

Analpram HC®

INSTANT SAVINGS OFFER FOR QUALIFIED PATIENTS



PAY AS
LITTLE AS
\$30*

BIN: 004682

PCN: CN

GROUP: WCANL1002

ID: 14813932753

***MOST INSURED AND COVERED PATIENTS PAY AS LITTLE AS \$30**

Restrictions Apply. Please see reverse side for more details.

Note to patients: Please present this offer, along with your prescription to your pharmacist.

Eligibility Terms:

- Coupon not valid for prescriptions reimbursed in whole or in part under Medicaid, Medicare, including Medicare Advantage and Part D prescription drug plans, or any other federal or state program (including state pharmaceutical assistance programs) or where prohibited, taxed, or otherwise restricted.
- This coupon is good for use only at the time that the prescription is filled by the pharmacist and dispensed to the patient.
- Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics.
- This coupon may be used for an unlimited number of uses.
- Sebela Pharmaceuticals reserves the right to rescind, revoke or amend this offer without notice.
- The selling, purchasing, trading or counterfeiting of this coupon is prohibited by law.
- Coverage is not guaranteed.
- Offer may not be combined with any other rebate, coupon, free trial, or similar offer. Coupon has no cash value. No cash back.
- Patients understand and agree to comply with the terms and conditions of this offer as set forth here.



www.sebelapharma.com

Cash pay patients will receive up to \$100 off their prescription

To Patient:

Present this card to your pharmacy along with a valid prescription for Analpram HC. Commercially insured patients will receive savings up to the program maximum after paying the first \$30. Cash patients will receive savings up to \$100 off their prescription. Any additional amounts due are your responsibility. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the program terms.

Pharmacist Instructions for Commercially Insured Patients:

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g. 8, 3). The patient is responsible for the first \$30.00 and reimbursement for the balance, up to the program maximum, will be received from **Change Healthcare**.

Pharmacist Instructions for Cash Paying Patient:

Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g. 0,1) is required. The patient will receive up to \$100 off their prescription, which will be received from **Change Healthcare**.

For pharmacy processing questions, please call 1-800-422-5604.

Products Covered

Analpram HC Cream 2.5% (1 oz tube)
Analpram HC Cream 2.5% (30X4g tubes)
Analpram HC Cream 2.5% (12X4g tubes)
Analpram HC Lotion 2.5% (2 oz bottle)
Analpram HC Cream 1% (1 oz tube)

Offer expires December 31, 2024
799-111-v4