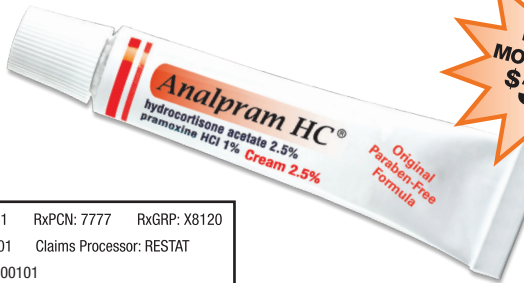


Analpram HC® **INSTANT SAVINGS OFFER**



**PAY NO
MORE THAN
\$30***

RxBIN: 600471 RxPCN: 7777 RxGRP: X8120

Person Code:01 Claims Processor: RESTAT

Card ID: 700100101

***MOST ELIGIBLE INSURED PATIENTS PAY NO MORE THAN \$30.00**

****Valid For Authorized Refills****

Note to patients: Please present this offer, along with your prescription to your pharmacist.

Please see reverse side for more details.

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.
- Sebel 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

Cash pay patients will receive up to \$75 off their prescription

Dear Pharmacist:

RESTAT has been authorized to reimburse you up to the program maximum which is subject to change after the patient pays the first \$30 on the specific brand package. For reimbursement, follow the instructions listed below. Retain a copy of the coupon and file with the prescription for auditing purposes; return the original coupon to the patient. Please remember to restore patient profile to primary PBM after claim submission.

This claim may be submitted one of the following three ways:

1. This claim may be submitted electronically through RESTAT. Submit all claims in NCPDP standard D.0. Secondary processing should follow NCPDP standards for Co-pay Only billing using coverage code OCC8, or in some cases OCC3 or OCC4 if the primary insurer does not cover the brand. If you have any questions regarding electronic submission, please call the RESTAT help desk at 1-866-450-3277.

OR

2. If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to **RESTAT, 11900 West Lake Park Drive, Milwaukee, WI 53224**.

OR

3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the coupon to the patient and instruct the patient to **mail this coupon** along with a **duplicate pharmacy label or pharmacy receipt** which must include the following information: drug name, the drug quantity, the prescription number, the fill date, the name and address of the pharmacy, the prescribing physician, the patient's name, and the co-pay amount paid. In addition to this information, please instruct the patient to include the **patient's return address** and to mail this information to **RESTAT, 11900 West Lake Park Drive, Milwaukee, WI 53224**, for prompt payment.

Please retain a copy of the coupon and file with each prescription for auditing purposes and return the original to the patient.

Call **1-866-450-3277** with processing questions.

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, 2017
ANA-799-0716A