



Save money on Encore products

MOST COMMERCIALY INSURED, DRUG COVERED PATIENTS PAY AS LITTLE AS*

\$0 CO-PAY

impoyz™

(clobetasol propionate)
Cream, 0.025%

Commercially insured, drug not covered patients pay as little as \$75.

Uninsured patients pay as little as \$100.

For the products shown above, use these numbers:

BIN 600426

PCN 54

GRP EC12801010

ID 39184277169

* Eligibility Requirements

- Patients enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicaid, Medicare Part D, Medigap, Department of Defense (DOD), Tricare, Veterans Affairs (VA) programs or Medicare eligible patients enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees or where prohibited by law.
- Offer valid for up to 12 prescription fills.

Patient Instructions: Eligible patients must present this savings card at participating pharmacies with a valid prescription, including Prescriber ID # for eligible Encore Dermatology products. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described below. Please call **1-844-829-1152** with questions.

Pharmacist: When you apply this offer, you are certifying that the patient meets the eligibility criteria, that you have not submitted and will not submit a claim for reimbursement under any state- or federally-funded prescription insurance program for this prescription, and that participation in program is not contrary to your agreements with third-party payors or applicable laws or regulations for pharmacy providers.

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 **CHANGE HEALTHCARE** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (**e.g. 8**). The insured patient when drug is covered by their plan is responsible for \$0, and the insured patient when drug is not covered by their plan is responsible for \$75. Reimbursement will be received from **CHANGE HEALTHCARE**. Maximum reimbursement limits apply. Do not charge patient more than the program co-pay. If you choose not to fill Insured Not Covered or Uninsured prescriptions, counsel patient and transfer the prescription to Lombard Pharmacy, NCPDP# 1408574, via fax 844-224-5422 or call 844-232-9920.

Pharmacist Instructions for a Cash-paying Patient: Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (**e.g. 1**) is required. The patient is responsible for \$100 and remaining reimbursement will be received from **CHANGE HEALTHCARE**. Maximum reimbursement limits apply. Do not charge patient more than the program co-pay. If you choose not to fill Insured Not Covered or Uninsured prescriptions, counsel patient and transfer the prescription to Lombard Pharmacy, NCPDP# 1408574, via fax 844-224-5422 or call 844-232-9920.

Valid Other Coverage Code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-433-4893**.

Restrictions: This offer is valid in the United States. It is illegal to (or offer to) sell, purchase, or trade this offer. Void where prohibited by law, taxed or restricted. This offer is not conditioned on any past, present or future purchase, including refills. **Program expires 12/31/2019**. Program managed by ConnectiveRx on behalf of Encore Dermatology. Encore Dermatology reserves the right to rescind, revoke, or amend this program at any time. Not valid if reproduced. Not redeemable for cash. This is not a health insurance card.

This card is valid for the specified Encore Dermatology products only. For more information, please refer to www.encorederm.com.

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