

MOST PATIENTS

**PAY**  
**\$28**  
**OR LESS**  
PER MONTH\*

*Gralise*<sup>®</sup> once-daily  
(gabapentin) tablets

**SAVINGS CARD**

**GROUP #:**  
**EC95001001**

**PCN:**  
**CN**

**MEMBER ID:**  
**58685267102**

**BIN:**  
**004682**

\*Applies to commercially insured patients.  
Individual costs may vary. Program eligibility  
and restrictions apply.

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**Patient Instructions:** In order to redeem this offer, you must have a valid prescription for GRALISE. Follow the dosage instructions given by the doctor. Keep this savings coupon with you for future refills. This offer may not be redeemed for cash and is not valid with any other offer. 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 on the second page of this download. Patients with questions about the GRALISE savings offer should call 1-855-439-2821.

**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 on the second page of this download.

**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). Where third-party reimbursement covers a portion of the prescription, this offer is valid only if the out-of-pocket expense for each prescription exceeds \$28. A maximum savings benefit of up to \$230 for ≤30 tablets; up to \$300 for 31-60 tablets; up to \$450 for 61-179 tablets; or up to \$550 for ≥180 tablets applies. Out-of-pocket costs may vary. 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.

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# 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).

The patient will be responsible for the first \$28 of his or her copay/payment plus any copay/payment above the maximum savings benefit.

Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. 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 payor of the existence and/or value of this offer.

Offer not valid for patients under 18 years of age.

Offer not valid for uninsured, cash-paying patients.

It is illegal to (or offer to) sell, purchase, or trade this offer.

This offer is not transferable and is limited to one offer per person.

Only 1 card is needed per patient and can be used for initial fills and refills.

Not valid if reproduced.

Void where prohibited by law.

Program managed by ConnectiveRx on behalf of Almatica Pharma.

The parties reserve the right to rescind, revoke, or amend this offer without notice at any time.