

# SYNERA<sup>®</sup>

(lidocaine and tetracaine) Topical Patch

## SYNERA (LIDOCAINE AND TETRACAIN) TOPICAL PATCH SAVINGS PROGRAM

### INSURED PATIENTS WITH COVERAGE

#### SAVINGS UP TO \$160 PER PRESCRIPTION

With the SYNERA Co-pay Savings Program, patients may pay as little as a \$40 Co-pay for their prescription with maximum savings of up to \$160 per prescription.

Minimum required quantity of one (1) carton.

### CASH AND INSURED PATIENTS WITH NO COVERAGE

#### PAY NO MORE THAN \$90 PER CARTON

If you do not have insurance, or your insurance does not cover SYNERA, with the SYNERA Savings Program you will pay no more than \$90 per carton.

Minimum required quantity of one (1) carton.

Please note that this offer cannot be redeemed by patients eligible for Medicare (including Medicare Advantage or Part D prescription drug plans), Medicaid, or other public payment programs.

### PHARMACIST INSTRUCTIONS:

This offer is provided by Galen US Inc. If you or your customer have questions about this offering, please call 1-800-664-6864.

### PROCESSING INSTRUCTIONS:

BIN: 610600  
PCN: AS  
GROUP: 361  
ID: 36100511504

### INSURED PATIENTS:

Submit primary claim to your patient's insurance provider for SYNERA. Submit a secondary COB claim to AlphaScrip, BIN: 610600, PCN: AS, using the Group and ID number located above. The correct Other Coverage Code from the primary submission is required: 03 if primary insurance has denied coverage, or 08 to reduce the patient's primary co-pay expense.

If your patient's insurance provider requires a PA, please initiate the PA process to help your patient save on future prescriptions.

### CASH PATIENTS:

Submit a primary claim to AlphaScrip using Other Coverage Code 00 or 01, BIN: 610600, PCN:AS, and the Group and ID number located above.

For questions regarding processing, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.

**Pharmacist Certification and Agreement:** By accepting and redeeming this offer, the pharmacist certifies that (i) SYNERA has been dispensed to a patient eligible for this offer in accordance with the Terms and Limitations; and (ii) participation in this program complies with all applicable laws and contractual or other obligations as a pharmacy provider. Pharmacist agrees to accept the reimbursement offered under this program and not charge the patient any amounts over and above the program co-pay.

**TERMS AND LIMITATIONS:** Offer expires 12/31/2019. Valid only at participating pharmacies in the United States (including the Commonwealth of Puerto Rico). Offer must be accompanied by a valid prescription for SYNERA. Void where prohibited by law. No substitutions permitted. Offer not valid for patients eligible for coverage for SYNERA under Medicare (including Medicare Advantage or Part D Prescription Drug Plans), Medicaid or other public payment programs (eg, TRICARE, any state program, or the Puerto Rico Government Health Insurance Plan). Minimum supply of one carton per fill. Depending upon the nature and terms of your relationship with insurance carriers, you will report offer redemption to the insurance carrier if required. Offer not valid for prescriptions reimbursed in full (including co-pay) by any third party payor. Offer cannot be combined with any other voucher, certificate, coupon, rebate, or similar offer. It is illegal for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade or to counterfeit this offer. This is not an insurance program. Galen US Inc reserves the right to rescind, revoke, or amend this offer without notice.

By redeeming this offer, patients and pharmacists understand and agree to comply with these terms and conditions.