

# ViiVConnect

## SAVINGS CARD

RxBIN: 610524

RxPCN: 1016

RxGRP: 50777802

ISSUER: 80840

ID: 1340641943

**Savings off each valid prescription  
and refill for each eligible product\***

**Subject to patient and prescription eligibility:  
Pay as little as \$0 co-pay per fill on**

 **Dovato**  
dolutegravir 50 mg/  
lamivudine 300 mg tablets

 **Juluca**  
dolutegravir 50 mg/  
rilpivirine 25 mg tablets

 **Rukobia**  
(fostemsavir) extended-release  
tablets - 600 mg

 **Tivicay**  
(dolutegravir)  
TABLETS 10 mg / 25 mg / 50 mg

 **TivicayPD**  
(dolutegravir)  
TABLETS FOR ORAL SUSPENSION 5 mg

 **Triumeq**  
abacavir 600 mg/dolutegravir 50 mg/  
lamivudine 300 mg tablets

 **TriumeqPD**  
abacavir 60 mg/dolutegravir 5 mg/  
lamivudine 30 mg  
TABLETS FOR ORAL SUSPENSION

\*Subject to eligibility and restrictions.

Limit 1 per person. This card is nontransferable & not valid if reproduced. **This card is not health insurance.**

**THIS CARD MAY BE USED FOR OTHER ViiV MEDICINES.**  
See [ViiVConnect.com/medicines](https://viiVconnect.com/medicines) for the list of eligible medicines and Prescribing Information.

- Present this card and, if applicable, your insurance card with your valid prescription at any participating pharmacy

**ELIGIBILITY REQUIREMENTS:** Patients who are enrolled in government healthcare prescription medicine programs, including, without limitation, Medicare Part D, Medicaid, VA, DOD, ADAP, state pharmaceutical assistance plans, CHAMPUS, or TRICARE, are not eligible.

**TO THE PHARMACIST:** Please submit the amount of co-pay authorized by the patient's primary insurance as a secondary transaction to McKesson Corporation (McKesson), ViiVConnect Savings Card's administrator. By redeeming this card, I certify that: (i) I have received this card from an eligible patient, (ii) I have dispensed the product as indicated, (iii) I have not submitted, and will not submit, a claim for reimbursement to the patient or any government-funded plan or program that serves as sole or primary insurer for the patient, (iv) I have not retained or provided to any person or entity any portion of the amount being made available to the patient, and (v) I will otherwise comply with the terms hereof. I further certify that my participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that I have as a pharmacy provider. It is a violation of federal law to buy, sell, or counterfeit this card.

**For technical difficulties activating this card or other technical processing questions, please call the McKesson help desk at 1-866-747-1170, Monday - Friday 8:00 AM - 8:00 PM ET, Saturday 9:30 AM - 6:00 PM ET, excluding holidays.**

**TO THE HEALTHCARE PROFESSIONAL:** If you are a healthcare professional who resides outside the state of Vermont but regularly practices in Vermont, please do not download, print, or otherwise accept coupons or vouchers for ViiV Healthcare products.

**TO THE PATIENT:** No activation fee. This card is not valid if there are two or more A/B generic drugs available via NDA or ANDA owners (excludes repackagers). Use must be consistent with terms of your health insurer drug benefit plan. You must report your use of this card to your health insurer if required. This card is the property of ViiV Healthcare and must be returned upon request. By redeeming this card, I, the Patient, certify that: (i) I have read and will comply with requirements, (ii) I am not enrolled in a government healthcare prescription medicine program, and agree to promptly notify McKesson at 1-866-747-1170 if I become enrolled in a government-funded pharmaceutical assistance plan or program after activation of this card, and (iii) I have not submitted and will not submit a claim for reimbursement to any government-funded plan or program. May not be used with any other discount or offer. Offer good only in USA, including Puerto Rico. Void where prohibited by law, taxed, or restricted. ViiV Healthcare (ViiV) and McKesson (on ViiV's behalf) reserve the right to rescind, revoke, or amend this card without notice.

**Mail order:** If you use a mail-order pharmacy, please contact your pharmacy provider to ensure that this offer will be accepted.

**If you don't have prescription coverage, have questions about insurance coverage, or can't afford your medicines, visit [ViiVConnect.com](https://viiVconnect.com) or call 1-844-588-3288 for more information about financial support programs.**

Please see [www.dovato.com](https://www.dovato.com) for more information and the full Prescribing Information, including Boxed Warning, for DOVATO.

Please see [www.juluca.com](https://www.juluca.com) for more information and the full Prescribing Information, including Patient Information, for JULUCA.

Please see [www.rukobia.com](https://www.rukobia.com) for more information and the full Prescribing Information, including Patient Information, for RUKOBIA.

Please see [www.tivicay.com](https://www.tivicay.com) for more information and the full Prescribing Information, including Patient Information, for TIVICAY and TIVICAY PD.

Please see [www.triumeq.com](https://www.triumeq.com) for more information and the full Prescribing Information, including Boxed Warning and Medication Guide, for TRIUMEQ and TRIUMEQ PD.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](https://www.fda.gov/medwatch), or call 1-800-FDA-1088.



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