

\$0 Per Month
For a *3-Month*
Prescription*

*Based on a \$0 co-pay
for a 90-day supply.

OR

\$10 For a *1-Month*
Prescription†

†Based on a \$10 co-pay
for a 30-day supply.

Restrictions apply. See reverse for details.

Please see accompanying Important Safety Information
and Product Information for Welchol.


(colesevelam HCl)

RxBIN: 610524

RxPCN: Loyalty

RxGRP: 50776720

Issuer: (80840)

ID: XXXXXXXXX

To the Patient: You must present this card to the pharmacist along with your WELCHOL® (colesevelam HCl) prescription to participate in the program. For patients with commercial insurance, savings per prescription of WELCHOL will apply after the following out-of-pocket expenses are met: \$10 per prescription for a 30-day supply of WELCHOL or \$0 per prescription for a 90-day supply of WELCHOL. Offer may not be combined with any other program offer or discount for WELCHOL. Savings for WELCHOL are subject to a maximum benefit of \$150 per 30-day prescription or \$450 per 90-day prescription. If you have questions regarding your eligibility or benefits, or wish to discontinue participation, call **(877) 264-2440 (8 am-8 pm ET, Monday-Friday)**. When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if you are enrolled in any state or federal health care program, including, but not limited to, Medicare Part D or Medicaid, VA, DOD, or TRICARE/CHAMPUS; or where taxed, restricted, or prohibited by law; or if you do not otherwise comply with the terms of this card. Further, you agree to discontinue using the card if you enroll in any state or federal health care program during the program period. Offer valid in US and Puerto Rico only.

To the Pharmacist: When you use this card, you are certifying that the patient is not enrolled in any federal, state, or other governmental programs for this prescription.

- Submit transaction to McKesson Corporation, using BIN #610524.
- If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card is subject to LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc.
- Patient not eligible if enrolled in any state or federal health care program, including, but not limited to, Medicare Part D or Medicaid, VA, DOD, or TRICARE/CHAMPUS; or where taxed, restricted, or prohibited by law. Offer valid in US and Puerto Rico only.
- The LoyaltyScript® card is not valid for use with any other prescription drug discount or cash cards for WELCHOL. Claims submitted utilizing the program are subject to audit or validation.
- LoyaltyScript® is not an insurance card.

Cosette Pharmaceuticals, Inc., reserves the right to rescind, revoke, or amend this program, at any time, without notice.

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McKESSON
Engineering Healthcare

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PHARMACEUTICALS