

Ryaltris[®]  665 mcg
25 mcg

(olopatadine hydrochloride and mometasone furoate monohydrate nasal spray)

Pay as
little as **\$39***

RxBin: 018844

PCN: 3F

Group: FCRYTNS

Member ID: HKRY1273481

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25 mcg

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Take this Savings Card with your prescription for RYALTRIS[®] nasal spray to your pharmacist and pay as little as \$39 per bottle for a 30-day supply. No activation is necessary. See reverse side for eligibility and restrictions.

To learn more, visit us.Ryaltris.com

*Maximum value of \$200 per bottle. The RYALTRIS[®] Savings Card is not Health Insurance.

**For help using
this card, call
1-877-259-6893**

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TO THE PHARMACY:

- Submit transaction using **Change Healthcare RxBIN# 018844, PCN: 3F. Processor requires Valid Prescriber ID#, Patient Name, and DOB for claim adjudication.**
- If primary coverage exists, input card information as secondary coverage and transmit using the **Coordination of Benefits (COB) fields with Other Coverage Code type 08** of the National Council for Prescription Drug Programs (NCPDP) transaction. If commercial primary coverage is rejected, please retry using the coverage code 03 of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- For cash-paying patients, input card information as primary coverage and transmit using the **Coordination of Benefits (COB) fields with Other Coverage Code type 00 or 01** of the National Council for Prescription Drug Programs (NCPDP) transaction. Applicable discounts will be displayed in the transaction response.
- For **pharmacy assistance** filing this claim, please call the Pharmacy Help Desk at **1-855-282-4888**. By using this card, you certify that the patient meets the eligibility requirements described below and that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. As a condition of payment, you certify that you are in compliance with the terms and conditions set forth herein, as well as with any obligations to provide notice of your participation in this savings program to third-party payers as required by law, contract, or otherwise.

TO THE PATIENT: Eligibility & Restrictions:

You may be eligible if you are covered by commercial insurance, your insurance does not cover the full cost of the prescription, or you are a cash-paying patient. No other purchase is necessary. This offer is not Health Insurance. No substitutions permitted.

This card is not transferable. You are not eligible if you are enrolled in any state or federally funded healthcare program including, but not limited to, Medicare, Medicare Part D, Medicaid (including Medicaid managed care), Medigap, VA, FEHB, DoD, TRICARE®, or a state pharmacy assistance program. In addition, you must be 18 years or older and a legal resident of the US or Puerto Rico. Offer void where prohibited by law, taxed, or restricted. This offer may not be used with any other discount, trial offer, or other offer. Hikma Specialty USA Inc. reserves the right to rescind, revoke, or amend this program without notice. Participation in this program confirms that this offer is consistent with your insurance coverage, if any, and that you will report the value received if required by your insurance provider. By using this card, you certify that you understand and will comply with the terms and conditions. For questions, please call 1-877-259-6893, 8 am-7 pm ET, Monday-Friday. Other conditions may apply.