

Pay No More Than **\$20** per prescription*
Limitations apply

PRIMSOL[®] solution
trimethoprim hydrochloride
oral solution 50 mg/5 mL

Minimum Rx of 90 mL

Claims Processor: **SimpleSaveRx**
BIN # **017290**
Rx PCN # **55101202**
Group # **X7540**
Cardholder ID # **754001001005**

*Patient Information:

- Please present this coupon to your Pharmacist when you **drop off** your signed valid PRIMSO[®] prescription to receive a maximum savings benefit up to \$40 off your co-pay.
- Patient is responsible for the first \$20 of their co-pay and for any co-pay amount above their \$40 maximum savings benefit. All patients are responsible for any co-pay amount above their maximum savings benefit.
- By using this program, you certify that you understand and will abide by the rules, regulations, terms and conditions of the program.
- Keep this savings coupon with you for future refills.
- For more information or medically related questions, please go to www.allegispharma.com or email info@allegispharma.com or call 1-866-633-9033.

Pharmacist Instructions:

Please dispense PRIMSO[®] at up to \$40 off the customer's out-of-pocket expense after their initial co-pay of \$20. Patient is responsible for any co-pay amount above their \$40 maximum savings benefit. Allegis Pharmaceuticals, LLC and/or Pharmacy Benefit Manager reserve the right to audit and review all records and documentation relating to the redemption of this coupon and the dispensing of this product.

This claim may be submitted electronically using the numbers above. Submit all claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3 or 8); or in some cases, using Coordination of Benefits processing, dependent on your pharmacy's software requirements. You will be reimbursed per your contracted rate directly from PBM. Pharmacy or customer mail-in claims may be sent to SimpleSaveRx, 3350 N. Arizona Ave. Ste. 2 Chandler, AZ 85225 for prompt reimbursement. All mail-in claims should include a duplicate pharmacy label or receipt (cash register receipts not accepted) along with a copy of the front of the customer savings card. For expedited processing, Fax voucher and Rx receipt to: 1-480-444-1449

Terms and Conditions

- By using this coupon, you and your pharmacist understand and agree to comply with these terms and conditions.
- 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 not insurance. Offer may not be combined with any other rebate, coupon, free trial or similar offer. Coupon has no cash value. No cash back.
- This coupon may not be used more than once per patient and prescription per day. It is a violation of Federal law for a Pharmacy, Physician, or employee of the Pharma Company to knowingly violate this program's business rules and may instigate an immediate claims reversal.
- The selling, purchasing, trading or counterfeiting of this coupon is prohibited by law. Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics.
- This coupon may be used for each new or refill prescription. Offer expires December 31, 2016.
- Allegis Pharmaceuticals, LLC reserves the right to rescind, revoke or amend this offer without notice.

**Restore patient's profile to Primary PBM, if appropriate, after claim submission.
Call the SimpleSaveRx help desk at 1-844-728-3479 for processing questions.**

