



\$20 OFF
PER
PRESCRIPTION*

For Commercially Insured Patients ONLY
BILL PRIMARY INSURANCE FIRST

RxBIN: **610524** RxGRP: **50778247**
RxPCN: **Loyalty** ISSUER: **(80840)**

ID: XXXXXXXXXXXX

Please see program terms and conditions
on reverse side.

*Subject to applicable program maximum restrictions, terms and conditions, and eligibility criteria. Valid only for commercially insured and covered patients. Refer to program terms and conditions for full program information. This offer is not valid under Medicare, Medicaid, or any other federal or state program, for cash-paying patients, or where a plan reimburses you for the entire cost of your prescription drug.

To the Patient: You must present this card 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 Savings program at 888-215-8823 (8:00 AM-8:00 PM EST, 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 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.

To the Pharmacist: When you use 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.

- Submit transaction to McKesson Corporation using BIN #610524
- If primary commercial prescription insurance 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 card and your submission of claims for the Savings 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 Savings program at 888-215-8823 (8:00 AM-8:00 PM EST, Monday-Friday).**

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