



CO-PAY SAVINGS PROGRAM

**PAY NO MORE THAN \$55**  
per bottle, including refills\*

**MEMBERID# PFWB2222**  
**GROUP# TCWHEM1**  
**BIN# 026241 Rx PCN# CRX**

**PARENT/CAREGIVER INSTRUCTIONS:**

\* You are responsible to pay no more than \$55 of your co-pay for each bottle of Hemangeol® (propranolol hydrochloride) Oral Solution. This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, Tricare, or any other federal or state program or where prohibited by law.

1. Hemangeol® is available from a select group of pharmacies. If your doctor orders Hemangeol® through Pharmaceutical Specialties Express (A Maxor Company), please accept a call from them or call them directly at a.1-800-818-6486 to provide your information and confirm your prescription order. Pharmaceutical Specialties Express (A Maxor Company) will deliver Hemangeol® to your home. Provide the co-pay claim numbers above to the pharmacy to see if you are eligible to receive an instant rebate for the balance due on your co-pay in excess of \$55 for each bottle of Hemangeol.\* If you are not eligible for the co-pay program ask if financial assistance is available. If you have specific questions related to how the Hemangeol® Co-Pay Savings Program works please call the Help Desk at **1-347-547-3053**. Pharmaceutical Specialties Express (A Maxor Company) is available by telephone 24 hours a day, 7 days a week to answer any questions about Hemangeol®. You can also visit [www.hemangeol.com](http://www.hemangeol.com).
- 4.

BY USING THIS COUPON, YOU AND YOUR PHARMACIST  
UNDERSTAND AND AGREE TO COMPLY WITH THE ELIGIBILITY  
REQUIREMENTS AND TERMS OF USE.

HEM -0107

HEM-2024-014

  
Pierre Fabre  
Pharmaceuticals, Inc.

**DEAR PHARMACIST:**

Program Terms, Conditions, and Eligibility Criteria:

1. This offer is valid only for eligible patients with commercial insurance coverage that does not cover the full cost of the prescription. **This offer is good for use only with a valid prescription for Hemangeol at the time the prescription is filled by the pharmacist and dispensed to the patient.** This offer is intended only for the "on label" usage of Hemangeol. 2. Depending on your insurance coverage, eligible patients may pay as little as \$55 for up to 12 prescription fills of Hemangeol. Maximum savings limit applies; patient out-of-pocket expense may vary. 3. This offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs). Patients may not use this offer if they are Medicare eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. 4. Each card is valid for up to 12 prescription fills. 5. Pierre Fabre reserves the right to rescind, revoke, or amend this offer without notice. 6. Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. 7. Void if prohibited by law, taxed, or restricted. 8. This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. 9. This card has no cash value and may not be used in combination with any other discount coupon, discount card, rebate, free trial, or similar offer for the specified prescription. 10. This offer is not health insurance. 11. By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. 12. Patients, pharmacists, and prescribers cannot seek reimbursement from any payor or third party for any part of the benefit received by the patient through this offer. 13. Coupon savings may not exceed the patient's actual out-of-pocket cost. For questions about this program, please call **1-347-547-3053**. Pharmacist Instructions for a patient with an eligible third-party payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription.

**•Submit the claim to the primary third-party payer first and then submit the balance due to a Secondary Payer COB [coordination of benefits with patient responsibility amount and a valid Other Coverage Code, (e.g. 8, 3)].**

**The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Valid Other Coverage Code required.**

**•For any questions, please call the Help Desk at 1-347-547-3053**