

# ACCESS PROGRAM COUPON

— ORTHO DERMATOLOGICS —

## Rx ACCESS PROGRAM

Available at WALGREENS and participating INDEPENDENT PHARMACIES.  
If processing at WALGREENS, please use the information below.

**BIN: 022816**

**Plan ID: BRSCCOB**

Enter patient primary information into fields as follows:

**Member ID:**

**Patients Primary Plan PCN + Q + Primary Plan Member ID**

**Group ID: Patients Primary Plan Group ID**

**Note:** If either PCN or Group of patient's primary insurance is blank enter "000"

**Examples:**

- 1) Patient Primary insurance PCN is XXX and Primary insurance member ID is 123456:
  - Place XXX0123456 into Member ID field of brightscrip secondary payer
- 2) If Patient Primary insurance PCN is blank:
  - Place 0000123455 into Member ID field of brightscrip secondary payer
- 3) If Patient Primary insurance Group is blank:
  - Place 000 in the Group ID field of brightscrip secondary payer

# ASSISTANCE IN PROCESSING



Call Pharmacy Help Desk at  
**833-613-2333**



Visit us at:  
**[www.orthorxaccess.com](http://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 (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs or for anyone 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 **brightscrip** as a Secondary Payer as a copay only billing using **BIN 022816** and a valid brightscrip 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 **brightscrip** 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 federal, state, or other governmental programs, including, but not limited to, Medicare (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs. This offer is not valid for any person eligible for reimbursement of prescriptions in whole or in part, by any of these programs.
- 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](http://www.orthorxaccess.com).
- This offer is good only in the United States of America (including the District of Columbia, Puerto Rico and the U.S. Virgin Islands) at retail pharmacies owned and operated by Walgreen Co. (or its affiliates) and other participating independent retail pharmacies. This offer is not valid in Massachusetts or Minnesota or where otherwise prohibited, taxed, or otherwise restricted. This offer is not valid for redemption in the State of California or by any resident of the State of California with regard to any product for which a therapeutically equivalent generic product is available.
- 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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