

Facility Instructions to Submit a We Pay The Difference Request



OMIDRIA
(phenylephrine and ketorolac
intraocular solution)
1% / 0.3%

Commercial Reimbursement Assistance Program designed to assist eligible commercially insured patients for related costs of OMIDRIA®, including co-pay or co-insurance in accordance with the full Prescribing Information.

Rules and Eligibility Criteria

Eligibility Criteria

- Patient must have commercial insurance only. This program is not available for Medicare, Medicaid, or any other government insurance program/payer
- We Pay The Difference requests must be submitted within 180 days from the date of service
- Rayner does not guarantee reimbursement. Facility acquisition cost is determined after applicable discounts

How to Enroll a Patient

We Pay The Difference Attestation Form

- Complete the form in its entirety – Required fields:
 - Patient Name, Date of Birth, Address, Date of Service, HCP name, and Patient’s Member ID Number (also known as the payer policy number listed on patient’s insurance card)
 - See Insurance Card Example
 - Name and contact information at the facility
- Fax the We Pay The Difference attestation form, Explanation of Benefits (EOBs), the CMS billed claim form, HCFA Form, OR UB04 form for each patient to 1-855-664-3741 (claim form can be a paper print format, not necessarily the formal claim form)

We Pay The Difference Online Portal www.omidriassure.com

- Enroll your practice in the OMIDRIAssure Program
 - Please include Name and Contact Information at the facility
- Enroll each patient by completing the required fields:
 - Patient Name, Date of Birth, Address, Date of Service, HCP name, and Patient’s Member ID Number (also known as the payer policy number listed on patient’s insurance card)
 - See Insurance Card Example
- Upload attachments: Explanation of Benefits (EOBs), the CMS billed claim form, HCFA form, OR UB04 form for each patient (claim form can be a paper print format, not necessarily the formal claim form)

Insurance Card Example- How to find the Member ID Number



For more information about OMIDRIA or to speak to a member of the Field Reimbursement Manager OMIDRIA Team, please call 1-877-OMIDRIA (1-877-664-3742) option #5 or email OMIDRIAFRMS@Rayner.com

Please see the Full Prescribing Information for OMIDRIA www.omidriahcp.com/prescribinginformation

You are encouraged to report Suspected Adverse Reactions to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088