

LOFENA™
(diclofenac potassium tablets, USP)

RELAFEN® DS
(nabumetone) 1,000 mg tablets

ELEPSIA™ XR
(levetiracetam)
Extended-release Tablets

RYVENT™
(Carbinoxamine Maleate Tablets 6mg)

RyClora™
(dexchlorpheniramine maleate)
Oral Solution, USP 2 mg/5 mL

\$0/\$20 COPAY*

For Commercially Eligible Patients (Non-Government)

*Terms and conditions may apply.

If your prescription has been sent to:

PFSP Pharmacy • Phone: (888) 696-6006

398 W. Grand Avenue • Rahway, NJ 07065

2 Easy Steps:

- 1** You will receive a text/call from **(888) 696-6006**
- 2** Verify the delivery address and insurance information to receive the prescription for a \$0/\$20 copay*

Pharmacies are suggested based on availability of product; patients may choose to have prescriptions filled through any retail pharmacy.

For Retail Pharmacies see processing information below and on reverse side

Processor: DREXI BIN#: 017290 RxPCN#: 55101202
Person Code: 01 Group#: E1230 Cardholder ID: 1001001

If you do not receive a \$0 copay call 1-888-696-6006, for help



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PATIENT INSTRUCTIONS:

Please dispense Lofena/RelafenDS/RyVent/RyClora/Elepsia XR with a discount off the patient's out-of-pocket expense, by using this card. Patient is responsible for the first \$0 and any co-pay amount above their maximum savings benefit. Carwin Pharmaceuticals and/or Pharmacy Benefit Manager reserve the right to audit and review all records and documentation relating to the redemption of this coupon and the dispensing of this product.

This claim may be submitted electronically using the numbers on the front of the card. Submit all claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 8); or in some cases, using Coordination of Benefits processing, depending on your pharmacy's software requirements. You will be reimbursed per your contracted rate directly from PBM. Pharmacy or customer mail-in claims may be sent to DREXI, 2700 North Central Avenue Ste.1110, Phoenix, AZ 85004 for prompt reimbursement. All mail-in claims should include a duplicate pharmacy label or receipt (cash register receipts not accepted) along with a copy of the front of the customer savings card. For expedited processing, Fax voucher and Rx receipt to 1-480-444-1449.

Terms and Conditions

- By using this coupon, you and your pharmacist understand and agree to comply with these terms and conditions.
- Coupon not valid for prescriptions reimbursed in whole or in part under Medicaid, Medicare (including Medicare Advantage and Part D prescription drug plans), or any other federal or state program (including state pharmaceutical assistance programs) or where prohibited, taxed, or otherwise restricted.
- This coupon is not insurance. Offer may not be combined with any other rebate, coupon, free trial or similar offer. Coupon has no cash value. No cash back.
- It is a violation of Federal law for a Pharmacy, Physician, or employee of Carwin Pharmaceuticals, to knowingly violate this program's business rules and may instigate an immediate claims reversal.
- The selling, purchasing, trading or counterfeiting of this coupon is prohibited by law. Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics.
- This coupon may be used for each new or refill prescription. Carwin Pharmaceuticals reserves the right to rescind, revoke or amend this offer without notice.

Restore patient's profile to Primary PBM, if appropriate, after claim submission.

Call the DREXI help desk at 1-844-728-3479 for processing questions.