

[Date]

[Plan Sponsor Name]

[Address]

[Address]

[Address]

Re: Manufacturer's Cash Discount Program
[Name of Patient]

Dear Sir or Madam:

I am writing to notify you that I, [Patient Name], an individual enrolled in [Plan Name], have enrolled in Oyster Point's Manufacturer Cash Discount Program, a cash discount program that allows eligible patients who have been prescribed Tyrvaya® (varenicline solution) and who meet certain eligibility criteria (e.g., uninsured, lack of coverage for the medication, etc.) to purchase Tyrvaya at a discounted cash price outside of their prescription drug insurance benefits.

Oyster Point notified me, and my treating physician, that upon enrollment, no one may submit any claims for Tyrvaya under my prescription drug benefit plan for the remainder of the calendar year. Further, Oyster Point notified me and that I must not count the medication towards my true out-of-pocket costs for the year, regardless of changes in coverage status for the medication.

If you have any questions about the medication or the Manufacturer Cash Discount Program, please contact Oyster Point at 1-877-EYE-0123, Monday through Friday from 9 a.m. to 5 p.m. eastern time.

Sincerely,

[Patient Name]