

Boehringer Ingelheim Pharmaceuticals, Inc.

**Savings Card Terms and Conditions for
Synjardy® (empagliflozin/metformin HCl) tablets and
Synjardy® XR (empagliflozin/metformin HCl extended-release) tablets**

To the patient: Eligible commercially insured patients 18 years or older may pay as little as \$0/month with a maximum savings up to \$250 per 30-day supply. Benefits not to exceed program expiration on December 31, 2020. In Massachusetts, the validity of this voucher and its use are subject to changes per state law. Other state restrictions may apply. One card per patient, not transferable, and cannot be combined with any other offer. **Card not accepted in Veteran's Affairs pharmacies.** Program not health insurance. You must present this card to the pharmacist with your SYNJARDY or SYNJARDY XR prescription to participate. Only valid for commercially insured patients in the 50 United States, DC, and Puerto Rico. **Offer not valid for patients without commercial coverage or patients whose prescriptions for SYNJARDY or SYNJARDY XR are eligible to be reimbursed, in whole or in part, by any governmental program such as Medicaid, Medicare or any state patient or pharmaceutical assistance program and where prohibited by law.** Offer not valid for prescriptions for SYNJARDY or SYNJARDY XR that are eligible to be reimbursed, in whole or in part, by any state employee health plans where prohibited by law. Offer may change at any time, without notice.

To the pharmacist: Use of this card certifies that you have not and will not submit a claim for reimbursement for this prescription under any federal, state or other governmental programs.

- 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 card and your submission of claims for the SYNJARDY or SYNJARDY XR savings card program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc
- **Patient is not eligible if patient's prescription for SYNJARDY or SYNJARDY XR is eligible to be reimbursed, in whole or in part, by any governmental program such as Medicaid, Medicare or any state patient or pharmaceutical assistance program.**
- Not valid for patients receiving Medicare Part A covered care in a facility (including, but not limited to, a hospital, skilled nursing facility, nursing home, and hospice).
- The LoyaltyScript® Card is not valid for use with any other prescription drug discount or cash cards for SYNJARDY or SYNJARDY XR. Claims submitted utilizing the program are subject to audit or validation.

For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for SYNJARDY or SYNJARDY XR savings card program at 1-866-279-8990 8:00 AM-8:00 PM EST, Monday-Friday, Saturday 9:30 AM-6:00 PM EST.