ACCESS PROGRAM COUPON

RX ACCESS PROGRAM

Exclusively at WALGREENS and other participating INDEPENDENT PHARMACIES

BIN# 022816

PCN# Use Primary Insurance PCN

Some dispensing software systems cannot change the PCN by Rx. For help and other options please call 833-613-2333

ID: Use Primary Insurance Member ID

RxGRP: Use Primary Insurance GROUP

ASSISTANCE IN PROCESSING



Call Customer Service at 833-613-2333



Visit us at: www.orthorxaccess.com

BRING THIS COUPON TO YOUR PHARMACIST FOR CO-PAY SAVINGS TO THE PATIENT:

- · You must present this coupon along with your prescription to participate in this program.
- When you use this coupon you are certifying that you understand and agree to the program rules, regulations, eligibility requirements, and terms and conditions.
- This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any federal, state, or other governmental programs, including, but not limited to .Medicare (notuding Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Pourto Ricc Government Health Insurance Plan, or any other federal or state health care programs of or anyyone 65 years of age or older without commercial insurance.

TO THE PHARMACIST:

When you use this coupon, 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 the claim to the primary Third Party Payer first, then submit the balance due to BrightScript as a Secondary Payer as a copay only billing using BIN 022816 and a valid BrightScript Coverage Code (e.g. 8). Reimbursement will be received from Monarch Specialty Group.
- · Cash paying patients, submit this claim to DST Pharmacy Solutions using BIN 022816. A valid Other Coverage Code (e.g. 1) is required.
- · For any questions regarding BrightScript online processing, please call the Help Desk at 833-613-2333.
- . This offer is only valid for patients with commercial insurance and eligible uninsured patients.
- Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer.
- When you use this coupon you are certifying that you have not submitted and will not submit a claim for reimbursement under any ferent, atta, or other governmental programs, including, but not limited to, Medicare (including Medicare, Advantage and Part A. B. and D plants). Medicard, TBCARE, Veterams Administration on Experiment of Defense health coverage, CHAMPUS, the Parto Rice Government Medic prescriptions in whole or in part by any of these programs. The Defense is not walf or any persons displace the reinhoursement of Defense in the Nation of the persons displace the reinhoursement of prescriptions in whole or in part by any of these programs. The Defense is not walf or any persons displace the reinhoursement of the persons displace the reinhoursement of the persons displace the reinhoursement of the person displace the persons displace the reinhoursement of the persons displace the reinhoursement of the persons displace the persons displace the persons displace the persons displace the person displace the persons displace
- By accepting this coupon and submitting claims for any of the products specified herein you agree to the program terms and conditions, which are posted at www.orthorxaccess.com.
- This offer is good only in the United States of America (including the District of Calumbia, Puerte Ricc and the U.S. Virgin Islands) at retail pharmacies owned and operated by Vilageme Co. (or it allifiest) and other participating independent retail pharmacies. This offer is not valid in Massachuartis of Minerado or where otherwise prohibited, taxed, or otherwise retricted. This offer is not valid for redemption in product is evaluated by or yreident of the State of Coloman with regret or any product for which a theraperclusing requirement product is evaluated.
- This offer is not valid for any person that is 65 years of age or older without commercial insurance. Participants must be 18 years of age or older to redeem this offer for him/herself or a minor.
- · Ortho Dermatologics' affiliated entities reserve the right to rescind, revoke, terminate, or amend this offer at any time, without notice.

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