

Dear Pharmacist:

My doctor has chosen to prescribe me **LUMIGAN® 0.01% (bimatoprost ophthalmic solution)**.

There is no FDA-approved generic of LUMIGAN® 0.01%.¹
Please:

- 1** Dispense the LUMIGAN® 0.01% bottle specified by my doctor.
- 2** For a 90-day prescription, fill the largest bottle size covered by my insurance plan.
 - Larger bottles may help lower my monthly cost
- 3** Provide my actual out-of-pocket copay for different LUMIGAN® 0.01% bottle sizes.
 - Copay savings program can help eligible commercially insured patients access their prescription drops, even if LUMIGAN® 0.01% is not covered by their insurance
 - Patients can enroll at [SaveWithAYS.com](https://www.savewithays.com)

Reference: 1. U. S. Food and Drug Administration. Approved Drug Products With Therapeutic Equivalence Evaluations | Orange Book. U. S. Food and Drug Administration. Accessed January 29, 2024. <https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book>

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US-LUM-240004 January 2024 025643