

Pramosone[®] Lotion 2.5%
hydrocortisone acetate 2.5% / pramoxine HCl 1%

Pay as little as
\$10* copay

Affordable access – Unlimited refills – No activation required

BIN: 004682

PCN: CN

GROUP: WCPMS1001

ID: 14912432110

Pharmacists call 1-800-422-5604 for processing questions.

*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.

Pharmacist Instructions for Commercially Insured Patients:

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g. 8, 3). The patient is responsible for the first \$10.00 and reimbursement for the balance, up to \$200.00, will be received from **Change Healthcare**. Any remaining balance is the patient's responsibility.

Pharmacist Instructions for Cash Paying Patient:

Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g. 0,1) is required. The patient will receive up to \$200 off their prescription, to be received from **Change Healthcare**. Any remaining balance is the patient's responsibility.

For pharmacy processing questions, please call 1-800-422-5604.

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

©2022 Sebela Pharmaceuticals®. 726-654-v1 Good through 12/23

