

# *Analpram HC*®

## INSTANT SAVINGS OFFER FOR QUALIFIED PATIENTS



PAY AS  
LITTLE AS  
**\$30\***

BIN: 610852

PCN: 2001

GROUP: WCANL1001

ID: 14813896582

**\*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](http://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 **Capital Rx** 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 **Capital Rx**.

### Pharmacist Instructions for Cash Paying Patient:

Submit this claim to **Capital Rx**. 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 **Capital Rx**.

**For pharmacy processing questions, please call 1-844-306-9173.**

### 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-v5