

# NAFTIN<sup>®</sup> GEL 2% (Naftifine HCl)

## INSTANT PHARMACY CO-PAY SAVINGS

# \$22 CO-PAY

 \$22 Out-of-Pocket Cost  
for Many Eligible Patients\*

Simply take your prescription to a participating pharmacy. If you are eligible, Sebela Pharmaceuticals provide instant savings on any out-of-pocket cost up to the program maximum.\*†

Restrictions apply. Subject to eligibility.  
Please see complete terms and conditions below.

With this Sebela Pharmaceuticals Special Offer, many eligible insured patients can expect a \$22 co-pay, and many eligible patients without insurance can expect a copay up to \$75. Simply take your prescription and this savings card to any participating pharmacy, and Sebela Pharmaceuticals will provide instant savings on any out-of-pocket cost up to the program maximum.

 NAFTIN<sup>®</sup> GEL 2%  
(Naftifine HCl)

BIN #: 601341  
Group #: OH2301021  
RxPCN #: OHCP  
Cardholder ID#: B15100136188

† For more information, go to  
[www.naftin.com](http://www.naftin.com) or call 1-888-296-1852.

**\*NOTE:**

1. This is not an insurance card.
2. This savings card is good for 6 uses.
3. **Coupon Expiration Date: December 31, 2017**

**ELIGIBILITY CRITERIA & TERMS:** This savings card is not valid for use by patients (a) Aged 11 years or younger or (b) covered by any federal or state funded healthcare program (including, but not limited to, Medicare (Part D and Medigap), Medicaid, any state pharmaceutical assistance program, TRICARE, VA, or DoD), or private indemnity or HMO insurance plans that reimburse patient for the entire cost of prescription drugs. Offer good only in the U.S., including Puerto Rico. **Not valid if an AB-rated generic drug is available for the product.** Void where prohibited by law, taxed, or restricted. This offer cannot be combined with any other promotional offer. Sebela Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice at any time. No cash value. Not eligible for sale, purchase, trade or counterfeit.

**TO PATIENT:** By using this savings card, you certify that (a) you are an eligible patient, (b) you will not submit this prescription for reimbursement under any federal healthcare program including, without limitation, Medicaid, Medicare (Part D or otherwise), or any similar federal or state programs, including any state pharmaceutical assistance program, or under any private insurance, HMO, or other third-party payment arrangement, (c) you will not submit any part of this prescription to count toward your out-of-pocket cost under your prescription drug plan, such as the "True Out-Of-Pocket ("TrOOP") expenses under Medicare Part D and (d) you understand and agree to comply with the terms and conditions of this offer.

**TO PHARMACY:** By submitting a transaction to OPUS Health, a division of IMS Incorporated you certify that (a) you have received this savings card and a valid prescription from an eligible patient, (b) you have dispensed the product as indicated, (c) you have not submitted, and will not submit (i) a claim for reimbursement to the patient or to any third-party payer, governmental or otherwise, or (ii) any portion of this prescription to a third-party payer for purposes of counting it toward the patient's out-of-pocket expenses (such as TrOOP under Medicare Part D) and (d) you will otherwise comply with the terms hereof. You further certify that your participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that you have as a pharmacy provider.

**For patients without insurance (cash pay):** Please submit this claim to OPUS Health, a division of IMS Incorporated. A valid Other Coverage Code is required. The patient pay amount will be reduced by \$0-\$448, after the patient pays the first \$75, and you will receive this amount in your reimbursement from OPUS Health, plus a handling fee.

**For patients with insurance:** Submit the claim to the Primary Third Party Payer first, then submit the balance due to OPUS Health as a Secondary Payer as a co-pay-only billing using Other Coverage Code indication. The patient pay amount will be reduced by \$0-\$500, after the patient pays the first \$22, and you will receive this amount in your reimbursement from Opus Health, plus a handling fee.

For any questions regarding OPUS Health online processing, please call the Help Desk at 1-800-364-4767.

**For any questions regarding this Coupon, please call 1-888-296-1852.**

