TO THE PATIENT:

You must present this card to your pharmacist at a participating pharmacy along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, call the PRILOSEC Packet Co-pay program at 1-877-264-2440 (8:00 AM–8:00 PM EST, Monday–Friday).

TO THE 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 PRILOSEC Packet Co-pay 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 or Medicaid, Medigap, VA, DOD or TriCare and where prohibited by law.
• For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript for PRILOSEC Packet Co-pay program at 877-264-2440 (8:00 AM–8:00 PM EST, Monday–Friday).

Terms and Conditions:

By using this coupon you acknowledge that you meet the eligibility criteria and will comply with the following terms and conditions:

• No substitutions are permitted. This offer cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer.
• This coupon is not insurance.
• When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions.
• This coupon is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare (including Medicare Part D and Medicare Advantage), TriCare, CHAMPUS, or any other local, state or federal healthcare programs, including state prescription drug assistance programs and the La Reforma de Salud program in Puerto Rico.
• Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through the offer. Patient is responsible for reporting receipt of coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the coupon.
• The coupon can be used only by eligible residents of the United States or the Commonwealth of Puerto Rico at participating eligible retail or mail-order pharmacies in the United States or the Commonwealth of Puerto Rico.
• The coupon is the property of Covis Pharma and must be turned in on request.
• It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the coupon. Void if reproduced. Void where prohibited by law, taxed, or restricted.
• Covis Pharma reserves the right to rescind, revoke, or amend the offer at any time without notice.

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