

For CLODERM®
Cream or its
Generic Equivalent

\$0
Co-pay*

NO ACTIVATION REQUIRED

Powered by:

Change Healthcare

BIN#: 004682

PCN#: CN

GRP#: EC69001010

ID#: 38996369916

*Limitations apply.
See reverse for details.

**Valid for both authorized
generic and brand**

CELEBRATING **40** YEARS

Cloderm®
(clocortolone pivalate)
Cream, 0.1%

Patient Instructions: Redeem this coupon ONLY when accompanied by a valid prescription for CLODERM® Cream, 0.1% or Clacortolone Pivalate Cream, 0.1%. Maximum reimbursement limits apply.

This coupon is good for up to 6 uses and is not transferable. This coupon offer varies by size.

Pharmacist instructions for a patient with an Eligible Third Party Payer: 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 (**eg, 8**). The patient-pay amount will be reduced up to the maximum per size and reimbursement will be received from **Change Healthcare**.

Pharmacist instructions for a cash-paying patient: Submit this claim to **Change Healthcare**. A valid Other Coverage Code (**eg, 1**) is required. The patient pay amount will be reduced up to the maximum amount per size and you will receive reimbursement from **Change Healthcare**.
For Patients requiring Prior Authorization: Submit the claim from the primary Third Party Payer to **Change Healthcare** as a secondary payer COB with patient responsibility amount and valid Other Coverage Code (**eg, 03**). The patient pay amount will be reduced by up to the maximum per size and reimbursement will be received from **Change Healthcare**.

Valid Other Coverage Code required:

For any questions regarding **Change Healthcare** online processing, please call the Help Desk at **1-800-422-5604**.

For offer details and patients with questions, please call 1-866-259-4448.

Please consult full prescribing information for CLODERM® Cream. Not valid for patients reimbursed by federal health care programs, including Medicare, Medicaid, Tricare, the Department of Veterans Affairs, state maternal and child health block grant programs under 42 U.S.C. 701 et. seq. state social service block grant programs under 42 U.S.C. section 1397 et. seq. or any other similar federal or state health care program. Void where prohibited by law, taxed or restricted. Void outside the United States. Void for residents of Massachusetts except for cash-paying patients. The CLODERM® Cream brand offer is void in California, however the generic equivalent offer is valid. Patient is responsible for reporting receipt of card program rewards to any private insurer that pays for or reimburses any part of the prescriptions filled with this card. Void if reproduced. It is illegal for any person to sell, purchase, or trade, or offer to sell, purchase or trade, or to counterfeit this card.
Offer expires 12 months after initial use. Promius Pharma reserves the right to rescind, revoke or amend this offer at any time without notice.

