



LUMIGAN® 0.01%
(bimatoprost ophthalmic
solution) 0.01%



Tips for patients prescribed 90-day LUMIGAN® scripts*

90-day supply (one 7.5-mL bottle)



or

Dispense **largest quantity** of
treatment covered by insurance



3 refills (one-year supply)



DAW[†] and deselect “substitution
permitted” on new prescriptions and
refills to broaden patient access

*For appropriate patients.

†Dispense as written or appropriate state-specific verbiage.

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