

**XIIDRA IINSIDER®**

Get one  
**30-DAY  
PRESCRIPTION  
FREE**

For people with government  
insurance, including  
**Medicare and Medicaid**

**How do I use this thing?**

- 1 Take this voucher to the pharmacy along with your 30-day prescription for Xiidra® (lifitegrast ophthalmic solution) 5%.
- 2 Show the information below to your pharmacist.



**BIN# 004682  
PCN# CN  
GRP# EF31011024  
ID# 19056230692**

**CHANGE** | Therapy First  
HEALTHCARE™ Plus Network

- For questions about this savings offer, call **1-844-694-4747**.
- For refill reminders and other helpful info, register at **xiidraiinsider.com**

\*See Details, Eligibility & Pharmacist Instructions on reverse.



**Having trouble at  
the pharmacy?**



**Patient help desk:  
1-844-694-4747**



**Pharmacist help desk:  
1-800-422-5604**

**Xiidra insider Card Details, Eligibility & Pharmacist Instructions**

No claim for reimbursement for product dispensed pursuant to this offer may be submitted for reimbursement by the patient, pharmacist or prescriber to any third-party payor, whether a commercial, private or a government payor. The free trial supply cannot be used toward any out-of-pocket costs under plan (such as true out-of-pocket expenses (TrOOP)). Not valid if reproduced. Prescriber ID# required on prescription. This offer cannot be combined with any other rebate/offer, free trial or similar offer for the specified prescription. Valid in the US and Puerto Rico. Not transferable. Void where prohibited by law. Managed by PSKW, LLC on behalf of Shire US, Inc. Offer may be rescinded, revoked or amended without notice. This offer is not insurance. **Program expires 12/31/2017.**

**Patient Instructions:** This voucher is valid for up to a 30-day free trial of Xiidra. This voucher must be presented to your pharmacist along with a valid 30-day prescription. One offer per patient. Consumers with questions, please call **1-844-247-4755**.

**Pharmacist Instructions:** For reimbursement, please submit to **CHANGE HEALTHCARE**. The information above should be used when submitting for reimbursement. For questions, please call the Help Desk at **1-800-422-5604**. See first paragraph for restrictions.



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