



FIND A PHARMACY

Enter address or zip code

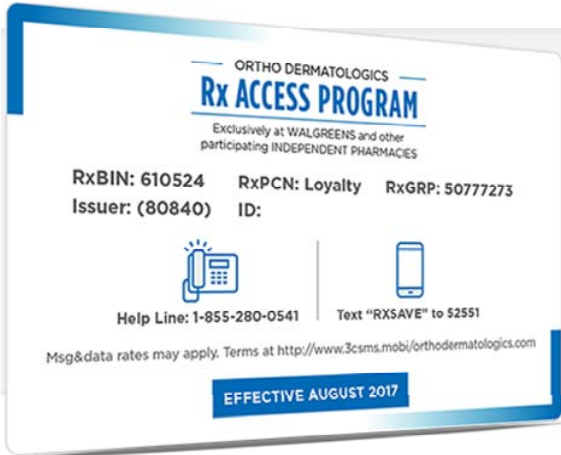
5 miles

SEARCH

ORTHO DERMATOLOGICS Rx ACCESS PROGRAM

Exclusively at WALGREENS and other participating INDEPENDENT PHARMACIES

VALUE SAVINGS FOR YOUR PRESCRIPTIONS



Simply activate your

Ortho Dermatologics Access coupon
LIMITED TIME OFFER
at participating independent pharmacy to pick up your prescription.
AUGUST THROUGH OCTOBER 2017

\$0 CO-PAY*

For eligible commercially insured patients*

*Terms and conditions apply.
Please see eligibility criteria and terms and conditions.

ONEXTON®
(clindamycin phosphate and benzoyl peroxide)
Gel, 1.2%/3.75%

SOLODYN®
(MINOCYCLINE HCl, USP)
EXTENDED RELEASE TABLETS

RETIN-A MICRO®
(tretinoin) Gel microsphere
0.08%

Clindagel®
(clindamycin phosphate gel) topical gel, 1%

COMMERCIALLY INSURED DRUG COVERED

WHEN DEDUCTIBLE IS MET

ACRUX DDS PTY LTD. et al.
EXHIBIT 1631



FIND A PHARMACY

Enter address or zip code

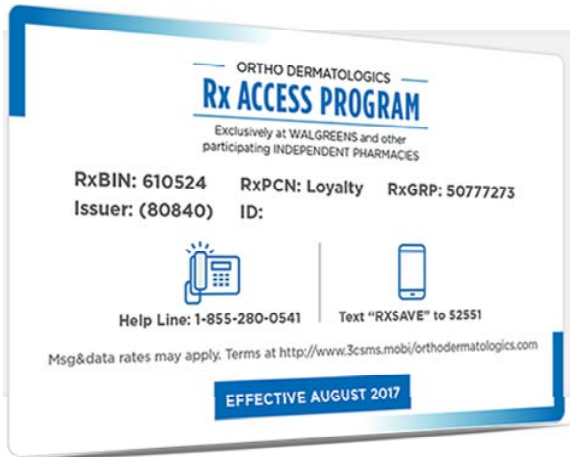
5 miles

SEARCH

ORTHO DERMATOLOGICS Rx ACCESS PROGRAM

Exclusively at WALGREENS and other participating INDEPENDENT PHARMACIES

VALUE SAVINGS FOR YOUR PRESCRIPTIONS



Simply activate your

Ortho Dermatologics Access coupon
LIMITED TIME OFFER
at participating independent pharmacy to pick up your prescription.
AUGUST THROUGH OCTOBER 2017

\$0 CO-PAY*

For eligible commercially insured patients*

*Terms and conditions apply.
Please see eligibility criteria and terms and conditions.

ONEXTON®
(clindamycin phosphate and benzoyl peroxide)
Gel, 1.2%/3.75%

SOLODYN®
(MINOCYCLINE HCl, USP)
EXTENDED RELEASE TABLETS

RETIN-A MICRO®
(tretinoin) Gel microsphere
0.08%

Clindagel®
(clindamycin phosphate gel) topical gel, 1%

COMMERCIALY INSURED DRUG COVERED

WHEN DEDUCTIBLE IS MET

MOST ELIGIBLE COMMERCIALY INSURED PATIENTS PAY NO MORE THAN

\$ 25 CO-PAY
1st Rx and Eligible Refills*



\$ 40 CO-PAY
1st Rx and Eligible Refills*



Click here for full Prescribing Information for Elidel, including Long-term Use Boxed Warning.

Limitations apply. See table below for pricing and maximum number of fills allowed.

COMMERCIALY INSURED DRUG NOT COVERED[†]

THROUGH WALGREENS,
MOST ELIGIBLE COMMERCIALY INSURED PATIENTS PAY NO MORE THAN

\$ 75 CO-PAY
1st Rx and Eligible Refills for all brands*

Limitations apply. See table below for pricing and maximum number of fills allowed.

UNINSURED

See table below for eligible patients without insurance.

*After the indicated number of fills, patient will pay uninsured amount for any remaining fills available. If prior authorization is approved, patient will pay the covered amount listed below. Please see below for terms and conditions.

†Insured not covered is defined as a patient who has commercial insurance but the drug is not covered on the plan's formulary or has an NDC block, prior authorization, step edit or other restriction that has not been met.

SAVINGS FOR ELIGIBLE PATIENTS

Product Name	Size	Most Commercially Insured Patients Pay				Uninsured Amount [†]	Uninsured Fills
		Drug Covered Co-Pay	Drug Covered Fills	Drug Not Covered Co-Pay	Drug Not Covered Fills [§]		
CARAC® (fluorouracil) Cream 0.5%	30 g	\$40	2	\$75	1	\$100	2
CLINDAGEL® (clindamycin phosphate gel) Topical Gel, 1%	75 mL	\$40	6	\$75	2	\$100	6
ELIDEL (pimecrolimus) Cream, 1% [†]	30 g 60 g 100 g	\$40	3	\$75	2	\$100 \$125 \$150	3
JUBLIA® (efinaconazole) Topical Solution 10%	4 mL 8 mL	\$25	12	\$75	2	\$125 \$200	12
LOCOID LOTION (hydrocortisone butyrate 0.1%)	2 oz 4 oz	\$40	6	\$75	2	\$100	6
LOPROX® SHAMPOO (ciclopirox 1%)	120 mL	\$40	6	\$75	2	\$100	6
LUZU® (luliconazole) Cream, 1%	60 g	\$40	6	\$75	2	\$100	6
NORITATE® (metronidazole) Cream, 1%	60 g	\$40	6	\$75	2	\$100	6
ONEXTON® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% / 3.75%	50 g	\$25	6	\$75	2	\$100	6
RETIN-A MICRO® (tretinoin) Gel Microsphere 0.08%	50 g	\$40	6	\$75	2	\$100	6
SOLODYN® (minocycline HCl, USP) Extended Release Tablets	30 g	\$25	3	\$75	2	\$100	3
XERESE (acyclovir and hydrocortisone) Cream 5% / 1%	5 g	\$40	6	\$75	2	\$100	6
ZIANA® (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel	30 g 60 g	\$40	6	\$75	2	\$100	6
ZOVIRAX (acyclovir) Cream 5%	5 g	\$40	6	\$75	2	\$100	6
ZYCLARA® (imiquimod) Cream 2.5% / 3.75%	7.5 g	\$40	2	\$75	1	\$100	2

After the indicated number of fills, patient will pay uninsured amount for any remaining fills available.

If prior authorization is approved, patient will pay the covered co-pay price listed.

Terms and conditions apply. Please see below for eligibility criteria and terms and conditions.

[Click here](#) for full Prescribing Information for Elidel, including Long-term Use Boxed Warning.

Eligibility Criteria/Terms and Conditions:

By using the Ortho Dermatologics Access coupon, you confirm that you understand and agree to comply with the following terms and conditions of this offer:

- This offer is only valid for patients with commercial insurance and uninsured cash-pay patients.

- You must present this coupon along with your prescription to participate in this program. You must activate this coupon before using by calling 1-855-280-0541, texting "RXSAVE" to 52551, or by or visiting www.activatethecard.com/ortho/derm.
- This coupon is good for use only with the products identified herein.

governmental programs, including, but not limited to, Medicare (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs.


- You agree not to seek reimbursement for all or any part of the benefit received through this offer and are responsible for making any required reports of your use of this offer to any insurer or other third party who pays any part of the prescription filled.
- This offer is good only in the United States of America (including the District of Columbia, Puerto Rico and the U.S. Virgin Islands) at retail pharmacies owned and operated by Walgreen Co. (or its affiliates) and other participating independent retail pharmacies. This offer is not valid in Massachusetts or Minnesota or where otherwise prohibited, taxed, or otherwise restricted.
- This offer is not valid for any person that is 65 years of age or older without commercial insurance. You must be 18 years of age or older to redeem this offer for yourself or a minor.

- This coupon is good for a limited number of fills only. For a complete listing of the maximum number of fills for each product for which this offer applies, please review the program terms and conditions, which are posted at www.orthorxaccess.com.
- Reimbursement limitations apply. Patient is responsible for all additional costs and expenses after reimbursement limits are reached.
- This coupon and offer are not health insurance.
- The selling, purchasing, trading, or counterfeiting of this coupon is prohibited by law. Void if reproduced.
- This offer is not valid with other offers. This coupon has no cash value. No cash back.
- Ortho Dermatologics reserves the right to rescind, revoke, terminate, or amend this offer at any time, without notice.
- You understand and agree to comply with the terms and conditions of this offer as set forth above and at www.orthorxaccess.com.
- For questions call: 1-855-280-0541.

[PRIVACY POLICY](#)

[LEGAL NOTICE](#)

Ortho | Dermatologics

ELIDEL and XERESE are trademarks of Meda Pharma S.A.R.L. used under license. Locoid is a trademark of Leo Pharma A/S used under license. ZOVIRAX is a trademark of Glaxosmithkline LLC used under license. All other /TM are trademarks of Ortho Dermatologics' affiliated entities. Any other product/brand names and/or logos are trademarks of the respective owners. © All Rights Reserved. MTB.0085.USA.17