www.needymeds.org

Find help with the cost of medicine

Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the **"Healthcare Savings"** tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, $4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over $300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.

Rich Sagall, MD
President, NeedyMeds

NeedyMeds.org
50 Whittemore St.
Gloucester, MA 01930

Helpline: 1-800-503-6897
Email: info@needymeds.org

www.needymeds.org

Clip the card and save

DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.

Powered by ScriptSave® WellRx

- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family
- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit www.needymeds.org/L2L for more information.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
50 Whittemore St.
Gloucester, MA 01930

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.

Sebela Patient Assistance Program

Lotronex® (alosetron HCl)
0.5mg and 1mg tablets

Downloaded from NeedyMeds.org

Sebela Patient Assistance Program
50 Whittemore St., Gloucester, MA 01930
Phone: 866-562-7902 Fax: 888-246-6527

Patient Instructions:

1. Complete all fields on page 1 and 2 of the application. Have your prescriber complete page 3 of the application. Incomplete applications will delay the processing of your application.
2. Sign the application.
3. Send the application to the Sebela Patient Assistance Program.

NOTE: For medicine sent to a Nebraska address you must also submit a state issued photo ID.

YOUR INFORMATION

Name (First and Last): ______________________________

Street Address: ______________________________

City: ______________ State: ______ ZIP Code: __________ Daytime Phone: ______________

Social Security # or Green Card # (if applicable) ______________________ Date of Birth: __________

Email: ______________________
By providing your email you are giving us permission to contact you in this way.

Fax: ______________________
By providing your fax you are giving us permission to contact you in this way.

ELIGIBILITY INFORMATION

Residency Status: ___ U.S. Citizen ___Legal Resident ___Work Visa (attach a copy your work visa)

Gender: ___ Female ___ Male (Note: Lotronex is only indicated for women)

My household income: ______________________

Required supporting documentation (select one):

- ☐ Applying before April 15 - copy of the first page of last year's tax return
- ☐ Applying after April 15 - copy of the first page of this year's tax return
- ☐ If on Social Security a copy of SSA 1099
- ☐ Copy of two most recent pay stubs for all employed household members
- ☐ Proof of all pensions, interest, alimony, child support and retirement payments for all household members
- ☐ If applicant has no income then a letter is required from applicant's healthcare provider, advocate or other person or agency attesting to zero income or if you don't file taxes, submit Form 4506-T from the IRS.

My household size: ______________________

Check one:

- ☐ I have no health insurance coverage (private or government) that pays for Lotronex and have not been insured for at least three months
- ☐ I had health insurance coverage (private or government) that paid for Lotronex within the last three months but it expired. Date of expiration______________________ Insurer______________________
- ☐ I have no health insurance coverage (private or government) that pays for Lotronex but expect to have it within the next three months.

 Downloaded from NeedyMeds.org

Sebela Patient Assistance Program
50 Whittemore St., Gloucester, MA 01930
Phone: 866-562-7902 Fax: 888-246-6527

MEDICAL QUESTIONS

List all the medications you are currently taking, including over-the-counter medicines (those you can buy without a prescription), supplements, natural remedies, etc. If you are taking no medications, then check this box: ☐ NONE.

____
____
____
____

List any allergies to medications you have. If you have no allergies, then check this box: ☐ NONE.

____
____
____
____

List any medical conditions you have, including any relative to this voucher.
If you have no medical conditions, then check this box: ☐ NONE

____
____
____
____

THE AGREEMENT

You must sign the form before we can process your application and deliver your medication. I attest that the information in this application is true, complete and accurate. This authorization or a copy shall be valid for 6 months from the date of signature. I understand that the Sebela Patient Assistance Program reserves the right to request additional income verification or other information from me and may refuse my application based on any misuse, abuse or illegal distribution of any products in this program.

Applicant's Signature: ______________________________ Date: ______________

Sebela Patient Assistance Program

Lotronex® (alosetron HCl)
0.5mg and 1mg tablets

Downloaded from NeedyMeds.org

Sebela Patient Assistance Program
50 Whittemore St., Gloucester, MA 01930
Phone: 866-562-7902 Fax: 888-246-6527

PRESCRIBER INSTRUCTIONS

Complete all fields on the application.

1. Sign the application.
2. Attach a prescription for Lotronex for a one month supply with up to a maximum of 2 refills
3. Mail the application to: Sebela Patient Assistance Program, 50 Whittemore St., Gloucester, MA 01930. Original prescription must be mailed, faxed or escribed to:
   GoGoMeds, 525 Alexandria Pike, Ste. 100, Southgate, KY 41071. Fax: 844-364-1334. NCPDP #1834793.
   Incomplete applications or missing information will delay the processing of the application.

PHYSICIAN INFORMATION

Prescriber's Name: ______________________ Facility/Practice: ______________________

Address: ______________________ City: ______________ State: ______ ZIP Code: ________

Telephone: ______________ Fax: ______________________ Email: ______________________

By providing your email you are giving us permission to contact you in this way.

By providing your fax you are giving us permission to contact you in this way.

DEA Number______________________ NPI Number ______________________

State License Number ______________________ Expiration Date ______________________

☐ Check box to have prescription sent to the physician's address listed above. Otherwise, the prescription will be sent to the patient's home address.

PATIENT INFORMATION

Please select one or more of the following eligibility criteria that justify the need for this medication:

☐ Female

☐ Severe Chronic Irritable Bowel Syndrome with Diarrhea (564.1)

PRESCRIBER ATTESTATION

You must sign the form before we can process your patient's application and send the medication.

I attest that the information in this application is true, complete and accurate. This authorization or a copy shall be valid for 6 months from the date of signature. I understand that the Sebela Patient Assistance Program reserves the right to request additional information from me and may refuse my application based on any misuse, abuse or illegal distribution of any products in this program.

To the best of my knowledge, this patient is financially needy, has no insurance coverage for the Lotronex and has a medical need for this medication.

Prescriber's Signature: ______________________________________ Date:________________