

INSTANT SAVINGS CARD

SOLARAZE® GEL
diclofenac sodium-3%

Convenient
100g Tube

**PATIENTS
MAY PAY AS
LITTLE AS**

\$5*

When you fill your prescription for SOLARAZE® (**diclofenac sodium-3%**) Gel, show your SOLARAZE® Gel Instant Savings Card to the pharmacist and receive your instant discount.

If you or your pharmacist need additional information about the SOLARAZE® Gel Instant Savings Card, call us at:

1-800-657-7613

Benefits are for insured patients only. This card is good for two prescription fills only. 1 fill = 1 tube. (See eligibility details on back of card.)

PATIENTS MAY PAY AS LITTLE AS

\$5*

RxBIN: 610524
RxPCN: Loyalty
RxGRP: 40006520
ISSUER: (80840)

ID:

*Benefits are for insured patients only as follows: Pay as little as \$5. On co-pays in excess of \$300 use this card for a \$295 maximum benefit. This card is good for two prescription fills only. (See eligibility details on back of card.)

Powered By:
MCKESSON

SOLARAZE® GEL
diclofenac sodium-3%



PharmaDerm®
Skin. Science. Health.™
www.solaraze.com

If you or your pharmacist need additional information about the SOLARAZE® Gel Instant Savings Card, call us at:

1-800-657-7613

Eligibility details



1. Offer not valid for prescriptions paid in whole or in part by Medicaid, Medicare (including Part D), federal or state programs (including any state prescription drug program) or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs.
2. Card good for use only with a SOLARAZE® Gel prescription at the time the patient has the prescription filled.
3. Offer valid only in the U.S. and Puerto Rico at participating retail pharmacies; government-subsidized clinics cannot participate.
4. Card is not valid where prohibited by law.
5. Cash-paying patients are not eligible.
6. Only valid for patients with insurance.
7. Cash value 1/10 of 1¢.
8. Card may not be combined with any other rebate, coupon, or offer.
9. Acceptance of this card and your submission of claims for the SOLARAZE® Gel Instant Savings Card program are subject to the LoyaltyScript® program Terms and Conditions established by McKesson Corporation.
10. PharmaDerm has the right to rescind, revoke, or amend this program without notice.
11. This card is good for two prescription fills only. **The Instant Savings Card expires June 30, 2014.**

Benefits are for insured patients only as follows: Pay as little as \$5. On co-pays in excess of \$300 use this card for a \$295 maximum benefit. This card is good for two prescription fills only.



Visit www.solaraze.com for full Prescribing Information.

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Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, call the SOLARAZE® Gel Loyalty Card program at 1-800-657-7613 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. Patient certifies that he/she will disclose and report the use of this card as may be required by their insurer. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare (including Part D) or Medicaid, Medigap, VA, DOD, or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

Pharmacist: 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 governmental programs for this prescription.

- Submit transaction to McKesson Corporation using BIN #610524.
- If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the SOLARAZE® Gel Loyalty Card program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc.
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare (including Part D) or Medicaid, Medigap, VA, DOD, or TriCare and where prohibited by law.
- LoyaltyScript® is not an insurance card.
- PharmaDerm reserves the right to rescind, revoke, or amend this offer without further notice.
- Pharmacist certifies that he/she will not advertise this card or coupon program.
- Pharmacist certifies that he/she will disclose and report the use of this card as required by any applicable insurer.
- Pharmacist certifies that their participation in this program is consistent with any obligation(s) they have under contracts with health care insurance providers.
- By using this card, I agree to the terms and conditions of this program.
- Program expires 6/30/2014.
- For questions regarding setup, claim transmission, patient eligibility, or other issues, call the LoyaltyScript® for SOLARAZE® Gel program at 1-800-657-7613 (8:00 AM-8:00 PM EST, Monday-Friday).