



**SAVINGS OFFER**

**Eligible patients\* with commercial insurance only  
(non-government) may pay a co-pay as low as:**

Terms and conditions apply.

**PHARMACY NETWORK**

**\$25**

If covered by plan

**\$95**

If not covered by plan

**RETAIL PHARMACY (out-of-network)**

**\$25**

If covered by plan

**\$150**

If not covered by plan

**BIN# 025706**

**PCN# IFX**

**GRP# AL6372**

**ID# 238268243**

\*Eligible patients with commercial insurance only (non-government) may pay a copay as low as \$25 for KLISYRI. Patients who do not have coverage for KLISYRI under their commercial insurance may pay as low as \$150 at a retail pharmacy or \$95 at a pharmacy within the Almirall Advantage Network. Available savings may vary and are subject to maximum benefit limits. See terms and conditions at [almiralladvantage.com](http://almiralladvantage.com).

Present this card to your pharmacist  
when picking up your prescription.



## Easy, affordable access to Almirall's KLISYRI® (tirbanibulin) ointment

**To the Patient:** Almirall, LLC is committed to making its products affordable to patients. Eligible patients may use this card to reduce their out-of-pocket costs for KLISYRI. Present this card to the pharmacist, along with a valid prescription and proof of your private commercial insurance coverage. **When you apply this offer, you certify that you will comply with the terms and conditions described in the Restrictions section below. If you are the beneficiary of a medical or prescription drug insurance plan under a federal- or state-funded program, such as Medicaid, Medicare (including Medicare Advantage and Medicare Part D), Medigap, VA, DOD, CHAMPUS, TRICARE, or any other federal or state health program (eg, medical assistance program), you are not eligible to use or benefit from this 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 below.** The amount of savings available may vary depending on your insurance coverage. Maximum benefit limits apply. This card is not health insurance.

Patients with questions about the Almirall Advantage program or this offer may call: **888-927-3499**.

**To the Pharmacist:** Patients may use this card for savings on KLISYRI up to a maximum reimbursement limit determined by Almirall, LLC. Almirall, LLC requires appropriate use of this program by pharmacies. **When you apply this offer, you certify that you will comply with the terms and conditions described in the Restrictions section below.** Reimbursement will be received from InfinityRx. For any questions regarding InfinityRx online processing, please call the Help Desk at 888-927-3499

**Pharmacist instructions for eligible patients with private commercial insurance who have elected to use this copay support in connection with their insurance:**

**Covered Claims:** Submit the claim to the Primary Payer first. Then, submit the balance due (plan determined patient out of pocket costs) to InfinityRx as a Secondary Claim with Other Coverage Code 08 using the savings card information. Patients may pay a copay as low as \$25 if the product is covered by their primary insurance.

**Not Covered Claims:** Submit the Claim to the Primary Payer, first. Then, submit a Secondary Claim to InfinityRx with Other Coverage Code 03 using the savings card information.

**RESTRICTIONS:** Valid only in the United States for commercially insured patients. Cash discounts, cash equivalents, or cash discount cards cannot be combined with this program. Not valid for patients who are beneficiaries of a federal- or state-funded healthcare program, including Medicaid, a Medicare drug benefit plan (including Medicare Advantage and Parts A, B, and D plans), Medigap, VA, DOD, CHAMPUS, TRICARE, or other federal or state health programs (such as medical assistance programs). If patient is eligible for 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. **Patient, guardian, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the recipient through this offer.** It is illegal to (or to offer to) sell, purchase, or trade this offer. This offer is not transferable and has no cash value. It cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription(s). No other purchase is necessary. Not valid if reproduced. Void where prohibited by law. Program managed by InfinityRx, on behalf of Almirall, LLC. Almirall, LLC reserves the right to rescind, revoke, amend or terminate this offer without written notice at any time.