



SAVINGS OFFER

LOREEV XR™ (lorazepam) Extended-Release Capsules

PAY
AS LITTLE AS
\$20
PER MONTH*

Once-Daily
Loreev XR™
(lorazepam) 
Extended-Release Capsules
1 mg / 1.5 mg / 2 mg / 3 mg

*Applies to commercially insured covered patients. Individual costs may vary. Program eligibility and restrictions apply. 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). Additional benefits available for uninsured patients and commercially insured patients whose insurance does not cover the product.

Almatica  Pharma

BIN: 004682
PCN: CN
GROUP #: EC16004001
MEMBER ID: 69701188173

- 1 PRINT**
this page, take a screenshot of the Copay Card, or visit loreevxr.com/copay
- 2 PRESENT**
the information at your local pharmacy, along with your LOREEV XR prescription
- 3 PAY AS LITTLE AS \$20**
for LOREEV XR, if eligible*

*Terms & Conditions

To the Patient:

In order to redeem this offer, you must have a valid prescription for LOREEV XR™(lorazepam) extended-release capsules, 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 1-844-240-3657.

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:

• **For Covered Patients**, please 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 \$215.

• **For Uninsured or Insured but Not Covered Patients**, submit an OCC of 01 for uninsured or 03 for insured but not covered. The patient is responsible for \$90 for 30 capsules, \$180 for 60 capsules and \$270 for 90 capsules.

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.

Click here for Full [Prescribing Information](#), including **BOXED WARNING, and [Medication Guide](#).
See loreevxr.com for more information on LOREEV XR.**

Restrictions

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- Additional benefits available for uninsured patients and commercially insured patients whose insurance does not cover the product.
- Individual costs may vary.
- Program eligibility and restrictions apply.
- 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).
- Offer may not be used with any other financial assistance program, free trial, discount, prescription savings card or other offer.
- Offer only valid for patients 18 years or older.
- Valid only in the United States.
- This offer is void if copied, transferred, purchased, altered, or traded and where prohibited by law.
- Almatica Pharma reserves the right to rescind, revoke or amend this offer without notice anytime.

Start using your LOREEV XR Copay Card today