



## Your LIVALO® Savings Card

Pay as little as \$25  
for a 90-day supply  
of LIVALO<sup>††</sup>

Eligible patients  
may pay as little as  
for a **90- or 30-day prescription**

BIN#: 610852 GROUP#: **WCLIV2027**  
PCN#: 2001 ID#: **71128585289**



### How it works:

- Simply print your LIVALO® Savings Card
- Present your LIVALO® Savings Card with your prescription to your pharmacy, and you may pay less on your prescriptions of LIVALO
- If you're already taking LIVALO, simply take your Savings Card to your pharmacy to begin receiving savings on your refills
- The LIVALO® Savings Card will save you on out-of-pocket costs (your co-pay) that exceed \$25 on a 90-, 60-, or 30-day supply of LIVALO; maximum benefits apply
- If you are an eligible mail-order pharmacy patient, visit [livalorx.com/savings/coupon](http://livalorx.com/savings/coupon) for your rebate

**LIVALO® Savings Card Help Line: 1-844-567-9504**

**†Offer Details:** Those with or without commercial health insurance (including cash-paying patients): The LIVALO® Savings Card (the Card) will save you on out-of-pocket costs (your co-pay) that exceed \$25 on a 90-, 60-, or 30-day supply of LIVALO; maximum benefits apply. Patients who have purchased private health insurance through a health insurance exchange may also be eligible to participate.

**To Patients:** Present this card with your valid prescription for LIVALO and pay as little as \$25 on your 90-, 60- or 30-day LIVALO prescription. You will be responsible for any remaining balance after the maximum benefits are applied with each use. Keep this card and present it with each prescription or refill. Restrictions apply. Please call **1-844-567-9504** with any questions about the LIVALO® Savings Card offer.

**To the Pharmacist, for Patient Paying Cash:** Submit the claim to **Capital Rx**. A valid Other Coverage Code (0) is required. The patient will pay as little as \$25 on a 90-, 60- or 30-day supply of LIVALO; maximum benefits apply. Patient will be responsible for any remaining out-of-pocket expense. You will receive this in your reimbursement from **Capital Rx**, plus a handling fee.

**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 pay as little as \$25 on a 90-, 60- or 30-day supply of LIVALO; maximum benefits apply. The patient will be responsible for any remaining out-of-pocket expense. You will receive this in your reimbursement from **Capital Rx**, plus a handling fee.

**To the Pharmacist ONLY:** For any questions regarding **Capital Rx** online processing, please call 1-844-306-9173.

**Eligibility Requirements:** Void where prohibited by law. Kowa Pharmaceuticals reserves the right to rescind, revoke, or amend this program without notice. Offer not valid for patients eligible for benefits under Medicaid (including Medicaid managed care), Medicare, TRICARE, Veterans Affairs, or similar state or federal programs. Offer void where prohibited, taxed, or otherwise restricted. Offer good only in the USA. No generic substitution with this offer.

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