



**Ergomar® Sublingual Tablets, 2mg**  
(Ergotamine Tartrate Sublingual Tablets, USP)

Pay as little as **\$0\***

**IMPORTANT SAFETY INFORMATION**

Serious and/or life-threatening reductions in blood flow to the brain or extremities have been reported due to interactions between the active ingredient in Ergomar (ergotamine tartrate) and protease inhibitors (e.g., ritonavir, nelfinavir, indinavir) and macrolide antibiotics (e.g., erythromycin, clarithromycin, troleandomycin, ketoconazole, itraconazole). These medications should not be taken together.

Do not take Ergomar if you:

- Are pregnant, planning to become pregnant, breastfeeding, or planning to breastfeed
- Have high blood pressure or any disease affecting your heart, arteries, or blood circulation
- Have liver or kidney disease
- Are allergic to any of the ingredients in Ergomar

Do not take Ergomar with other medicines that cause the blood vessels to become narrow (vasoconstrictors).

Do not smoke if you take Ergomar.

Ergomar is not a daily medication. Do not take more Ergomar than your healthcare professional recommends.

**Please see the full Prescribing Information, including Boxed Warning (available at [www.ergomar.com](http://www.ergomar.com))**

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**To the Patient:** You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the Ergomar program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Mon-Fri). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

**To the Pharmacist:** When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription.

- Submit transaction to McKesson Corporation using BIN # 610524
- If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the Ergomar program are subject to the LoyaltyScript® program Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc)
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare and where prohibited by law.
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Mon-Fri)**

TerSera Therapeutics reserves the right to rescind, revoke or amend this offer at any time. Please see the full Prescribing Information, including Boxed Warning (available at [www.ergomar.com](http://www.ergomar.com))

RxBIN: 610524

RxPCN: Loyalty

RxGRP: 50777441

ISSUER: (80840)

ID: XXXXXXXXXXXX

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**MCKESSON**

\*Maximum benefit of \$800 per monthly prescription