

# SANOFI RX SAVINGS PROGRAM



**Pay no more than \$15.**

Maximum savings is **\$500** off per pack\*



**Pay no more than \$25.**

Maximum savings is **\$100** off per monthly prescription\*



**\$0 Co-pay offer.**

Maximum savings is **\$100** off per monthly prescription\*

**RxBIN: 610524**

**RxPCN: Loyalty**

**RxGRP: 50777058**

**ISSUER: (80840)**

**ID: 429137183**

*Powered By:*

**McKESSON**

\*Sanofi US reserves the right to rescind, revoke, or amend any and all offers without notice

**Patient Instructions:** If prescription is covered by insurance, you may need to notify the insurance carrier of redemption of this copay card. This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs including any state medical pharmaceutical assistance program. This program is not valid where prohibited by law. By redeeming this coupon, you are certifying that (1) you are not a beneficiary of any government funded programs as noted above; (2) should you begin receiving prescription benefits from any government funded program, you will withdraw from this savings program; and (3) you acknowledge and understand that adherence to the terms and conditions of this offer, as noted above and posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc), is necessary to ensure compliance with laws pertaining to Federal Healthcare Programs. For questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the Sanofi US Corporate Loyalty Card program at 866-390-5622 (8:00 AM-8:00 PM EST, Monday-Friday).

**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 Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs including any state medical pharmaceutical assistance program for this prescription.

- Submit transaction to McKesson Specialty Arizona, Inc. 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 Sanofi US Corporate Loyalty Card Program are subject to the LoyaltyScript® program Terms and Conditions established by McKesson Specialty Arizona, Inc. By accepting this card, you agree to the LoyaltyScript® program Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc).
- LoyaltyScript® is not an insurance card.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Sanofi US Corporate Loyalty Card Program at 866-390-5622 (8:00 AM-8:00 PM EST, Monday-Friday).