BAUSCH + LOMB

PROLENSA PART D PROGRAM

Eligibility Criteria/Terms and Conditions

- This Part D Program is valid for a cost reduction of a qualifying prescription of PROLENSA® (bromfenac ophthalmic solution) 0.07% for eligible patients.
- This Part D Program reduces an eligible patient's out-of-pocket cost to as little as $80 per each prescription, even if the patient uses the card for more than one prescription.
- You must have prescription drug insurance through a Medicare Part D or a Medicare Advantage prescription drug plan.
- Patients participating in Medicare Part D or a Medicare Advantage prescription drug plan who are eligible to use this Part D Program card must agree to the following conditions:
  - The patient must agree to not seek reimbursement from their Medicare Part D or Medicare Advantage prescription plan for their out-of-pocket costs for the prescriptions purchased with the card.
  - The patient must also agree not to count the cost of the prescriptions toward their deductible or true out-of-pocket cost.
  - The patient must notify their Medicare Part D or Medicare Advantage plan that PROLENSA has been purchased outside of benefit by sending the form letter provided with this coupon.
  - The patient is responsible for all additional costs and expenses after reimbursement limits are reached.
  - The patient must purchase all prescriptions within the calendar year with the card and the patient must not use their Medicare Part D benefit for any prescriptions for the drug during the calendar year.
- This Part D Program is not valid for any patients with commercial/private insurance, uninsured patients, or patients with prescription coverage under any other federal or state health program such as Medicaid or TRICARE.
- No other purchase necessary.
- This Part D Program card is not transferable. No substitutions are permitted. Cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer not already associated with this offer.
- **This Part D Program card is not health insurance.**
- This Part D Program card can be used at mail order pharmacies.
- This Part D Program card is the property of Bausch + Lomb and must be turned in on request.
- It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit this Part D Program card. Void if reproduced. Void where prohibited by law, taxed, or restricted.
- This Part D Program card can be used only by eligible United States residents (including Puerto Rico, Guam and the US Virgin Islands) at participating eligible retail pharmacies in the United States. Product must originate from the United States.
- This offer is not valid for redemption in the States of California and Massachusetts or by any resident of the States of California or Massachusetts with regard to any product for which a therapeutically equivalent generic product is available.
- Bausch + Lomb reserves the right to rescind, revoke, or amend this offer at any time without notice.
- For questions call: 1-800-795-1091.

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MAIL THIS TO YOUR INSURANCE PROVIDER

LETTER TO HEALTH PLAN

PROLENSA®
(bromfenac ophthalmic solution) 0.07%

To whom it may concern:

I am an enrollee in your prescription drug plan, and this letter is to advise you that I have been prescribed PROLENSA® (bromfenac ophthalmic solution) 0.07% by my physician. I am purchasing this product outside of my insurance benefit with the Bausch + Lomb Part D Program sponsored by Bausch + Lomb.

This letter is not a request for reimbursement, as I have agreed to not seek reimbursement for my purchase in accordance with the Terms and Conditions of this Bausch + Lomb Part D Program. If I am an enrollee in Medicare Part D or in a Medicare Advantage prescription drug plan, I also have agreed that I will not count my purchases toward my true out-of-pocket expenses (TrOOP), and I will continue to use this Bausch + Lomb Part D Program for as long as I take the medication during the calendar year.

If you have questions about the medication or this Bausch + Lomb Part D Program, please contact Bausch + Lomb at 1-800-323-0000, Monday to Friday from 8 AM to 5 PM ET.

Sincerely,

NAME | DATE | DATE OF BIRTH

PRESCRIPTION PLAN | PRESCRIPTION PLAN MEMBERSHIP ID NUMBER

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