

All patients* with commercial insurance only (non-government)
will pay as little as \$35 for covered Almirall products

 **almirall**
ADVANTAGE

\$35

BIN# 600426
PCN# 54
GRP# EC15401058
ID# 49053572927

Xolegel[®]
(ketoconazole) Gel, 2%

Fluoroplex[®]
(fluorouracil) 1%
Topical Cream

ALTABAX[®]
(retapamulin ointment), 1%

Verdeso[®]
(desonide)
Foam, 0.05%

cordran[®] 0.025%
Flurandrenolide Cream, USP

Cordran[®]
Flurandrenolide Cream, USP
0.05%

Cordran[®]
Flurandrenolide Ointment, USP
0.05%

Cordran Lotion[®]
Flurandrenolide Lotion, USP
0.05%

*Eligible patients with commercial insurance only. Terms and conditions may apply.

Easy, affordable access to Almirall's entire dermatology product line

To the Patient: Almirall, LLC, is committed to ensuring that our products are affordable, and this card may be used to reduce your out-of-pocket costs for one of the 10 products listed on this card. To participate, simply present this card to the pharmacist, along with a valid prescription and information about your private commercial coverage. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below.

If you are a patient with questions about the Almirall Advantage card, we invite you to call for assistance:
1-888-591-9860.

Pharmacist: This card can be repeatedly used for all your patients, for any of the products listed. Cash discount cards may not be used with this offer.

Almirall, LLC, is taking active measures to ensure the appropriate use of this program by pharmacies. When you apply this offer, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist Instructions for a Patient with Private Commercial Insurance: Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB (coordination of benefits), with patient responsibility amount and a valid Other Coverage Code (e.g., **8**). Patient may pay as little as \$35 if product is covered by primary insurance. Maximum reimbursement limits apply. Reimbursement will be received from **CHANGE HEALTHCARE**. For any questions regarding **CHANGE HEALTHCARE** on-line processing, please call the Help Desk at 1-800-433-4893.

RESTRICTIONS: This offer is valid only in the United States. Program is applicable only for commercially insured patients. Cash discount cards are not commercial payers and are not eligible to be used for this program. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan (including Medicare Advantage and Parts A, B and D plans), Medigap, VA, DOD, CHAMPUS, or TRICARE or other federal or state health programs (such as medical assistance programs). If the patient is eligible for benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and has no cash value. Cannot be combined with any other rebate/ coupon, free trial, or similar offer for the specified prescription(s). Not valid if reproduced. Void where prohibited by law. Not Valid in Massachusetts or California. Program managed by ConnectiveRx, on behalf of Almirall, LLC. The parties reserve the right to rescind, revoke, amend or terminate this offer without written notice at any time.