

 **Benicar**[®]
(olmesartan medoxomil)

 **Benicar HCT**[®]
(olmesartan medoxomil - hydrochlorothiazide)

 **AZOR**[®]
amlodipine and olmesartan medoxomil

 **TRIBENZOR**[®]
(olmesartan medoxomil, amlodipine, hydrochlorothiazide) tablets

As low as **\$5** per month

Pre-activated

Offer for eligible patients only, see back of card for details.

RxBIN: **610524**

RxPCN: **Loyalty**

ID: **1392292427**

RxGRP: **50777385**

ISSUER: **(80840)**

Please see Full Product Information for BENICAR[®], BENICAR HCT[®], AZOR[®], and TRIBENZOR[®], including Boxed WARNINGS regarding Fetal Toxicity.



Pharmaceuticals, Inc. CP-US-HN-002 Printed in USA 06/22
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at any time, without notice.

Cosette Pharmaceuticals, Inc., reserves the right to rescind, revoke, or amend this program,

Mckesson Corporation—Scottsdale, AZ 85251—Patent Pending

www.mckesson.com/mprtrnc.

response. Acceptance of this offer is subject to LoyaltyScript[®] program Terms and Conditions posted at

and McKesson Corp., using BIN #610524. If primary coverage exists, input offer information as secondary coverage to NCPDP transaction. Applicable discounts will be displayed in the transaction

Pharmacist Conditions: By using this offer, you certify that the Eligibility Criteria are met. Submit transaction

Pharmacist & Patient Questions: Call 1-877-264-2440 (8 AM-8 PM ET, M-F).

By using the Savings Card, patients certify they meet the Eligibility Criteria and Terms & Conditions.

per calendar year.

counterfeit the Savings Card. This is not insurance. This card carries no cash value. Valid for up to a 365-day supply.

Medicaid, VA, DOD or Tricare and where prohibited by law. It is illegal for any person to sell, purchase, or trade or to

paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid.

equivalent as determined by the United States Food and Drug Administration. Patient is not eligible if prescriptions are

residents, the Co-pay Card is not valid for BENICAR, BENICAR HCT, AZOR, or TRIBENZOR that has an AB-rated generic

retail price for each prescription fill. Offer not valid with any other program, discount or incentive. For Massachusetts

insurance deductibles and apply after the \$5 out-of-pocket expense is met for each 30-day prescription fill or \$15

Terms & Conditions: For patients with commercial insurance, savings benefits for these products do not cover

or if prohibited by law.

Not valid if enrolled in state or federally funded prescription benefit program (eg, Medicare Part D/Medicaid)

Eligibility Criteria: Resident of US or Puerto Rico with valid prescription for product listed on front of the Savings Card.

Savings Card Offer: Eligibility Criteria and Terms & Conditions