


This co-pay card should be used by patients who have commercial/private insurance covering their prescriptions.

If you do not have commercial/private insurance for your prescriptions, please see the Sanofi Insulins Valyou Savings offer at www.insulinsvalyou.com or call 833-813-0190. Make sure to answer “No” when asked “Do you have commercial or private prescription drug insurance?”

There’s still time to sign up for emails from TeamingUp! [Go back](#) and check the box “I want support”. Then fill out the short form to start receiving emails on getting started with this medication.

Also, check out resources and online tools available at TeamingUp.us.



Commercially insured patients

PAY AS LOW AS \$0
AND NO MORE THAN \$99*

for a 30-day supply

RxBIN: 610524
RxPCN: Loyalty
RxGRP: 50777750
ISSUER: (80840)
ID:1340813207

* Valid up to 10 packs per fill. See reverse side for additional Terms and Restrictions.
Sanofi US reserves the right to rescind, revoke, or amend any and all offers without notice.

AS PART OF THE SANOFI RX SAVINGS PROGRAM

Patient Instructions: You may need to notify the insurance carrier of redemption of this savings card. This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance program. If you have an Affordable Care (Health Care Exchange) plan, you may still be qualified to receive and use this savings card. Please note: the Federal Employees Health Benefits (FEHB) Program is not a federal or state government health care program for purposes of the savings program. Void where prohibited by law. Savings may vary depending on patients' out-of-pocket costs. Upon registration, patients receive all program details. By redeeming this coupon, you are certifying that (1) you are not a beneficiary of any government funded programs as noted above; (2) should you begin receiving prescription benefits from any government funded program, you will withdraw from this savings program; and (3) you acknowledge and understand that adherence to the terms and conditions of this offer, as noted above and posted at www.mckesson.com/mpstnc, is necessary to ensure compliance with laws pertaining to Federal Healthcare Programs. For questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the Lantus Savings Program at 866-251-4750 (8:00 AM-8:00 PM EST, Monday-Friday).



LANTUS PATIENTS

- Pay as low as \$0 up to \$99 for a 30-day supply, depending on insurance coverage. Maximum savings apply.
- Valid up to 10 packs per fill; Offer valid for one fill per 30-day supply.
- After 12 fills get a new Lantus® Savings Card by going to www.lantus.com or by calling 866-251-4750.
- If you **do not** have commercial/private insurance for your prescription medications, please see the Insulins Valyou Savings Program at www.insulinsvalyou.com or call 833-813-0190. Make sure to answer “No” when asked “Do you have commercial or private prescription drug insurance?”
- This card may also be used for Adlyxin® (lixisenatide) injection \$0 co-pay. See www.adlyxin.com for eligibility.

Pharmacist: When you process this card, you are certifying that you have read, understood, and are in compliance with the terms and conditions pertaining to this program. You are further certifying that you have not submitted and will not submit a claim for reimbursement under Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance program for this prescription.

- Submit transaction to Rx Acquisition Company d/b/a RxCrossroads by McKesson using BIN #610524.
- Cash Discount Cards are not valid as primary insurance under this offer. This Savings Card cannot be combined with any coupon, certificate, voucher, or similar offer.
- 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 Lantus Savings Program are subject to the LoyaltyScript® program Terms and Conditions established by Rx Acquisition Company d/b/a RxCrossroads by McKesson. By accepting this card, you agree to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mpstnc.
- LoyaltyScript® is not an insurance card.
- **For questions regarding setup, claim transmission, eligibility or other issues, call the LoyaltyScript® for Lantus Savings Program at 866-251-4750 (8:00 AM-8:00 PM EST, Monday-Friday).**

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