

PAY AS  
LITTLE AS  
**\$40\***  
WITH COMMERCIAL  
INSURANCE

Pay as little as \$40\* on your  
prescription of  
**TobraDex® ST Suspension**  
(tobramycin/dexamethasone  
ophthalmic suspension) 0.3%/0.05%  
with commercial insurance

\*maximum benefit amount is \$40



### How to use this copay savings voucher:

**Step 1** – Bring your offer, along with your valid prescription for TobraDex® ST Suspension, to the pharmacy.

**Step 2** – At the point of purchase, hand this sheet to your pharmacist for processing.

**Step 3** – You are responsible for the first \$40 and Alcon will pay the remaining, up to a maximum of \$40. This rebate is good for use up to three times.

**There is no FDA Approved Therapeutic Equivalent of TOBRADEX® ST Suspension.†**

### Terms and Conditions:

The program is offered by Alcon and applies only to TobraDex® ST Suspension prescriptions filled on or before 03/31/2016 for which patient has: (1) private insurance copay requirement of \$40 or more, or (2) no insurance.

**This offer is not valid for patients who are enrolled in Medicare Part D, Medicaid, Medigap, VA, DOD, Tricare, or any other government-run or government-sponsored health care program with a pharmacy benefit.**

Each patient pays as little as \$40 in out-of-pocket expenses for TobraDex® ST Suspension. Maximum benefit per bottle is \$40. Commercially insured patients will receive savings of up to \$40 on out of pocket costs over \$40. Uninsured cash patients will receive savings of up to \$40 off their out of pocket expense. Offer good for up to three (3) 5mL bottles of TobraDex® ST Suspension for a single patient. Use of the voucher does not obligate the patient to use or continue using any Alcon product. No other purchase is necessary. You may use the voucher at any participating pharmacy in the U.S.

The voucher: (a) may not be combined with any other savings, discount, free trial, or other similar offer for the same prescription; (b) is not transferrable, is void if reproduced, and has no cash value; and (c) is not health insurance. Limit one (1) voucher per patient. Alcon reserves the right to rescind, revoke or amend this offer without notice and to deny payment for non-compliance with these terms. This offer expires on March 31, 2016. Use of this voucher is subject to applicable state and federal laws. If you have any questions, please call McKesson Help Desk at 1-877-264-2440 (8:00am to 8:00pm ET, Monday-Friday).

### FOR QUESTIONS CALL 877-264-2440

† There is no FDA-approved therapeutic equivalent version of TobraDex® ST Suspension. Drugs@FDA entry for TobraDex® ST, available at <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>. Accessed on 3/26/2015.

RxBIN: **610524**  
ISSUER: **(80840)**  
RxPCN: **Loyalty**  
RxGRP: **50776428**  
  
ID: **013644078**

Powered By:  
**McKESSON**

**Offer expires 03/31/2016**

**Eligibility:** By using the voucher, you acknowledge that you currently meet the following eligibility criteria, you have: a valid prescription for TobraDex® ST Suspension; no insurance or are subject to a private insurance copay requirement for your prescription; are not enrolled in government-run or government-sponsored health care program with a pharmacy benefit; are at least 18 years old; and reside in the United States. No purchase necessary and there are no membership fees.

**Patient Instructions:** Present your voucher to your pharmacist along with an eligible prescription for TobraDex® ST Suspension each time you fill your prescription. The prescriber ID# must be identified on the prescription. **This offer is not valid for patients who are enrolled in Medicare Part D, Medicaid, Medigap, VA, DOD, Tricare, or any other government-run or government-sponsored health care program with a pharmacy benefit. It is important to make sure that you comply with your health insurer's policies about copay vouchers. In addition, you agree that you will disclose this offer to your private insurer, if any.** You are responsible for any applicable taxes.

**Pharmacist instructions:** By accepting the voucher, you agree to the Additional Terms and Conditions of the voucher set forth above and the Terms and Conditions on the subsequent page. You may not advertise or otherwise use the voucher to promote the services of your pharmacy. You agree that you will comply with the policies of, will inform as required, the patient's insurer and not request payment from Alcon where copay vouchers are prohibited by the patient's insurer or by applicable law. You may not seek reimbursement from a patient or health insurer for amounts provided by Alcon towards the patient's copay. Please be aware that Alcon may deny payment if you do not comply with the terms of this offer. Submit transaction to McKesson Corporation using BIN #610524. If primary coverage exists, input voucher information as secondary coverage (not to exceed the co-pay amount or \$40, whichever is less) and transmit using the COB segment of the NCPDP transaction. Acceptable discounts will be displayed in the transaction response. Uninsured cash-paying patients will receive a benefit of \$40 off. Acceptance of this voucher and your submission of claims for the TobraDex® ST Suspension are also subject to the Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc).

**Alcon**

a Novartis company

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(tobramycin/dexamethasone  
ophthalmic suspension)  
0.3%/0.05%