

Pharmacy Instructions: Burke Therapeutics X10520-Entty 250ml November 2, 2018

To the Pharmacist:

1) Process claims using the processing information below:

BIN: 017290

PCN: 55101202

Group Number: X10520

Cardholder ID: 105200001001

- 2) This program is valid for insured and cash paying patients.
- 3) Restore patient profile to Primary PBM after claim submission.
- 4) By using this offer the patient and pharmacist agree to comply with eligibility requirements and terms of use outlined below.
- 5) For issues submitting claims under this offer please contact the **Simple Save Rx** Pharmacy Help Desk at **1-844-SAVE4RX (844-728-3479)**

Eligibility:

Patients are eligible for this program if they are cash paying patients or have commercial insurance coverage. Where third-party reimbursement covers a portion of the prescription, this coupon is valid only for the amount of actual out-of-pocket expenses. This coupon is valid for savings of up to \$60/250mL or \$120/500mL off the patient's out-of-pocket prescription cost. This offer is only valid for prescriptions written in the United States.

Terms of Use:

Eligible patients with valid prescriptions for products covered under the program will receive a savings of up to \$60/250mL or \$120/500mL off their out-of-pocket prescription cost. Any amount remaining above the copay savings will be patient responsibility. This offer has no limit on the number of refills. The patient is responsible for any applicable tax. Burke Therapeutics reserves the right to amend, rescind or revoke this offer without notice.

Patient Max Benefit Structure:

For Primary Claims:

NDC: 69101-0090-01

Product Name: Entty 250ml

Copay: As little as \$0

Max Benefit: \$60/250mL \$120/500mL

For Secondary Claims:

NDC: 69101-0090-01

Product Name: Entty 250ml

Copay: As little as \$0

Max Benefit: \$60/250mL \$120/500mL

Pharmacist Instructions for a cash paying patient:

Process the claim using the processing information below. Submit as a primary claim to Simple Save Rx. Patient will receive a savings of up to \$60/250mL or \$120/500mL off their out-of-pocket prescription cost. Any amount remaining above the \$20 savings will be patient responsibility.

Pharmacist Instructions for a Patient with an Eligible Third-Party Payer:

For Insured/Covered Patients: Submit the claim to the primary Third-Party Payer first, then submit the balance due **Simple Save Rx** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC) of 8. This will reduce the eligible patient's out-of-pocket costs by up to \$60/250mL or \$120/500mL.

For Insured/Not Covered Patients: Submit the claim to the primary Third-Party Payer first, if the primary claim submission shows a managed care restriction (step-edit, prior authorization or NDC block), continue the claim adjudication process and submit the balance due to Simple Save Rx as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce the patient's out of pocket costs by up to \$60/250mL or \$120/500mL.

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Pharmacy Terms:

- Simple Save Rx has been authorized to reimburse you per your contracted rate plus the benefit paid under this co-pay card.
- This claim may be submitted electronically through Simple Save Rx using the processing information listed above or by mail. Submit all claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay only billing (other coverage code 0, 3, or 8); or by using the Coordination of Benefits processing.
- Claims submitted by mail should be mailed to:

SimpleSave Rx

3350 N Arizona Ave, Ste. 2

Chandler, AZ 85225

Paper claims should be submitted along with a copy of the pharmacy prescription receipt (cash register receipts are not accepted), and the return address. Retain a copy of the co-pay card and file with the prescription for auditing purposes.