

# LOTEMAX<sup>®</sup> GEL LETTER TO HEALTH PLAN

## BAUSCH + LOMB

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 LOTE<sup>®</sup>MAX GEL (loteprednol etabonate ophthalmic gel) 0.5% by my physician. I am purchasing LOTE<sup>®</sup>MAX GEL outside of my insurance benefit with the LOTE<sup>®</sup>MAX GEL Part D Coupon Program card sponsored by Bausch + Lomb.

This letter is not a request for reimbursement, as I have agreed to not seek reimbursement for my purchase of LOTE<sup>®</sup>MAX GEL in accordance with the Terms and Conditions of the LOTE<sup>®</sup>MAX GEL 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 LOTE<sup>®</sup>MAX GEL 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 LOTE<sup>®</sup>MAX GEL 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

\_\_\_\_\_  
PRESCRIPTION PLAN

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PRESCRIPTION PLAN MEMBERSHIP ID NUMBER

**BAUSCH + LOMB**

LOTEMAX is a registered trademark of Bausch & Lomb Incorporated or its affiliates.  
All other products/brand names and/or logos are trademarks of the respective owners.  
© Bausch & Lomb Incorporated. LGX.0141.USA.17

 **LOTEMAX<sup>®</sup> GEL**  
loteprednol etabonate  
ophthalmic gel 0.5%