

Eligible patients may  
**PAY AS LITTLE AS**

\*Terms and conditions may apply.



**NDC 15370-501-16**

**VYSCOXA**<sup>TM</sup>  
(celecoxib)  
**ORAL SUSPENSION**

**Minimum Rx of 200 mL**

Claims Processor: <b>DREXI</b>	BIN #: <b>017290</b>
Rx PCN#: <b>55101202</b>	Group #: <b>E1230</b>
Cardholder ID: <b>1001001</b>	Person Code: <b>01</b>

**\*PATIENT INSTRUCTIONS:**

- Please present this coupon to your Pharmacist when you drop off your signed valid VYSCOXA prescription to receive a savings benefit off your co-pay.
- Patient is responsible for any co-pay amount above their maximum savings benefit.
- By using this program, you certify that you understand and will abide by the rules, regulations, terms and conditions of the program.
- Keep this savings coupon for future refills.
- For more information or medically related questions, please call 1-844-430-7499.

## PHARMACIST INSTRUCTIONS:

Please dispense VYSCOXIA at up to \$100 for 200 mL – 299 mL, \$150 for 300 mL – 472 mL, \$200 for 473 mL – 599 mL, \$250 for 600 mL or more off the patient's out-of-pocket expense, by using this card. Patient is responsible for any co-pay amount above their maximum savings benefit. Carwin Pharmaceutical Associates 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 Pharmaceutical Associates, LLC 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 Pharmaceutical Associates, LLC 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.**