Terms and Conditions for ZOLYMBUS™ (bimatoprost ophthalmic gel) 0.01%
Copay and Cash Program through MyZOLYMBUSSavings.com

Eligibility Criteria/Terms and Conditions for the ZOLYMBUS™ Copay Program

To the Patient:
You must activate and present this card, with your prescription to the pharmacist to participate in this program. To activate this card, visit www.MyZOLYMBUSSavings.com or call 1-844-703-2327. This card is only for use with commercial or private insurance.

- Patient, or caregiver on behalf of patient, must be 18 years of age or older and a resident of the United States. This offer is not valid for any person who is 65 years of age or older without commercial insurance.
- Patient may pay as little as $60 in out-of-pocket expenses for a 30 day supply of ZOLYMBUS. A $4,550 per enrollment year maximum benefit applies.
- When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government program, including but not limited to, Medicare (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health benefits coverage, or any other federal or state health care program. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part by any of these programs.
- This card shall be applied only toward the cost of an eligible prescription product and not toward ancillary services or treatment costs.
- This offer is not valid with other offers. This card has no cash value or cash back offer and may not be combined with any third-party rebate, coupon or offer.
- By accepting this card and submitting claims for ZOLYMBUS, you agree to the program Terms and Conditions.

To the Pharmacist:
- Submit the claim to the primary Third Party Payer first, then submit the balance due to SS&C Health as a Secondary Payer as a copay only billing using BIN 019158 and a valid Other Coverage Code (e.g. 8). The patient is responsible for the first $60 and reimbursement will be received from SS&C Health.
- For any questions regarding SS&C Health online processing, please call the Help Desk at 1-844-373-0987.
- Third-Party Discount Cards and other non-insurance plans are not valid as primary payers under this offer. This offer cannot be combined with any other rebate/coupon, free trial or similar offer for the specified prescription.

Thea Pharma Inc. reserves the right to rescind, revoke, or change this offer at any time. This offer is only valid for eligible patients with commercial insurance. Questions? Call 1-844-703-2327. All product and company names are trademarks or registered trademarks of their respective holders.

Eligibility Criteria/Terms and Conditions for the ZOLYMBUS Cash Program

To the Patient:
You must activate and present the ZOLYMBUS Cash Program card, with your valid prescription to the pharmacist to participate in this program. To activate this card, visit www.MyZOLYMBUSSavings.com. This is an annual program and must be renewed each calendar year.

- Eligible patients will pay as little as $75 in out-of-pocket expenses for a 30 day supply of ZOLYMBUS. A $4,471.95 per enrollment year maximum benefit applies.
- You must be 18 years of age or older and located in the United States to redeem this offer for yourself or as a caregiver for a patient.
- By participating in the ZOLYMBUS Cash Program:
    - You authorize the pharmacy to fill your ZOLYMBUS prescription without applying any insurance benefit, even though you may be able to use your insurance to obtain ZOLYMBUS for a lower out-of-pocket cost.
    - You agree to not apply the cost you pay under the program toward any insurance benefit or seek reimbursement for the cost from your insurer.
    - You agree that the payments you make under the ZOLYMBUS Cash Program cannot be applied to true out-of-pocket (TrOOP) costs if you have insurance through Medicare (including Part D), or any other applicable federal, state or government-funded insurance program.
    - You agree that you will provide notice to your health plan, including any Medicare Part D Plan in which you participate, that you are participating in the ZOLYMBUS Cash Program. A form letter for you to complete and send to your health plan is available on www.MyZOLYMBUSSavings.com and www.MyZOLYMBUS.com.
    - You agree that if you are privately or commercially insured that you will not seek reimbursement from your insurance company and understand your out-of-pocket costs could be lower with other programs.
    - You agree that if you are currently uninsured and if you become insured that you will notify your health insurance about your participation in this program.
- This program is not valid with other offers and is not insurance. This card has no cash value or cash back offer and may not be combined with any third-party rebate, coupon or offer.
- This program requires annual renewal.
- Patients residing in or receiving treatment in certain states may not be eligible to participate in the program.
- By participating in the ZOLYMBUS Cash Program, you agree to the program Terms and Conditions.
- Program subject to change or discontinuance without notice.
- Offer void where prohibited by law.

To the Pharmacist:

- When you apply this offer, you are certifying that you have not submitted a claim, and will not submit for reimbursement to any payer or prescription insurance plan, including any government program, for this prescription, or where prohibited by law. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider.
- Patient is not eligible if he/she seeks reimbursement from any payer or prescription insurance plan.
- Submit each claim to SS&C Health as BIN 019158. A valid Other Coverage Code (e.g. 0 or 1) is required. The patient is responsible for the first $75 and reimbursement will be received from SS&C Health.
- For any questions regarding SS&C Health online processing, please call the Help Desk at 1-844-373-0987.
- Third-Party Discount Cards and other non-insurance plans are not valid as primary payers under this offer. This offer cannot be combined with any other rebate/coupon, free trial or similar offer for the specified prescription.

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Questions? Call 1-844-703-2327

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