

PROLENSA® LETTER TO HEALTH PLAN



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 PROLENSA® outside of my insurance benefit with the PROLENSA 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 PROLENSA® in accordance with the Terms and Conditions of the PROLENSA 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 PROLENSA 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 PROLENSA 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



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PROLENSA®
*(bromfenac ophthalmic
solution) 0.07%*