

Pay as
Little as ^{*}\$ **15**



LOTRONEX[®]
(alose tron HCl) 0.5 & 1 MG
TABLETS

BIN: 004682

PCN: CN

GROUP: WCLOT1001

ID: 15011376324

Please visit sebelapharma.com for Medication Guide and Prescribing Information, including Boxed Warning, for LOTRONEX

To Patient:

Present this card to your pharmacy along with a valid prescription for LOTRONEX. Eligible patients will receive savings up to \$500.00 after paying the first \$15.00. Any additional amounts due are your responsibility. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions.

Pharmacist Instructions for Commercially Insured Patients:

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g. 8, 3). The patient is responsible for the first \$15.00 and reimbursement for the balance, up to the program maximum, will be received from **Change Healthcare**.

Pharmacist Instructions for Cash Paying Patient:

Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g. 0,1) is required. The patient is responsible for the first \$15.00 and reimbursement for the balance, up to the program maximum, will be received from **Change Healthcare**.

For pharmacy processing questions, please call 1-800-422-5604.

Eligibility Criteria:

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Offer valid only for prescriptions filled in the United States. Sebelo Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. It is a violation of federal law to buy, sell, or counterfeit this certificate.

This offer expires December 31, 2023