



PROGRAM DETAILS:

The Galderma CareConnect® Program is brought to you by Galderma Laboratories, L.P. Galderma CareConnect Program is only available for commercially insured or uninsured patients. Patients who are enrolled in government-run or government-sponsored healthcare plan with a pharmacy benefit are not eligible to use the Galderma CareConnect Patient Savings Card. The Galderma CareConnect Patient Savings Card provides savings on out-of-pocket expenses for up to a 30-day supply of included Galderma products, as described below. If you have valid prescriptions for more than one Galderma product, the copay expense and savings apply to each product. You may use the Patient Savings Card once every 30 days, depending on when you last received a 30-day supply of each Galderma product. Use of the Patient Savings Card does not obligate you to use or to continue using any Galderma product. You may use the Patient Savings Card at any participating pharmacy located in the United States.

The Galderma CareConnect Patient Savings Card may not be combined with any savings, discount, free trial, or other similar offer for the same prescription. The Patient Savings Card is not transferable and is void if reproduced. The Patient Savings Card is not health insurance. Limit one (1) Patient Savings Card per patient. The Patient Savings Card has no cash value and will not be accepted outside of participating pharmacies in the United States. Please visit Galderma's website for our privacy practices. Galderma reserves the right to revoke or amend this offer without notice at any time and to deny payment for noncompliance with terms of this offer. This offer expires December 31, 2018, unless this offer is earlier terminated by Galderma.

Use of this Patient Savings Card is subject to applicable state and federal law, and is void where prohibited by law, rule or regulation. In the event a lower cost generic drug that the FDA had designated as a therapeutically equivalent product is available for one of the Galderma products covered by this Patient Savings Card, or if the active ingredient of a Galderma product is available at a lower cost without a prescription, this offer will become void in California with respect to that Galderma product.

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 LEGAL:

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

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TERMS AND CONDITIONS:

[Minimum out-of-pocket expenses:](#)

Eligible commercially insured patients and uninsured cash paying patients are responsible for paying out-of-pocket expenses noted below and any amount that exceeds the Galderma payment for each prescription, as follows:



Patients May Pay As Little As*...

PRODUCT	SIZE	COMMERCIALY UNRESTRICTED	UNINSURED PAYMENT
Oracea® (doxycycline, USP) 40 mg capsules	30 count	\$35	\$75
Doxycycline® USP 40mg Capsules†	30 count	\$0	N/A
Soolantra® (ivermectin) Cream, 1%	45g	\$0	\$75
Soolantra® (ivermectin) Cream, 1%	30g	\$0	\$75
Epiduo® Forte (adapalene and benzoyl peroxide) Gel, 0.3%/2.5%	45 g pump	\$0	\$75
Epiduo® Forte (adapalene and benzoyl peroxide) Gel, 0.3%/2.5%	60 g pump	\$0	\$75
Mirvaso® (brimonidine) Topical Gel, 0.33%	30 g pump	\$35	\$75
Mirvaso® (brimonidine) Topical Gel, 0.33%	30 g	\$35	\$75
Tri-Luma® (fluocinonone acetone 0.01%, hydroquinone 4%, tretinoin 0.05%) Cream	30 g	\$35	\$125
Capex® (fluocinonone acetone) Shampoo, 0.01%	4 oz	\$35	\$125
Clobex® (clobetasol propionate) Shampoo, 0.05%	4 oz	\$35	\$125
Clobex® (clobetasol propionate) Lotion, 0.05%	4 oz	\$35	\$125
Clobex® (clobetasol propionate) Spray, 0.05%	2 oz	\$35	\$125
Clobex® (clobetasol propionate) Spray, 0.05%	4.25 oz	\$35	N/A
Differin® (adapalene) Cream, 0.1%	45 g	\$35	\$125
Differin® (adapalene) Lotion, 0.1%	2 oz	\$35	\$125
Differin® (adapalene) Gel, 0.3%	45 g pump	\$35	\$125
DesOwen® (desonide) Cream, 0.05%	60 g	\$35	\$125
Epiduo® (adapalene and benzoyl peroxide) Gel, 0.1%/2.5%	45 g pump	\$35	\$125
MetroCream® (metronidazole) Topical Cream, 0.75%	45 g	\$35	\$125
MetroGel® (metronidazole) Gel, 1%	55 g pump	\$35	\$125
MetroGel® (metronidazole) Gel, 1%	60 g	\$35	\$125
MetroLotion® (metronidazole) Topical Lotion, 0.75%	2 oz	\$35	\$125
Vectical® (calcitriol) Ointment, 3 mcg/g	100 g	\$35	N/A

† Restricted to Doxycycline NDC 66993-815-30 only.

*Galderma CareConnect is only available for commercially insured or uninsured patients. Patients who are enrolled in a government-run or government-sponsored health care plan with a pharmacy benefit are not eligible to use the Galderma CareConnect Patient Savings Card.

CAP/0027/0517(1)

This offer may be subject to limitations imposed by state or federal law, or by your health insurer. The Galderma CareConnect Program Patient Savings Card is not valid where prohibited by law or by your health insurer.

Patient instructions: You may call (855) 280-0543 for questions pertaining to your Patient Savings Card. Present the Galderma CareConnect Patient Savings Card to your pharmacist along with an eligible prescription for each Galderma production each time you fill your prescription. The prescriber ID# must be identified on the prescription. When you use this Patient Savings Card, you are certifying that you understand the program rules, regulations, and these terms and conditions and that you will comply with them. No purchases 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 patient savings card as required by your insurer. If you have any questions, please call the Galderma CareConnect Program at (855) 280-0543.

By using the Galderma CareConnect Patient Savings Card, you acknowledge that you currently meet the following eligibility criteria:

- You have a valid prescription for the Galderma product your copay and the savings apply to;
- You have no insurance or are subject to a private insurance copay requirement for your prescription;
- You are not 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;
- You are at least 18 years old; and
- You reside in the United States.

Pharmacist Instructions:

When you 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 the Program Rules set forth at www.galdermacc.com.

- 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 NCDPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the Galderma CareConnect 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 and 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 Patient Savings 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 offer to any discount or savings to such patient under the Galderma CareConnect for such Galderma product.
- For questions regarding setup, claims transmission, patient eligibility or other issues call LoyaltyScript® for Galderma CareConnect program at 855-280-0543 (8:00AM-8:00PM EST, Monday-Friday).

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

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