

**Cordran<sup>®</sup>**  
Flurandrenolide Ointment, USP  
0.05%

**Cordran<sup>®</sup>**  
Flurandrenolide Cream, USP  
0.05%

**Cordran<sup>®</sup> Lotion**  
Flurandrenolide Lotion, USP  
**0.05%**

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

Present this card to your pharmacist when picking up your prescription.

## SAVINGS OFFER

**All patients\* with commercial insurance only (non-government plans) may pay as little as:**

**RETAIL PHARMACY (out-of-network)**

\$35  
If covered by plan

**PHARMACY NETWORK**

<span style="font-size: 2em; font-weight: bold;">\$15</span> If covered by plan	<span style="font-size: 2em; font-weight: bold;">\$50</span> If not covered by plan
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\*Eligible patients with commercial insurance only. Terms and conditions may apply.

## Easy, affordable access to Almirall's product line

**To the Patient:** Almirall, LLC, is committed to making its products affordable for patients. This card may be used to reduce your out-of-pocket costs for one of the 3 products listed on this card. To participate, present this card to the pharmacist, along with a valid prescription and information about your private commercial insurance coverage. If you are enrolled in a medical or prescription drug insurance plan under a federal- or state-funded program, such as Medicaid, Medicare (including Medicare Advantage and Medicare Part D), Medigap, VA, DOD, CHAMPUS, TRICARE, or any other federal or state health program (e.g., medical assistance program), you are not eligible to use or benefit from this offer. 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. Eligible patients who do not have coverage for any of the listed products on this card may pay as little as \$50 per fill when using this card at a pharmacy within Almirall's pharmacy network. Additional savings may apply for eligible patients who have coverage for any of the listed products under their commercial insurance plan. However, eligible patients may receive no more than a maximum benefit amount per person, per year. Maximum benefits apply depending on the terms of your commercial insurance plan. This offer is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your commercial insurance plan or other health or pharmacy benefit programs.

If you are a patient with questions about the Almirall Advantage program or this offer, you may call: **1-888-591-9860**.

**To the Pharmacist:** This card may be used for savings on any of the listed products only. Cash discounts, cash equivalents and cash discount cards may not be used in combination 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 Eligible Patients 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). Maximum reimbursement limits apply, as described in the patient instructions above. Reimbursement will be received from CHANGE HEALTHCARE. For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-800-433-4893.

**RESTRICTIONS:** This offer is valid only in the United States. No other purchase is necessary. Program is applicable only for commercially insured patients. Cash discounts, cash equivalents or discount cards cannot be used in combination with this offer. This card is not health insurance. Offer not valid for patients who are enrolled in a federal- or state-funded healthcare program, including 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. Patient, guardian, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the recipient through this offer. It is illegal to (or to offer to) sell, purchase, or trade this offer. This offer is not transferable and has no cash value. It cannot be combined with any other offer, rebate/coupon, free trial, or similar offer for the specified prescription(s). Not valid if reproduced. Not valid in Massachusetts and California. Void where prohibited by law. Program managed by ConnectiveRx, on behalf of Almirall, LLC. Almirall, LLC, reserves the right to rescind, revoke, amend or terminate this offer without written notice at any time.