



SAVINGS OFFER

Most eligible patients* with commercial insurance only
(non-government plans) pay:

Terms and conditions apply.

PHARMACY NETWORK

\$15

If covered by plan

\$65

If not covered by plan

RETAIL PHARMACY (out-of-network)

\$15

If covered by plan

\$175

If not covered by plan

BIN# 600426

PCN# 54

GRP# EC15409001

ID# 69331949348

To download to
your phone



Text "SEYSARA"
to: 39107

*Most eligible, commercially insured patients whose insurance covers Seysara pay \$15 for a 30-day supply. Most commercially insured patients who do not have coverage for Seysara pay \$175 at a retail pharmacy or \$65 at a pharmacy within the Almirall Advantage Network. Available savings may vary and are subject to maximum reimbursement limits. Offer not available to individuals with prescription drug coverage under Medicare, Medicaid, Tricare, the Veterans Health Network, the Indian Health Service, state pharmaceutical assistance programs, or any other federal or state government health care program. Other restrictions, terms and conditions apply. Full terms and conditions can be found on www.almiralladvantage.com. Not valid where prohibited by law.

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



Easy, affordable access to Almirall's SEYSARA® (sarecycline) tablets

To the Patient: Almirall, LLC, is committed to making its products affordable to patients. Eligible patients may use this card to reduce their out-of-pocket costs for SEYSARA. Present this card to the pharmacist, along with a valid prescription and proof of your private commercial insurance coverage. **When you apply this offer, you certify that you will comply with the terms and conditions described in the Restrictions section below. If you are the beneficiary of 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 (eg, 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.** The amount of savings available may vary depending on your insurance coverage. Maximum benefit limits apply. As an alternative to accessing copay support, eligible patients may choose to access savings on a cash-pay basis via Almirall Advantage. Your pharmacist can provide more information about this option. This card is not health insurance.

Patients with questions about the Almirall Advantage program or this offer may call: **1-866-665-2782**.

To the Pharmacist: Patients may use this card for savings on SEYSARA up to a maximum reimbursement limit determined by Almirall, LLC. Almirall, LLC, requires appropriate use of this program by pharmacies. **When you apply this offer, you certify that you will comply with the terms and conditions described in the Restrictions section below.** 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.

Pharmacist instructions for eligible patients with private commercial insurance who have elected to use this copay support in connection with their 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 (eg, 8 or 3). Patients may pay as little as \$15 if the product is covered by their primary insurance.

Pharmacist instructions for eligible patients who have elected to use Almirall Advantage on a cash-pay basis: You must process the claim in compliance with Almirall Advantage program rules.

RESTRICTIONS: Valid only in the United States for commercially insured patients. Cash discounts, cash equivalents, or cash discount cards cannot be combined with this program. Not valid for patients who are beneficiaries of 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, TRICARE, or other federal or state health programs (such as medical assistance programs). If 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 rebate/coupon, free trial, or similar offer for the specified prescription(s). No other purchase is necessary. Not valid if reproduced. 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.