

 **NAFTIN[®] GEL 2%**
(Naftifine HCl)
No AB-rated generic available

\$22 CO-PAY for Many Eligible Patients*

Restrictions apply. Subject to eligibility. Please see reverse side for complete terms and conditions.

With this offer, insured patients may pay as little as \$22, and many patients without insurance can expect to pay as little as \$100. Simply take your prescription and this savings card to any participating pharmacy, and Sebela will provide savings for qualifying customers on any out-of-pocket cost up to the program maximum.*†

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(Naftifine HCl)

BIN #: 601341
Group #: OH2301011
RxPCN #: OHCP
Cardholder ID#: B14100136185

† For more information,
go to 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, 2023

ELIGIBILITY CRITERIA & TERMS: This savings card is not valid for use by patients 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 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 IQVIA 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 IQVIA. A valid Other Coverage Code is required. You will receive the 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. You will receive the 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.

