

Corrective Co-Pay Voucher


ulesfia[®]
(benzyl alcohol) Lotion 5%

Co-Pay Assistance Voucher

PATIENT PAYS
ONLY \$10.00*

Cardholder ID: **301001050**
Claims Processor: **RESTAT**
BIN No.: **600471**
Group No.: **X8250**
Rx PCN No.: **7777**

*On co-pays up to \$60.00 — subject to terms and conditions below and on reverse side

A previous version of this co-pay voucher did not disclose the complete indication, limitations of use and the Important Safety Information.

Please see below the complete indication, limitations of use and Important Safety Information.

INDICATION: Ulesfia (benzyl alcohol) Lotion is a pediculicide indicated for the topical treatment of head lice infestation in patients 6 months of age and older.

Limitation of Use: Ulesfia Lotion does not have ovocidal activity.

PHARMACIST: On Ulesfia[®] prescriptions using this coupon, patients will receive up to \$50 off their total out-of-pocket expense. An initial co-pay of up to \$10 may apply. Plan maximums and copays are subject to change. Submit all claims in NCPDP Standard D.O. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3 or 8); using Coordination of Benefits processing, dependent on your pharmacy's software requirements. You will be reimbursed per your contracted rates plus the discount offered to the customer directly from SimpleSaveRx. 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 copy of the pharmacy receipt (cash register receipts not accepted) along with a copy of this coupon. For expedited processing, Fax savings card and Rx receipt to: 480-444-1449. Remember to restore patient to primary insurance after claim submission. Call the SimpleSaveRx help desk at 1-844-728-3479 for processing questions.

IMPORTANT SAFETY INFORMATION

• Neonatal toxicity: Intravenous administration of products containing benzyl alcohol has been associated with neonatal gasping syndrome consisting of severe metabolic acidosis, gasping respirations, progressive hypotension, seizures, central nervous system depression, intraventricular hemorrhage, and death in preterm, low birth weight infants. Neonates (i.e. patients less than 1 month of age or preterm infants with corrected age of less than 44 weeks) could be at risk for gasping syndrome if treated with Ulesfia Lotion .

Please see additional Important Safety Information on the reverse side

Please see the accompanying Full Prescribing Information



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ADDITIONAL IMPORTANT SAFETY INFORMATION:

- Eye irritation: Avoid eye exposure. Tell patients if product comes in contact with the eyes to flush them immediately with water. If irritation persists, patient should consult a physician.
- Contact dermatitis: Ulesfia Lotion may cause allergic or irritant dermatitis.
- Ulesfia Lotion should only be used on children (6 months of age and older) under the supervision of an adult. Keep out of reach of children.

ADVERSE REACTIONS: Most common adverse reactions reported in clinical trials (> 1% and more common than with placebo): ocular irritation, application site irritation, and application site anesthesia and hypoesthesia.

To report **SUSPECTED ADVERSE REACTIONS**, contact Zylera Pharmaceuticals LLC. at 1-866-416-9637 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Not valid for patients who are covered by any state or federally funded healthcare program, including but not limited to Medicare (Part D or otherwise), Medicaid, Medigap, CHAMPUS, TRICARE, and any state pharmaceutical assistance program; for patients who are Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; or patients whose insurance plan is paying the entire cost of this prescription. Additionally, patients may not submit any benefit provided by this coupon program for reimbursement through Flexible Spending Account, Health Savings Account, or Health Reimbursement Account. No other purchase is necessary. The coupon program is not health insurance and the patient is responsible for complying with any obligations as may be required by his/her insurance provider. The program is administered through certain participating pharmacy(ies) only. Void outside of the US and its territories or where prohibited by law, taxed, or restricted. The amount of the benefit cannot exceed the patient's out-of-pocket expenses and cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. By participating in the coupon program, you are certifying that you understand and agree to comply with the terms and conditions of this program as set forth above. **After the patient pays their third-party co-pay of up to \$10, Zylera will pay a maximum coupon amount of up to \$50. If a patient's deductible / co-pay exceeds \$60, any and all costs above this \$50 maximum coupon benefit is the patient's responsibility.**

This coupon will expire on 06/30/18. It is a violation of federal law to buy, sell, or counterfeit this coupon.

Please see the accompanying Full Prescribing Information

