CAREConnect

PATIENT SAVINGS CARD

Processing Options

brightscrip

RxBIN: 022816*
**No RxPCN, RxGRP, ISSUER or ID required*

McKESSON

RxBIN: 610524
RxPCN: Loyalty
RxGRP: 50777283
ISSUER: (80840)
ID: 1336117190

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/MedWatch or Call 1-800-FDA-1088.

GALDERMA
EST. 1981

TO THE PATIENT: You must present this card to the pharmacist along with your prescription each time you fill your prescription to participate in the Program. If you have any questions regarding your eligibility or benefits or if you wish to discontinue your participation, call the Galderma CAREConnect Program at (855) 280-0543 (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 these terms and conditions which are set forth at www.galdermacc.com/themes/custom/galdermacc/pdfs/**TermsConditions.pdf**, and that you will comply with them. You are not eligible if you are enrolled in Medicare Part D, Medicaid, Medigap, VA, DoD, TriCare, or any other government-run or government sponsored health care program with a pharmacy benefit. No purchase is necessary and there are no membership fees. You may not use this Card if prohibited by your insurer. You are responsible for any reporting for the use of this Card as required by your insurer.

TO THE PHARMACIST: When you accept/use this Card, you are certifying that you have not submitted and will not submit a claim for reimbursement under Medicare Part D, Medicaid, Medigap, VA, DoD, TriCare or any other government-run or government-sponsored health care program with a pharmacy benefit for this prescription and that you agree to and understand the Program rules, regulations, and these terms and conditions which are set forth at www.galdermacc.com/themes/custom/galdermacc/**pdfs/TermsConditions.pdf** and that you will comply with them. By accepting/using this Card, you acknowledge and agree to/that:

- If primary commercial prescription insurance 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.
- Your submission of claims for the 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 Part D, Medicaid, Medigap, VA, DoD, TriCare, or any other government-run or government–sponsored health care program with a pharmacy benefit or where prohibited by law.
- If you are filling a prescription in the state of California, in the event a lower generic drug that the FDA has designated as a therapeutically equivalent product becomes available for one of the Galderma products covered by this Card, or if the active ingredient of a Galderma product is available at a lower cost without a prescription, this offer is void with respect to that Galderma product and you agree not to apply this Card to any discount or savings to such patient under the Program for such Galderma product.
- **For questions regarding any brightscrip setup, claims, transmission or other issues please email support@brightscrip.com. If you'd like to enroll you can call or text your NCPDP to 833.613.2333.**

  Submit transaction to brightscrip using BIN #022816.
- **For questions regarding any McKesson setup, claims, transmission or other issues please call LoyaltyScript® for Galderma CAREConnect at 855-280-0543.**

  Submit transaction to McKesson Corporation using BIN #610524.

Galderma Laboratories, L.P. reserves the right to rescind, revoke or amend this offer at any time.

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