MOST INSURED AND COVERED PATIENTS

NDC 54766-778-04 • NDC 54766-799-04 • NDC 54766-799-64
NDC 54766-799-65 • NDC 54766-829-04

Analpram HC®

hydrocortisone acetate pramoxine HCl

Cream Minimum Rx of 30 grams
Lotion Minimum Rx of 59 mL

Processor:	BIN #:	RxPCN #:
DREXI	**017290**	**55101202**
Group #:	**Person Code:**	**Cardholder ID#:**
E1290	**01**	**1001001**

***Attention Patient:**

- Present this voucher to your pharmacist along with your insurance card and valid prescription. Keep this voucher for future savings on your refill prescriptions.
- With the use of this voucher, Insured Patients with a prescription drug plan should **Pay As Little As $20** for each prescription.
- Maximum benefit limits apply and are subject to change at any time.

LEGACY PHARMA

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Attention Pharmacist:

Please restore patient profile to Primary PBM after claim submission. Not valid with any other offer. One certificate per pharmacy visit.

DREXI has been authorized to reimburse you the program maximum benefit of up to $100 off the customer's out-of-pocket expense, which is subject to change, after Insured Patients pay the first $20. Any remaining amounts due after the use of this voucher are the responsibility of the patient.

For reimbursement, please follow the instructions listed below.

1. This claim may be submitted electronically through DREXI. Submit all claims in NCPDP standard D.0. Secondary processing should follow NCPDP standards for Copay Only billing (OCC8, or OCC3 if the primary insurance does not cover the brand); or in some cases using Coordination of Benefits processing, dependent on your pharmacy software requirements. If you have a ny questions regarding electronic submission, please call the Help Desk at 844-SAVE4RX (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 **DREXI, 2700 N. Central Ave. Ste. 1110, Phoenix, AZ 85004** or can be faxed to **1-480-444-1449**.

OR

3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the voucher to the patient and instruct the patient to mail this voucher, along with the copy of their pharmacy prescription receipt (cash register receipts are not accepted), and their return address, to **DREXI, 2700 N. Central Ave. Ste. 1110, Phoenix, AZ 85004** for prompt payment of their rebate.

This offer is not valid on prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Where third-party reimbursement covers a portion of your prescription, this coupon is valid only towards the amount of the patients actual out-of-pocket expenses, up to the program maximum. Only Commercial Insurance is valid to qualify for the "Insured Patient" benefit. Pharmacy Discount or Cash Cards are not valid as the primary insurance. Offer valid only for prescriptions filled in the United States. Legacy Pharma, Inc. reserves the right to rescind, revoke or adjust this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate.

Call 844-SAVE4RX (844-728-3479) with processing questions.