

Direct Member Reimbursement (DMR) Instructions

If your pharmacy did not accept the ISENTRESS® (raltegravir) Tablets coupon, you will need to contact McKesson for a DMR form.

Requests for a DMR form must be made within 30 days of purchase. DMR forms must be postmarked no more than 45 days after purchase. All purchases must be made on or before the coupon expiration date of 09/30/2012.

Instructions for completing the Direct Member Reimbursement (DMR) form:

1. Fill your prescription at an eligible pharmacy in the United States or the Commonwealth of Puerto Rico.
2. Get an original receipt from your pharmacy.
3. Within 30 days of purchasing ISENTRESS, contact McKesson Inc. at 1-877-264-2440 to obtain your DMR form.
4. McKesson Inc. will require you to provide the following information before they mail the form:
 - Patient's name
 - Guardian name (if applicable)
 - Patient's date of birth
 - Coupon ID number
 - Patient's address
 - Patient's phone number
5. After you provide McKesson Inc. with the necessary information, they will mail you a pre-populated DMR form with the patient's name, address, and ID number.
6. After you receive the pre-populated DMR form from McKesson Inc., you will need to fill out Section 2 and any remaining blank fields in Section 1. The following information is required for Section 2:
 - Pharmacy name
 - Pharmacy address
 - Medication name
 - Prescription number
 - Number of days supplied
 - Amount paid by patient out-of-pocket
 - Date the prescription was filled (note: this should be located on the receipt)
7. After you have completed the DMR form, attach your original pharmacy receipt(s) for ISENTRESS to the form and mail to McKesson Inc. **no more than 45 days after** the purchase date. Please note that only original pharmacy receipt(s) for ISENTRESS from an eligible pharmacy in the United States or the Commonwealth of Puerto Rico will be accepted (receipts will not be returned). Original receipt(s) must be included with the DMR form as outlined in order to be eligible for the coupon savings.
8. If your claim qualifies for reimbursement, you will receive your reimbursement check in 4 to 5 weeks.
 - **The coupon for ISENTRESS is valid only for patients with private insurance. Coupon is NOT valid for patients covered under Medicaid, Medicare, a Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered), TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan ("Healthcare Reform"), or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program. Not valid for residents of Massachusetts.**

Refer to your coupon or visit isentress.com for complete Terms and Conditions.