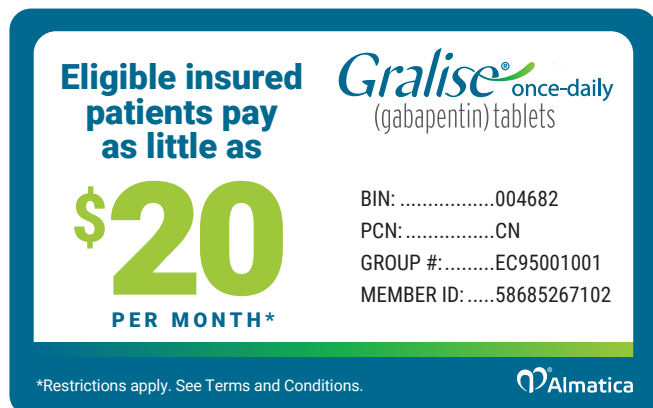


SAVINGS OFFER FOR GRALISE® (gabapentin) tablets



1

PRINT

this page, take a screenshot of the Copay Card, or visit [Gralise.com](https://www.gralise.com)

2

PRESENT

the information at your local pharmacy, along with your GRALISE prescription

3

Commercially insured patients with coverage

PAY AS LITTLE AS \$20

per month for GRALISE*

*Terms & Conditions

To the Patient:

In order to redeem this offer, you must have a valid prescription for GRALISE (gabapentin) tablets, meet the eligibility requirements set forth in the Restrictions section below, and present this card to your pharmacist. Patients with questions about this offer should call 1-855-439-2821.

To the Pharmacist:

By redeeming this offer, you certify: (a) that you have not submitted, and will not submit, a claim for reimbursement under any federal, state, or other government programs for this prescription or where prohibited by law and (b) you will adhere to the terms and conditions stated in the Restrictions section below.

Pharmacist Instructions:

Submit the claim to the patient's primary Third-Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer Coordination of Benefits with a patient responsibility amount and an Other Coverage Code (OCC) of 08. The patient is responsible for the first \$20 and the offer pays up to the next \$550. Reimbursement will be received from CHANGE HEALTHCARE. Valid OCC required. For questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-800-422-5604. Reimbursement will be received from CHANGE HEALTHCARE. Valid OCC required. For questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-800-422-5604.

Visit [Gralise.com](https://www.gralise.com) for Full [Prescribing Information](#), including [Medication Guide](#).

RESTRICTIONS

- Applies only to commercially insured patients with coverage for Gralise.
- Offer only valid for patients 18 years or older.
- Individual costs may vary.
- Valid only in the United States.
- Program eligibility and restrictions apply.
- This offer is void if copied, transferred, purchased, altered, or traded and where prohibited by law.
- Offer not valid for prescriptions reimbursed under Medicaid, Medicare, TRICARE, or other federal or state health programs (such as medical or pharmaceutical assistance programs).
- Almatica Pharma reserves the right to rescind, revoke or amend this offer without notice anytime.
- Offer may not be used with any other financial assistance program, free trial, discount, prescription savings card or other offer.

Start using your GRALISE copay card today



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