

Pay \$0 per prescription* for co-pays up to \$100.00

*For qualifying patients only. Restrictions apply. See program rules and eligibility requirements on reverse side. Maximum reduction of up to \$100 per prescription filled. This coupon is good for up to 12 uses and is not transferable.

Emdeon
Therapy First Plus

Therapy
in Balance

BIN# 004682
PCN# CN
GRP# EC54004002
ID# **18745433830**

PRIMLEVTM
Oxycodone HCl/Acetaminophen **Ⓒ**
Available in 5/300, 7.5/300 & 10/300 mg

EACH PRINTED COUPON MUST HAVE A UNIQUE ID#. To print additional coupons, please click the browser's refresh button to generate a new unique ID#.

Please refer to the Package Insert for Important Safety Information.

Patient Instructions: This coupon is provided to you as a service by Akrimax Pharmaceuticals, LLC. Redeem this coupon **ONLY** when accompanied by a valid prescription for PrimlevTM Oxycodone HCl and Acetaminophen tablets. This coupon covers up to \$100.00 of out-of-pocket expenses for PrimlevTM Oxycodone HCl and Acetaminophen tablets. **This coupon is good for 12 uses and is not transferable.** This offer is valid for cash paying and insured patients. **This card is not valid as an insurance card.**

Offer valid for patients 18 years or older. Offer not valid for prescriptions reimbursed in whole or in part under Medicaid, a Medicare drug benefit plan or other federal or state programs (such as medical assistance programs or private indemnity or HMO insurance plans that reimburse the patient for the entire cost of their prescription drug). If you are eligible for drug benefits under any such program, you cannot use this coupon. Product dispensed pursuant to program rules and federal and state laws. Void where taxed, restricted, or prohibited by law.

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 **Therapy First Plus** as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code, **(eg 8)**. The patient pay amount submitted will be reduced by up to \$100.00 and reimbursement will be received from **Therapy First Plus**.

Pharmacist instructions for a cash paying patient: Submit this claim to **Therapy First Plus**. A valid Other Coverage Code **(eg 1)** is required. The patient pay amount submitted will be reduced by up to \$100.00 and reimbursement will be received from **Therapy First Plus**.

Valid Other Coverage Code required. Valid Prescriber ID required. For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at 1-800-422-5604. Patients with questions should call **1-844-205-3612**. This program may be terminated at any time without notice.

AKRIMAX
PHARMACEUTICALS

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Strengths:	NDC#:
5 mg/300 mg	24090-0681-88
7.5 mg/300 mg	24090-0682-88
10 mg/300 mg	24090-0683-88

PRIM-066W