

**PAY  
AS LITTLE AS**

**\$75**

for your prescription\*

\* See eligibility and other requirements on back of card.

**TOLAK**<sup>®</sup>  
Fluorouracil **4%**  
Cream

**BIN# 017290**

**PCN# 55101202**

**Group# X11070**

**Cardholder ID# 110710000001**



**Pierre Fabre  
Pharmaceuticals, Inc.**

By using this card, you & your pharmacist understand & agree to comply with these eligibility requirements & 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<sup>®</sup> (fluorouracil) Cream 4%.

**2. Fill your prescription.**

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

**3. Pay as little as \$75.00.**

You pay as little as \$75.00 for your prescription of Tolak.

Final patient out-of-pocket subject to program maximum benefit.

Pierre Fabre Pharmaceuticals reserves the right to adjust the program maximum benefit at their discretion.

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

**ELIGIBILITY:** Patients are eligible for this coupon if they pay either through commercial insurance or cash. This coupon is not valid for patients insured through federal or state healthcare programs, including Medicare, Medicaid, and TriCare, 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 pay as little as \$75.00 up to the program maximum benefit. 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.

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.

TOL-18170

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

- 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.0. 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 patients insured through federal or state healthcare programs, including Medicare, Medicaid, and TriCare, 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.

**TERMS OF USE:** Eligible patients with a valid prescription for Tolak (fluorouracil) Cream 4% who fill their prescription at participating pharmacies will pay as little as \$75.00 up to the program maximum benefit. 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.

**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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