

Promiseb
COMPLETE
SCALP WASH & TOPICAL CREAM

Promiseb
Topical Cream

Pay no more than
\$20^{*†}

Emdeon
Therapy First Plus

BIN#: 004682

PCN#: CN

GRP#: EC69002008

ID#: 58996369919

Good for 6 uses

**Maximum reimbursement limits apply.*

†Limitations apply. See reverse side for details.

This Offer is for Promiseb® Complete or Promiseb® Cream Savings.

Patient Instructions: Redeem this coupon only when accompanied by a valid prescription for PROMISEB®. Eligible patients pay no more than \$20 for each prescription, however maximum reimbursement limits apply. This card must be presented at the time of fill for instant savings. Offer is good for insured and uninsured patients. **This coupon is good for up to 6 uses and is not transferable.**

Pharmacist instructions for a patient with an Eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient is responsible for \$20, however maximum reimbursement limits apply. Reimbursement will be received from **Therapy First Plus**.

Pharmacist instructions for a cash paying patient: Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (eg, 1) is required. The patient is responsible for \$20, however maximum reimbursement limits apply. Reimbursement will be received from **Therapy First Plus**. Valid Other Coverage Code required. For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at 1-800-422-5604. **Patients with questions should call 1-855-621-4818.**

Please consult full prescribing information for PROMISEB®. Not valid for patients reimbursed by federal health care programs, including Medicare, Medicaid, Tricare, the Department of Veterans Affairs, state maternal and child health block grant programs under 42 U.S.C. 701 et. seq. state social service block grant programs under 42 U.S.C. section 1397 et. seq. or any other similar federal or state health care program. Void where prohibited by law, taxed or restricted. Void outside the United States. Void for residents of Massachusetts.

Patient is responsible for reporting receipt of card program rewards to any private insurer that pays for or reimburses any part of the prescriptions filled with this card. This offer is limited to one offer per person and is not transferable. Void if reproduced. It is illegal for any person to sell, purchase, or trade, or offer to sell, purchase or trade, or to counterfeit this card. **Offer expires one year from date of first use.** Promius Pharma reserves the right to rescind, revoke or amend this offer at any time without notice.



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