

Instant Savings on Your PATADAY™ Solution Prescription*

Good for all prescriptions through 12/31/2011

PAY NO MORE THAN

\$25*

with this Most Relief Rebate

***Offer restrictions:** Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan or other federal or state programs (such as medical assistance programs). If you are eligible for drug benefits under any such program, you cannot use this voucher. By using this voucher, you agree that you will not submit a claim for the prescription to a government payor.

To the Patient: You must present this voucher to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the PATADAY™ Solution program at 877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this voucher, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

- Patients are responsible for a \$25 out-of-pocket expense. This instant savings voucher will then be applied toward any remaining out-of-pocket expense up to a maximum of \$50.
- If you purchase PATADAY™ Solution, through mail order and they do not accept this voucher, call McKesson Corporation at 877-264-2440 and request a Direct Member Reimbursement (DMR) form.

To the Pharmacist: When you use this voucher, 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 transaction to McKesson Corporation 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 voucher and your submission of claims for the PATADAY™ Solution program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc.
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, or TriCare and where prohibited by law.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for PATADAY™ Solution program at 877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday).

You are encouraged to report negative side effects to prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For full prescribing information visit pataday.com.

FOR QUESTIONS CALL 877-264-2440

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Two Easy Steps

Step 1

Your doctor will write a prescription for PATADAY™ Solution

Step 2

Take the prescription and this printed offer to your pharmacist

RxBIN: 610524

RxPCN: Loyalty

RxGRP: 50775558

ISSUER: (80840)

ID:

Once Daily
Pataday™
(olopatadine hydrochloride
ophthalmic solution) 0.2%