

# FIRST GLOPERBA® RX

AS  
LOW  
AS **\$0**

**REFILLS AS LOW AS \$25**

  
**GLOPERBA®**  
(colchicine) oral solution

**GLOPERBA GOUT SAVINGS PROGRAM**

First Rx as low as **\$0**. Refills as low as \$25.

**BIN#** 610852  
**PCN#** 2001  
**GRP#** WCGPB1001  
**ID#** 17588315973

\*Commercial insurance patients only.  
Terms and conditions apply.

**Offer good for GLOPERBA (colchicine oral solution) only**

## Here's how you can save:

**1**

Get a GLOPERBA prescription from your doctor

**2**

**PRESENT THIS CO-PAY SAVINGS CARD TO YOUR PHARMACIST**

**3**

Pay as little as \$0 for your first prescription of GLOPERBA. Refills are as low as \$25\*

\*Commercial insurance patients only. Terms and conditions apply.

### **TO THE PATIENT:**

You must present this card to the pharmacist along with your prescription (and at each refill) to participate in this program. This card can only be used with new or existing valid prescriptions for GLOPERBA. Prescriber ID# required on prescription. This card is valid toward out-of-pocket expenses only; maximum benefits apply each month. Offer good for commercially insured patients, even if insurance doesn't cover GLOPERBA, and cash paying patients.

### **TO THE PHARMACIST FOR A PATIENT PAYING WITH AN AUTHORIZED THIRD PARTY:**

Submit the claim to the primary third-party payer first, then submit the balance due to Capital Rx as a secondary payer as a copay-only billing using Other Coverage Code 3 or 8. The patient will be responsible for any remaining out-of-pocket expenses; maximum benefits apply. You will receive this in your reimbursement from Capital Rx plus a handling fee. As a condition of payment, you must comply with all contractual obligations you have with third-party payers and must provide notice to all payers as required by law, contract, or otherwise. Other Coverage Code required.

### **TO THE PHARMACIST FOR A PATIENT PAYING CASH:**

Submit the claim to Capital Rx using Other Coverage Code 0. The patient will be responsible for any remaining out-of-pocket expenses; maximum benefits apply. You will receive this in your reimbursement from Capital Rx plus a handling fee. As a condition of payment, you must comply with all contractual obligations you have with third-party payers and must provide notice to all payers as required by law, contract, or otherwise.

### **OTHER COVERAGE CODE REQUIRED:**

For any questions regarding Capital Rx online processing, please call the Pharmacist Help Desk at 1-844-306-9173.

### **RESTRICTIONS:**

Program may be cancelled at any time without notice. Void where prohibited by law. This card must be returned upon request, and is the property of SCILEX, who retains the rights to rescind, revoke or amend this program without notice. Not valid for patients eligible for benefits under Medicaid (including Medicaid managed care), Medicare, TriCare, Veterans Affairs, FEHBP, or similar state or federal programs. GLOPERBA copay card is not valid for RelayHealth patients in Texas. Offer good only in the USA and Puerto Rico.

To report suspected adverse reactions, contact SCILEX Pharmaceuticals Inc. at 1-866-SCILEX3 or FDA at 1-800-FDA-1088 or visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch).



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