
- ○ Other (please specify) _____

SAVINGS AND CONVENIENCE PROGRAM FOR:

ZIOPTAN® | COSOPT® PF | BETIMOL®

Ask questions: 844-813-3864 | **Read FAQs:** EyeRxDirect.com

Enrolling in Akorn EyeRx Direct™

1. EyeRx Direct's partner, Eagle Pharmacy, must have this completed enrollment form and a valid prescription to process your order
2. If your doctor's office has given you a paper prescription, please mail the original paper prescription along with this enrollment form to Eagle Pharmacy
3. Eagle Pharmacy will need to contact you for your payment information before your medication can be shipped to you. Please return their call so that you can quickly receive your medication

MAIL TO: Akorn EyeRx Direct
c/o Eagle Pharmacy
PO Box 90937
Lakeland, FL 33804

FAX TO: 855-618-4610

Medication Prescribed by Eye Doctor (Please check) ○ Zioptan® ○ Cosopt® PF ○ Betimol®

Prescription Insurance Information (Please check and complete)

○ Commercial (Private) ○ Medicare Part D ○ Medicaid ○ Other _____ ○ None

Primary Insurance Name: _____ Benefit Identification # (Rx BIN): _____

Insurer ID #: _____ Processor Control # (PCN): _____

Group Name: _____ Group #: _____

Physician Information

Physician Name: _____ Telephone: _____ Fax: _____
first last

To complete enrollment in Akorn EyeRx Direct™, you must check YES or NO for each of the following:

○ YES ○ NO I want to take advantage of the additional discount and convenience of automatically having my prescription refilled and shipped directly to me at no extra charge. I understand that my opportunity to enroll in the Auto-Refill program is a one time offer that is only available now during my initial enrollment in the program. I understand that my credit card will be charged every time a refill order is dispensed and shipped to me. I understand that there is no long term commitment and I can cancel my inclusion within the Auto-Refill program at any time

○ YES ○ NO I grant permission for Eagle Pharmacy to contact me for payment card information in order to process payment in advance of shipping my medication. I understand this is a requirement to receive my medication

○ YES ○ NO I understand the information I provide to Eagle Pharmacy is exclusively for purposes related to the Akorn EyeRx Direct program, including verification with insurers, and may be communicated to the Centers for Medicare & Medicaid Services

○ YES ○ NO I would like to receive information about the Akorn EyeRx Direct program and/or products

AKORN | EYE Rx DIRECT | Save Money | Save Time | Peace of Mind

Akorn EyeRx Direct™ Enrollment Form

MAIL enrollment form to:

Akorn EyeRx Direct
c/o Eagle Pharmacy
P.O. Box 90937
Lakeland, FL 33804

OR

FAX enrollment form to:

855-618-4610

OTHER WAYS TO ENROLL

Complete ONLINE enrollment form:
www.EyeRxDirect.com

CALL Patient Support Services to enroll:
844-813-3864 Monday to Friday 9AM - 7PM ET

ZIOPTAN® (tafluprost ophthalmic solution) 0.0015%

Cosopt® PF (dorzolamide HCl - timolol maleate ophthalmic solution) 2% / 0.5%

BETIMOL® (timolol ophthalmic solution) 0.25%, 0.5%

AKORN
Akorn, Inc. 1925 West Field Court, Lake Forest, IL 60045 800.932.5676