BromSITE° (bromfenac ophthalmic solution) 0.075%



Pay As \$35 Little As

For patients for whom BromSite* is covered by commercial insurance. See terms and conditions on reverse side. OR

Pay As \$60

For patients for whom BromSite* is not covered by commercial insurance or Medicare Part D. See terms and conditions on reverse side*

To activate this card call 1.855.379.2324 or visit www.activatethecard.com/7388

This coupon is not valid for Federal health care beneficiary prescriptions that are lelipible to be reimbursed, in whole or in part, by Medicaid, Medicare, Tricare or other federal or state healthcare programs (including any state prescription drug assistance programs). Patients that have prescription drug coverage under Medicare Part D may take advantage of this offer, provided that they acknowledge that by doing so they will not seek any prescription coverage or reimbursement from their insurer for the cost of BromSite, or report any amounts paid for BromSite* as part of their "true out of pocket expense" under Medicare Part D.

RxBIN: **610524**RxPCN: **Loyalty**RxGRP: **50777388**ISSUER: **(80840)**

ID: XXXXXXXXXX



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MCKESSON



To the Patient:

To participate in the BromSite® (bromfenac ophthalmic solution) 0.075% Co-Pay Program ("Program"), you must present this card, along with a valid prescription for BromSite® to your pharmacist. Patients with commercial health insurance who qualify to participate can pay as little as \$35 per bottle, for four prescriptions, with a maximum benefit of \$400. Patients without commercial insurance who qualify to participate can pay as little as \$50 per bottle, for four prescriptions, with a maximum benefit of \$400. Patients without commercial insurance who have prescription drug coverage under Medicare Part D may take advantage of this offer provided that they acknowledge that by doing so they will not seek any prescription coverage or reimbursement from their insurer for the cost of Bromsite®, or report any amount paid for Bromsite® as part of their "true out of pocket expenses" under Medicare Part D. Part D patients who qualify to participate can pay as little as \$60 per bottle, for four prescriptions, with a maximum benefit of \$844. Enrollment is subject to the Eligibility Rules and Terms and Conditions, stated below. If you have any questions regarding Eligibility, the Terms and Conditions, or to discontinue participation, please call 1.855.379.2324 (8:00 am-8:00 pm EST, Monday-Friday).

To the Pharmacist:

When you process this card, you are certifying that you have read, understood, and are in compliance with the terms and conditions pertaining to this program. You are further certifying that you have not submitted and will not submit a claim for reimbursement under Medicare Part D or similar federal or state programs including any state medical pharmaceutical assistance program for this prescription.

- Submit transaction to McKesson Corporation using BIN #610524
- 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.
- Acceptance of this card and your submission of claims for the Sun Pharma BromSite® Copay Card Activation program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc
- Sun Pharma reserves the right to rescind, revoke, or change this offer at any time. The LoyaltyScript® card is not valid for use with any other prescription drug discount or cash cards for BromSite®. Claims submitted utilizing the program are subject to audit or validation.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Sun Pharma BromSite® Copay Card Activation program at 1.855.379.2324 (8:00 AM-8:00 PM EST, Monday-Friday).

Sun Pharma reserves the right to rescind, revoke or amend this offer at any time.

