

# Patient Savings Coupon for Veripred® 20 Oral Solution

Please present this coupon to your Pharmacist when you Drop Off your Prescription

# Patient Pays only \$10.00\*



## VERIPRED®20

(prednisolone sodium phosphate  
oral solution) 20 mg Prednisolone  
base per 5 ml

\*Subject to Terms and Conditions

Cardholder ID	401001050
Claims Processor:	RESTAT
BIN #	600471
Rx PCN #	7777
Group #	X8250

**Patient/Parent Information:** Please present this coupon and your signed valid Veripred® 20 prescription to your pharmacist to receive a maximum savings benefit up to \$50 per month. Patient is responsible for their initial \$10 co-pay as well as any co-pay amount or out of pocket expense as well as any applicable taxes, if any above their monthly maximum benefit of up to \$50.

**Pharmacist:** On Veripred® 20 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.0. 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.

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 exceeds \$60, any and all costs above this \$50 maximum coupon benefit is the patient's responsibility.**

You are encouraged to report negative side effects of prescription drugs to the FDA.  
Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.



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