

**For Insured Patients:
Pay No More Than
\$10***

*Maximum Rebate Amount - \$75

**For Cash Patients:
Up To
\$75 off**



Pramosone® is available in Cream,
Lotion, and Ointment.

Dear Patient

- This card helps to affordably access your prescription for Pramoseone® products
- Unlimited refills
- No activation required
- If there are any processing questions or problems, call 844-728-3479 and not your physician

RxBIN: 600471

RxPCN: 7777

RxGRP: X5920

Person Code: 01

Claims Processor: RESTAT

Card ID: 592007111111

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

*Eligible patients will receive a maximum benefit of \$75 off their insured copay.

www.sebelapharma.com



Products Covered

- Pramoxone® Cream 2.5% (2 oz tube)
- Pramoxone® Cream 2.5% (1 oz tube)
- Pramoxone® Cream 1% (2 oz tube)
- Pramoxone® Cream 1% (1 oz tube)
- Pramoxone® Lotion 2.5% (4 oz bottle)
- Pramoxone® Lotion 2.5% (2 oz bottle)
- Pramoxone® Lotion 1% (8 oz bottle)
- Pramoxone® Lotion 1% (4 oz bottle)
- Pramoxone® Lotion 1% (2 oz bottle)
- Pramoxone® Ointment 2.5% (1 oz tube)
- Pramoxone® Ointment 1% (1 oz tube)

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:

RESTAT has been authorized to reimburse you up to \$75.00 for processing this certificate when accompanied by a prescription for any of the covered products and allowing the patient up to \$75.00 discount off, after they pay the first \$10. This claim may be submitted electronically through RESTAT or by mail. For reimbursement, follow the instructions listed 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 one of the following three ways:

1. This claim may be submitted electronically through RESTAT. Submit all claims in NCPDP standard D.O. 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 RESTAT 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. Paper claims are to be submitted 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** which must include the following information: drug name, the drug quantity, the prescription number, the fill date, the name and address of the pharmacy, the prescribing physician, the patient's name, and the co-pay amount paid. In addition to this information, 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**, for prompt payment.

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

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

Offer expires December 31, 2017
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