

RELISTOR SAVINGS CARD

Many eligible commercially insured patients may pay as little as a \$0 copay for Relistor.



To the Pharmacist: When you process this card, 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. 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. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist instructions for a patient with an Eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to **SS&C Health** as a Secondary Payer as a copay only billing using **BIN 019158** and a valid Other Coverage Code (e.g. **8**). Reimbursement will be received from **SS&C Health**.

Pharmacist instructions for patients whose insurance plan does not cover product: Submit this claim to **SS&C Health** using **BIN 019158**. A valid Other Coverage Code (e.g. **3**) is required. Reimbursement will be received from **SS&C Health**.

Valid Other Coverage Code required. For any questions regarding **SS&C Health** online processing, please call the Help Desk at 1-844-373-0987.

To the Patient: You must present this card along with your prescription to participate in this program. When you use this card, you are certifying that you have commercial insurance and understand and agree to the program rules, regulations, eligibility criteria and terms and conditions. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by Medicaid, Medicare (including Medicare Advantage and Part D Plans), or any other federal or state funded healthcare programs (including VA, DOD, TRICARE, CHAMPUS and any state prescription drug programs).

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methylⁿaltrexone bromide
Tablets & Subcutaneous Injection

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PHARMACEUTICALS

400 Somerset Corporate Boulevard,
Bridgewater, NJ 08807
1-800-321-4576

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Eligibility Criteria, Terms and Conditions: This offer is only valid for patients with commercial insurance, including commercially-insured patients without coverage for Relistor. Patients without commercial insurance are not eligible. For eligible patients, Salix Pharmaceuticals will be responsible to pay your co-pay/out of pocket expense for each eligible prescription fill using this savings card, maximum benefits apply. Please call 1-855-202-3719 for more information. Patient is responsible for all additional costs and expenses after the maximum limit is reached. This savings card can be used up to 24 times before the expiration date. 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. This offer is only good in the USA at participating retail pharmacies. This offer cannot be redeemed at other locations, including government-subsidized clinics or facilities. This offer is not valid where otherwise prohibited, taxed, or otherwise restricted. Patient is responsible for reporting receipt of co-pay assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the co-pay card, as may be required. This offer cannot be combined with other offers. This card has no cash value. No other purchase is necessary. This offer is nontransferable. No substitutions are permitted. **This card is not health insurance.** You understand and agree to comply with the terms and conditions of this offer as set forth above. Offer expires December 31, 2024. Salix Pharmaceuticals reserves the right to rescind, revoke, or amend this offer at any time without notice.

RELISTOR[®]
methylnaltrexone bromide
Tablets & Subcutaneous Injection

Salix
PHARMACEUTICALS

400 Somerset Corporate Boulevard,
Bridgewater, NJ 08807
1-800-321-4576

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RELISTOR SAVINGS CARD

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To the Pharmacist: When you process this card, 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. 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. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist instructions for a patient with an Eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to **SS&C Health** as a Secondary Payer as a copay only billing using **BIN 019158** and a valid Other Coverage Code (**e.g. 8**). Reimbursement will be received from **SS&C Health**.

Pharmacist instructions for patients whose insurance plan does not cover product: Submit this claim to **SS&C Health** using **BIN 019158**. A valid Other Coverage Code (**e.g. 3**) is required. Reimbursement will be received from **SS&C Health**.

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To the Patient: You must present this card along with your prescription to participate in this program. When you use this card, you are certifying that you have commercial insurance and understand and agree to the program rules, regulations, eligibility criteria and terms and conditions. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by Medicaid, Medicare (including Medicare Advantage and Part D Plans), or any other federal or state funded healthcare programs (including VA, DOD, TRICARE, CHAMPUS and any state prescription drug programs).

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