

## **PROGRAM DETAILS:**

The Galderma® CareConnect Program is brought to you by Galderma Laboratories, L.P. 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 the terms of this offer. This offer expires December 31, 2017, 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 an AB rated generic equivalent product becomes available for one of the Galderma products covered by this Patient Savings Card, this offer will become void in Massachusetts 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](http://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
Capex® (fluocinolone acetonide) Shampoo, 0.01%	4 oz	\$35	\$125
Clobex® (clobetasol propionate) Lotion, 0.05%	4 oz	\$35	\$125
Clobex® (clobetasol propionate) Shampoo, 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 pump	\$35	\$125
Differin® (adapalene) Gel, 0.3%	45 g pump	\$35	\$125
DesOwen® (desonide) Cream, 0.05%	60 g	\$35	\$125
Doxycycline®, USP 40mg Capsules†	30 count	\$0	N/A
Epiduo® (adapalene and benzoyl peroxide) Gel, 0.1%/2.5%	45 g pump	\$35	\$125
Epiduo® Forte (adapalene and benzoyl peroxide) Gel, 0.3%/2.5%	45 g pump	\$0	\$75
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
Mirvaso® (brimonidine) Topical Gel, 0.33%	30 g pump	\$35	\$75
Mirvaso® (brimonidine) Topical Gel, 0.33%	30 g	\$35	\$75
Oracea® (doxycycline, USP) 40 mg capsules	30 count	\$35	\$75
Soolantra® (ivermectin) Cream, 1%	30 g	\$35	\$75
Soolantra® (ivermectin) Cream, 1%	45 g	\$35	\$75
Tri-Luma® (fluocinolone acetonide, hydroquinone, tretinoin) Cream, 0.01%/4%/0.05%	30 g	\$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 healthcare plan with a pharmacy benefit are not eligible to use the Galderma CareConnect Patient Savings Card.

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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 Program Patient Savings Card to your pharmacist along with an eligible prescription for each Galderma product 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 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 of 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 Program 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 for a Patient with an Eligible Third Party:** When you accept this card, you are certifying that you:

- (a) have not submitted and will not submit a claim for reimbursement under any federal, state, government-run or government sponsored health care program with a pharmacy benefit;
- (b) will not use the Patient Savings Card to promote the services of your pharmacy;
- (c) will comply with the policies of the patient's insurer and not use the offer when prohibited by the patient's insurer or by applicable law, rule or regulation;
- (d) will inform insurer(s) about the use of the Patient Savings Card as required;
- (e) will not run a patient as a cash patient without first determining if the patient has commercial health insurance with a pharmacy benefit. If the patient has commercial health insurance with a pharmacy benefit, the Pharmacy shall not treat the patient as a cash paying patient;
- (f) will not fill a prescription under the Galderma CareConnect Program in conjunction with any other benefit, discount or other offer and shall only process a prescription under the Galderma CareConnect Program. For the avoidance of doubt, Pharmacy shall not run more than one discount card, program or offer for any prescription filled under the Galderma CareConnect Program; and
- (g) will not seek reimbursement from a patient or health insurer for amounts provided by Galderma.

If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Submit transaction to McKesson Corporation using BIN #610524. Acceptable discounts will be displayed in the transaction response. Acceptance of this card and your submission of claims are also subject to the Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc).

**Pharmacist Instructions for an Uninsured Patient:** For uninsured cash-paying patients, submit transaction to McKesson Corporation using BIN #610524. Acceptable discounts will be displayed in the transaction response. Acceptance of this card and your submission of claims are also subject to the Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc).

For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Galderma® CareConnect Program at (855) 280-0543 (8:00 AM-8:00 PM EST, Monday-Friday).