

Bring this card to your pharmacist with a valid prescription.

For program questions call 844-567-9503.



To the Pharmacist for the Patient Paying via an Authorized Third Party: Submit the claim to the Primary Payer first, then submit the balance due to **Capital Rx** as a Secondary Payer as a co-pay only using Other Coverage Code of 8, 3. The patient will receive up to the program maximum benefit on their first and subsequent prescriptions of Liqrev, Tadliq, CaroSpir, Norliqva, or Atorvaliq. Patient will be responsible for any remaining out of pocket expense. You will receive this amount plus a handling fee in your next reimbursement from **Capital Rx**.

To the Pharmacist for the Patient Paying Cash: Submit the claim to **Capital Rx**. A valid Other Coverage Code 0 is required. The patient will receive benefit up to the program maximum on first and subsequent prescriptions of Atorvaliq, CaroSpir, or Norliqva. Patient will be responsible for any remaining out of pocket expense. You will receive this amount plus a handling fee in your next reimbursement from **Capital Rx**.

To the Pharmacist ONLY: For any question regarding **Capital Rx** online processing, please call 844-306-9173.

Terms and Conditions

Void where prohibited by law. CMP Pharma reserves the right to rescind, revoke or amend this program with-out notice. Offer not vaild for patients eligible for benefits under Medicaid (including Medicaid managed care), Medicare, TRICARE, Veterans Affairs, FEHBP, or similar state or federal programs. Offer void where prohibited, taxed, or otherwise restricted. Offer good only in the U.S.A. No generic substitution with this offer.