

**For commercially insured patients only**

Drug Covered Price: **\$0\***

Drug Not Covered Price: **\$15\***

Powered by:  
**CHANGE HEALTHCARE**

BIN#: 004682

PCN#: CN

GRP#: EC69005006

ID#: 38997570425

**Trianex® 0.05%**  
[Triamcinolone Acetonide Ointment, USP]  
Proprietary Hydrus Emulsified Base



Not actual size.



\*Commercially insured patients with drug covered or not covered. Maximum benefits apply.

Visit [trianexsavingscard.com](http://trianexsavingscard.com) for eligibility requirements.

**Patient Instructions:** Redeem this coupon ONLY when accompanied by a valid prescription for TRIANEX® 0.05% (Triamcinolone Acetonide Ointment, USP). Commercially insured patients for whom TRIANEX is covered on their formulary pay \$0 for their prescription. Maximum reimbursement limits apply. This card may be presented at the time of fill for instant savings. Offer is good for commercially insured patients only. **This coupon is good for up to 12 uses and is not transferable.**

**Pharmacist instructions for a patient with an Eligible Third Party:** 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, 08). Maximum reimbursement limits apply. Reimbursement will be received from **Change Healthcare**.

**For patients whose insurance plan does not cover product:** Submit the claim from the primary Third Party Payer to **Change Healthcare** as a secondary payer COB with patient responsibility amount and process using Other Coverage Code (eg, 03). Commercially insured patients for whom TRIANEX is not covered on their formulary pay \$15 for their prescription. Maximum reimbursement limits apply. Reimbursement will be received from **Change Healthcare**.

**Valid Other Coverage Code required:** For any questions regarding **Change Healthcare** online processing, please call the Pharmacy Help Desk at 1-800-422-5604. **For patients with questions on offer details, please call 1-844-492-9829.**

Please consult Full Prescribing Information for TRIANEX. **Restrictions:** This offer is valid in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Promius Pharma. Program rules have no expiration date. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.



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