



SAVINGS OFFER

Eligible patients* with private health insurance only (non-government insurance)

MAY PAY AS LITTLE AS:

PHARMACY NETWORK		RETAIL PHARMACY (out-of-network)	
If covered by insurance	If not covered by insurance	If covered by insurance	If not covered by insurance
\$35/\$0	\$75	\$35/\$0	\$175
\$35 copay for the first fill / \$0 copay for refills.		\$35 copay for the first fill / \$0 copay for refills.	

Terms and conditions apply.

BIN# 600426

GRP# EC15409001

To download
to your phone



Text "SEYSARA"
to: **39107**

PCN# 54

ID# 69331949348

*Eligible patients with private health insurance whose insurance covers SEYSARA may pay as little as \$35 for the first 30-day supply and \$0 for refills. Patients with private health insurance who do not have coverage for SEYSARA pay \$175 at a retail pharmacy or \$75 at a pharmacy within the Almirall Advantage Network. Patients with private health insurance who elect not to use their insurance coverage for SEYSARA pay \$75 at a pharmacy within the Almirall Advantage Network or \$175 at a retail pharmacy. 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 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 health 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 medical or prescription drug insurance 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 benefit 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.** Benefit 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 health 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 \$35 for first fill and \$0 for refills if the product is covered by their primary insurance.

Pharmacist instructions for eligible patients who have elected to waive their insurance and use Almirall Advantage on a cash-pay basis: Before proceeding to process claim in compliance with Almirall Advantage program rules, confirm that patient elects to waive insurance and pay cash.

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 patients covered by private health insurance. 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 (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.