

# BAUSCH + LOMB

## PART D COUPON

**LOTEMAX<sup>®</sup> SM**  
(loteprednol etabonate  
ophthalmic gel) 0.38%

**PROLENSA<sup>®</sup>**  
(bromfenac ophthalmic  
solution) 0.07%

**Lotemax<sup>®</sup> Ointment**  
loteprednol etabonate  
ophthalmic ointment 0.5%

**Zylet<sup>®</sup>**  
loteprednol etabonate  
0.5% and tobramycin 0.3%  
ophthalmic suspension

Most eligible patients **PAY NO MORE**  
**THAN \$70\*** on each prescription.

To receive the savings on your out-of-pocket costs for LOTE<sup>®</sup> MAX<sup>®</sup> SM, LOTE<sup>®</sup> MAX<sup>®</sup> OINTMENT, LOTE<sup>®</sup> MAX<sup>®</sup> GEL, PROLENSA<sup>®</sup>, or ZYLET<sup>®</sup>, follow these 3 simple steps\*:

### 1. PRINT

Print this Bausch + Lomb Part D Coupon information packet and follow all instructions.

### 2. REDEEM

Redeem the attached coupon card at a participating retail pharmacy with your prescription and insurance card.

### 3. MAIL

Mail the enclosed letter to notify your health plan of your choice to use coupon program benefits. Healthcare plan address can be found on your Medicare provider card.

If your Medicare prescription drug insurance does not cover your prescription, or if your out-of-pocket costs exceed \$70\* under that coverage, Bausch + Lomb may be able to help. With this program, you will no longer seek reimbursement for your prescription through your Medicare provider for out-of-pocket costs. Instead, you can use our savings program. **This program has no impact on your current insurance plan. Your Medicare Part D plan remains the same.** To sign up for this savings program, just follow the 3 steps shown below. If you have questions related to this program, please call **1-800-795-1091**.

\*Terms, conditions and limitations apply. Most eligible patients pay no more than \$70. See Terms and Conditions on coupon.

GIVE THIS TO THE PHARMACIST

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BAUSCH + LOMB  
PART D COUPON

## INSTANT SAVINGS OFFER

**PAY NO MORE  
THAN \$70\***  
on each prescription

BIN#: **019158**

PCN#: **CNRX**

GRP#: **AC68065005**

ID#: **39733556597**

### PHARMACIST:

Submit this coupon  
as primary. This card  
will not adjudicate as  
secondary coverage.

\*Terms, conditions and limitations  
apply. Most eligible patients pay  
no more than \$70. See Terms and  
Conditions on coupon.

### Pharmacist Instructions:

- Submit this coupon as primary. This card will not adjudicate as secondary coverage.
- Part D Coupon Program card is valid only when accompanied by a prescription for LOTE<sup>®</sup>MAX<sup>®</sup> SM, LOTE<sup>®</sup>MAX<sup>®</sup> OINTMENT, LOTE<sup>®</sup>MAX<sup>®</sup> GEL, PROLENSA<sup>®</sup> or ZYLET<sup>®</sup>.
- The card reduces an eligible patient's out-of-pocket cost to no more than \$70 per prescription. Please review the Terms and Conditions for important eligibility restrictions.
- The card is valid for eligible patients if the patients' Medicare Part D prescription drug insurance (including Medicare Advantage prescription drug plans) does not cover their prescription or if patients opt out of using their Medicare Part D prescription benefit in conjunction with this offer.
- Eligible patients are responsible for the full cash payment for their prescription in the event they fill another prescription for this product within the calendar year without a Part D coupon.
- By processing the card, pharmacist agrees to conduct all the following actions:
  - For reimbursement, please submit this claim to SS&C Health using BIN 019158. A valid Other Coverage Code (e.g. 1) is required. The patient is responsible for the first \$70 and reimbursement will be received from SS&C Health.
  - Charge eligible patients no more than \$70 for each LOTE<sup>®</sup>MAX<sup>®</sup> SM, LOTE<sup>®</sup>MAX<sup>®</sup> OINTMENT, LOTE<sup>®</sup>MAX<sup>®</sup> GEL, PROLENSA<sup>®</sup> or ZYLET<sup>®</sup> prescription.
  - For any prescriptions for any other pharmaceutical product, please use the patient's primary method of payment and a new prescription number.
- Advise each eligible patient using Part D Coupon Program card that:
  - The patient must agree to not seek reimbursement from their Medicare or Medicare Advantage prescription plan for their out-of-pocket costs for their prescription purchased with the card.
  - The patient must also agree not to count the cost of the prescription toward their deductible or true out-of-pocket cost.
  - The patient must notify prescription plan that LOTE<sup>®</sup>MAX<sup>®</sup> SM, LOTE<sup>®</sup>MAX<sup>®</sup> OINTMENT, LOTE<sup>®</sup>MAX<sup>®</sup> GEL, PROLENSA<sup>®</sup> or ZYLET<sup>®</sup> has been purchased outside of benefit by sending the form letter provided by Bausch + Lomb with this coupon.
  - The patient is responsible for all additional costs and expenses after reimbursement limits are reached.
  - The patient must purchase all prescriptions before 12/31/22 with the card and the patient must not use Medicare Part D benefit.
- Valid Other Coverage Code required. For any questions regarding SS&C Health online processing, please call the Help Desk at 1-844-373-0987.
- Redemption of the card and your submission of claims are subject to the Part D Coupon Program card Terms and Conditions.
- Acceptance of the Part D Coupon Program card and your submission of claims are subject to the Terms and Conditions of the Part D Coupon Program card.
- By processing the card, you agree the prescription was dispensed pursuant to the Part D Coupon Program card Terms and Conditions and that you will not submit a claim for reimbursement to any third party insurer, Medicare Part D plan (including Medicare Advantage prescription drug plans), or other Government Program (as defined above).
- The Part D Coupon Program card may not be applied toward other pharmacy purchases.
- 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.
- For questions call: 1-800-795-1091.
- This offer expires December 31, 2022.

MAIL THIS TO YOUR INSURANCE PROVIDER

# LETTER TO HEALTH PLAN

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loteprednol etabonate  
0.5% and tobramycin 0.3%  
ophthalmic suspension

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 the product indicated below by my physician. I am purchasing this product outside of my insurance benefit with the Bausch + Lomb Part D Coupon Program card sponsored by Bausch + Lomb.

LOTEMAX<sup>®</sup> SM     PROLENSA<sup>®</sup>     LOTEMAX<sup>®</sup> OINTMENT     LOTEMAX<sup>®</sup> GEL     ZYLET<sup>®</sup>

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 the Bausch + Lomb Part D Coupon Program card. If I am an enrollee in Medicare Part D or 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 the Bausch + Lomb Part D Coupon Program card for as long as I take the medication during the calendar year.

If you have questions about the medication or the Bausch + Lomb Part D Coupon Program card, 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