

Save up to \$30 on your co-pay.*

TOLAK[®]
Fluorouracil **4%**
Cream

BIN # 017290
PCN # 55101202
Group # X10590
Cardholder ID # 105900002002


Pierre Fabre
Pharmaceuticals, Inc.

**Eligible patients save up to \$30 after paying the first \$50 of their Tolak prescription co-pay. Please see eligibility and other requirements on back of card*

Please tear here

By using this card, you and your pharmacist understand and agree to comply with these eligibility requirements and terms of use. This offer is not conditioned on any past, present or future purchase including refills.

PATIENT INSTRUCTIONS:

Savings in just 3 easy steps!

1. Get a valid prescription.

Ask your doctor for a prescription for Tolak[®] (fluorouracil) Cream 4%.

2. Fill your prescription.

Take this Savings Card and your prescription for Tolak to your pharmacy.

3. Pay the first \$50 of your co-pay and enjoy a reduction of up to \$30 on any remaining co-pay amount after that.

* Program eligibility and restrictions apply. See below for eligibility and restrictions.

ELIGIBILITY: Patients are eligible for this coupon if they pay either through commercial insurance or cash. This coupon is not valid for prescriptions submitted for reimbursement to Medicare, Medicaid, TriCare 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 for the amount of your actual out-of-pocket expenses, up to the maximum benefit allowed per this program. Offer valid only for prescriptions filled in the United States and Puerto Rico.

TERMS OF USE: Eligible patients with a valid prescription for Tolak (fluorouracil) Cream 4% who fill their prescription at participating pharmacies will receive up to a maximum amount of \$30 after they pay the first \$50. Offer has no limit on number of refills. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Pierre Fabre Pharmaceuticals, Inc. reserves the right to rescind, revoke or amend this offer without notice. It is a violation of federal law to buy, sell, or counterfeit this certificate. Pharmacy Help Desk, Call 1-844-728-3479.

Tolak[®] is a registered trademark of Hill Dermaceuticals, Inc. © 2017 Pierre Fabre Pharmaceuticals, Inc., All Rights Reserved

Non-transferable, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. Pharmacists and prescribers are responsible for any reporting which may be required to be made to any reimbursement program. Pierre Fabre Pharmaceuticals, Inc. reserves the right to limit, terminate, or deny the benefit herein at any time, at its sole discretion.

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DEAR PHARMACIST:

SimpleSaveRx has been authorized to reimburse you per your contracted rate plus the benefit paid with this co-pay card.

- When you use this card, you agree to the Eligibility and Terms of Use sections above.
- This claim may be submitted electronically through SimpleSaveRx using the processing numbers on the front of this co-pay card or by mail. Submit all electronic claims in NCPDP Standard D.O. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3 or 8) or by using Coordination of Benefits processing.
- Mail claims should go to SimpleSaveRx, 3350 N Arizona Ave, Ste. 2, Chandler, AZ 85225 along with the copy of the pharmacy prescription receipt (cash register receipts are not accepted), and the return address. Retain a copy of this co-pay card and file with the prescription for auditing purposes. For expedited processing, Fax savings card and Rx receipt to: 480-444-1449.
- Call the SimpleSaveRx Help Desk at 1-844-SAVE4RX (844-728-3479) for processing questions.

ELIGIBILITY: Patients are eligible for this coupon savings if they present a valid prescription for Tolak (fluorouracil) Cream 4% and if they pay either through commercial insurance or cash. This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, TriCare 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 for the amount of your actual out-of-pocket expenses, up to the maximum benefit allowed per this program. This offer is not insurance and offer is valid only for prescriptions filled in the United States and Puerto Rico.

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PHARMACIST INSTRUCTIONS:

1. Process this coupon using the numbers on the attached co-pay card.
2. Restore patient profile to Primary PBM after claim submission.

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