

INSURED PATIENTS, WHEN DRUG IS COVERED PAY AS LITTLE AS\*

**\$0 CO-PAY**

INSTANT SAVINGS USE THESE CODES:

BIN 600426

PCN 54

GRP EC12801010

ID 39184277169

connective<sup>rx</sup>

INSURED PATIENTS, WHEN DRUG IS NOT COVERED PAY\*

**\$45 CO-PAY**

when product is dispensed via **Encore+ Central Fulfillment**

**Dear Pharmacist:** Please see below for instruction on how to counsel patient so they can receive this offer.

**impoyz<sup>®</sup>**  
(clobetasol propionate)  
Cream 0.025%

**Trianex<sup>®</sup> 0.05%**  
(Triamcinolone Acetonide Ointment, USP)  
Proprietary Hydrous Emulsified Base

**Sernivo<sup>®</sup>**  
(betamethasone dipropionate)  
Spray, 0.05%

**Promiseh<sup>®</sup>**  
Topical Cream

**Okebo<sup>®</sup>**  
(Doxycycline Monohydrate USP)  
**75 mg\*** Capsules

\*Offers are valid for patients with qualifying commercial insurance only and are only redeemable for the products shown above. Please see below for eligibility requirements and important program instructions.

**\*Eligibility Requirements:** Both savings offers are only valid for eligible patients with commercial insurance. Patients enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicaid, Medicare Part D, Medigap, Department of Defense (DOD), Tricare, Veterans Affairs (VA) programs or Medicare eligible patients enrolled in an employer sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees or where prohibited by law. Offer valid for up to 6 prescription fills.

**Patient Instructions:** Eligible patients must present this savings offer at participating pharmacies with a valid prescription, including Prescriber ID # for eligible Encore Dermatology products. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described below. Please call 1-844-829-1152 with questions.

**Pharmacist:** When you utilize these savings offers, you are certifying that the patient meets the eligibility criteria, that you have not submitted and will not submit a claim for reimbursement under any state or federally-funded prescription insurance program for this prescription, and that participation in program is not contrary to your agreements with third-party payers or applicable laws or regulations for pharmacy providers.

**Pharmacist Instructions:** For patients with an eligible Third Party Payer (commercial insurance), submit the claim to the primary Third Party Payer first.

**If the primary payer covers the claim,** submit any remaining patient responsibility to Change Healthcare as a Secondary Payer COB (coordination of benefits) and a valid Other Coverage Code, (e.g. 8). Reimbursement will be received from Change Healthcare. Maximum reimbursement limits apply.

**For insured patients when drug is not covered by primary insurance,** counsel patient and transfer prescription to Encore+ Central Fulfillment (Lombard Pharmacy) for dispensing. Patient co-pay of **\$45** will be collected by Lombard Pharmacy, NCPDP# 1408574, fax 844-224-5422, call 844-232-9920 or via [www.SendRx.net](http://www.SendRx.net).

For any questions regarding Change Healthcare or processing the instant savings coupon for insured covered claims, please call the Help Desk at 1-800-433-4893. For any questions regarding the processing of insured not covered claims, please call 1-844-232-9920.

**Restrictions:** This offer is valid in the United States. It is illegal to (or offer to) sell, purchase, or trade this offer. Void where prohibited by law, taxed or restricted. This offer is not conditioned on any past, present or future purchase, including refills. Program expires 6/30/2021. Insured covered program managed by ConnectiveRx on behalf of Encore Dermatology. Insured not covered program managed by SendRx and Lombard Pharmacy on behalf of Encore Dermatology. Encore Dermatology reserves the right to rescind, revoke, or amend this program at any time. Not valid if reproduced. Not redeemable for cash. This is not a health insurance card.

**This card is valid for the specified Encore Dermatology products only. For more information, please refer to [www.encorederm.com](http://www.encorederm.com)**