

MiCort™ HC cream 2.5%

(Hydrocortisone Acetate Cream USP)

Eligible Patients pay as little as \$15*



CHANGE | Therapy First
HEALTHCARE™ Plus Network

BIN# 004682
PCN# CN
GRP# EC15003001
ID# 68942285408

Note to patients: Please present this card, along with your prescription, to your pharmacist. Card is valid for authorized refills. Offer expires 06/30/2018.

*Please see reverse for offer details

*Eligible patients will pay as little as \$15.00 of the patient's co-pay or out-of-pocket expenses for MiCort™ HC Cream. A valid Prescriber ID# is required on the prescription.

Patient Instructions: In order to redeem this offer, you must have a valid prescription for MiCort™ HC Cream. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. 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. Patients with questions about the MiCort™ HC Cream savings offer should call **1-844-218-0449**.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the **Restrictions** section below.

Pharmacist instructions for a patient with an Eligible Third Party: 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**). The patient is responsible for as little as \$15.00 and the card pays up to the next \$100.00. Reimbursement will be received from **CHANGE HEALTHCARE**.

Pharmacist instructions for a cash-paying patient: Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (**e.g., 1**) is required. The patient is responsible for as little as \$15.00 and the card pays up to the next \$100.00. Reimbursement will be received from **CHANGE HEALTHCARE**. Valid Other Coverage Code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-422-5604**.

Restrictions: This offer is valid in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug 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. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Sebela Pharmaceuticals, Inc. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time. Offer expires 06/30/2018.



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