

# Pramosone<sup>®</sup> Lotion 2.5% hydrocortisone acetate 2.5% / pramoxine HCl 1%

## Pay as little as **\$10\*** copay

Affordable access – Unlimited refills – No activation required

RxBIN: **017290**

RxPCN: **55101202**

RxGRP: **X5920**

Person Code: **01**

Claims Processor: **SimpleSave Rx**

Card ID: **592007111111**

### Patients:

For processing assistance,  
please call **1-844-728-3479**  
(not your physician).

### Pharmacists:

Please remember to restore  
patient profile to primary PBM  
after claim submission.

\*See reverse side for eligibility terms and conditions.

#### Eligibility Terms:

- Coupon not valid for prescriptions reimbursed in whole or in part under Medicaid, Medicare (including Medicare Advantage and Part D prescription drug plans), or any other federal or state program (including state pharmaceutical assistance programs) or where prohibited, taxed, or otherwise restricted.
- This coupon is good for use only at the time that the prescription is filled by the pharmacist and dispensed to the patient.
- Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics.
- This coupon may be used for an unlimited number of uses.
- Sebela Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice.
- The selling, purchasing, trading, or counterfeiting of this coupon is prohibited by law.
- Coverage is not guaranteed.
- Offer may not be combined with any other rebate, coupon, free trial, or similar offer. Coupon has no cash value. No cash back.
- Patients understand and agree to comply with the terms and conditions of this offer as set forth here.

#### Dear Pharmacist:

SimpleSaveRx has been authorized to reimburse you up to \$200.00 for processing this certificate when accompanied by a prescription for any of the covered products and allowing the patient up to \$200.00 discount off, after they pay the first \$10\*. This claim may be submitted electronically through SimpleSaveRx or by mail. For reimbursement, follow the instructions below. Retain a copy of the coupon and file with the prescription for auditing purposes; return the original coupon to the patient. Please remember to restore patient profile to primary PBM after claim submission.

This claim may be submitted in one of the following three ways:

1. This claim may be submitted electronically through SimpleSaveRx. Submit all claims in NCPDP standard D.0. Secondary processing should follow NCPDP standards for Co-pay Only billing using coverage code 8 (OCC 8). If you have any questions regarding electronic submission, please call the SimpleSaveRx help desk at **1-844-728-3479**.  
OR
2. If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Submit paper claims to **SimpleSaveRx, 3350 N Arizona Ave, Ste 2, Chandler, AZ 85225**  
OR
3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the coupon to the patient and instruct the patient to mail this coupon along with a duplicate pharmacy label or pharmacy receipt that includes all of the following information: drug name, drug quantity, prescription number, fill date, name and address of the pharmacy, prescribing physician's name, patient's name, and copay amount paid. In addition, for prompt payment, please instruct the patient to include the patient's return address and to mail this information to **SimpleSaveRx, 3350 N Arizona Ave, Ste 2, Chandler, AZ 85225**

Please retain a copy of the coupon and file with each prescription for auditing purposes. Return the original to the patient.

Call **1-844-728-3479** with processing questions.

\*Eligible patients will receive a maximum benefit of \$200 off their insured copay.

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Good through 12/21

