

SAVINGS PROGRAM

Once-Daily 
NAPRELAN[®] 375 mg
(naproxen sodium) 500 mg
750 mg
Controlled-Release Tablets

MOST PATIENTS **PAY \$28**
OR LESS PER MONTH*

Patients: Please visit www.NaprelanUS.com for full Prescribing Information, including Boxed WARNING and Medication Guide.
You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088. You may also contact Almatica at 877-447-7979.

Physicians: Please visit www.NaprelanUS.com for full Prescribing Information, including Boxed WARNING and Medication Guide.

Claims Processor: **SimpleSaveRx** BIN # **017290**
Group # **X10820**
Rx PCN # **55101202** Card ID # **10821022361**

Pharmacy Help Desk: Call 1-844-728-3479

Patient Instructions:

- Confirm your eligibility. Please see below for eligibility details.
- Once eligibility is confirmed, please present this coupon to your pharmacist when you drop off your signed valid prescription for NAPRELAN[®].
- You are responsible for the first \$28 of your co-pay/payment plus any co-pay/payment amount above your maximum savings benefit.
- Keep this savings coupon with you for future refills. Not valid with any other offer.

* Applies to commercially insured patients. Individual out-of-pocket costs may vary. Program eligibility and restrictions apply.

Patient: 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.

Pharmacist Instructions:

Call the SimpleSaveRx Help Desk at 1-844-SAVE4RX (844-728-3479) for processing questions.

1. Process this coupon using the red numbers on the reverse side of this card.
2. This coupon is valid for commercially insured patients. Offer is not valid for uninsured (cash) patients, or for patients insured by or reimbursed by any federal or state healthcare program.
3. Restore patient profile to Primary PBM after claim submission.

Eligibility Requirements:

This offer is good only with a valid prescription for NAPRELAN® and cannot be combined with any other offer. Where third-party reimbursement covers a portion of your prescription, this offer is valid only if your out-of-pocket expense for each prescription exceeds \$28. A maximum savings benefit of up to \$150 for 1-59 tablets; up to \$300 for 60-89 tablets; or up to \$450 for 90 tablets applies; out of pocket costs may vary. Offer is not valid for uninsured (cash) patients, or for prescriptions being fully or partially reimbursed under Medicaid, a Medicare drug benefit plan, or other federal or state program (such as medical assistance programs). The patient is responsible for reporting receipt of this offer to any health plan, health insurer, or third-party payer as may be required. By using this offer you agree that you will not submit a claim for the prescription to any government payer. If any part of your prescription is paid for by a nongovernmental third-party payer, you attest to having disclosed this offer to your third-party payer. The use of this card is subject to applicable state and federal law. Void where prohibited or restricted. This offer is not health insurance. Offer expires upon program termination by Almatica Pharma LLC. ("Almatica") who reserves the right to rescind, revoke, or amend this program without notice.

Pharmacy Terms:

This claim may be submitted electronically through SimpleSaveRx using the processing numbers on the front of this co-pay card or by mail or fax.

- 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); or by using Coordination of Benefits processing dependent on your pharmacy's software. Patient pays the first \$28, plus any remaining balance after the maximum savings benefit is reached.
- Mail claims should go to SimpleSaveRx, 3350 N Arizona Ave, Ste. 2, Chandler, AZ 85225 along with a copy of the front of the savings card, the return address and the pharmacy prescription receipt (cash register receipts not accepted). For expedited processing, fax savings card and Rx receipt to 480-444-1449. Retain a copy of this co-pay card and file with the prescription for auditing purposes.

Call the SimpleSaveRx Help Desk at 1-844-SAVE4RX (844-728-3479) for processing questions.

To Ensure Reimbursement you will need:

- Bin #, Group #, Cardholder ID #, and Rx PCN # (use numbers in red on other side)
- Standard prescription information
- Person code **Enter 01**.

Remember to restore patient profile to Primary PBM after claim submission.