

Commercially Insured Patient Coupon

Pay as little as \$15 on Insured Covered Claims

Patient's Insurance MUST be entered as the primary payer.

CETRALAXAL[®]
(ciprofloxacin otic
solution) 0.2%

OTOVEL[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

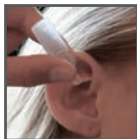
Cetralaxal NDC 66992-450-14 • Cetralaxal Authorized Generic NDC 42195-0550-14

Otovel NDC 66992-0128-14 • Otovel Authorized Generic NDC 42195-0128-14

Provides a simple and accurate dosing system.



OPEN



SQUEEZE



DISCARD

Claims Processor: **Drex**i Person Code: **01**

Bin # **017290** Group # **GX1000** PCN # **55101202**

Cardholder ID # **19062468510**

***Attention Patient:** If your prescription drug plan covers Cetralaxal or Otovel present this coupon to the pharmacist and your Co-Pay will be reduced to as low as \$15, excluding any annual drug deductibles, as long as the coupon maximums are not exceeded. If your prescription drug plan rejects the claim your Co-Pay will be reduced to as little as \$20.

Remember to restore patient profile to Primary PBM after claim submission.

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WraSer[®]
PHARMACEUTICALS

Cash Pay Patient Coupon

Pay as little as \$40

Patient's Insurance **MUST** be entered as the primary payer.

CETRAXAL[®]
(ciprofloxacin otic
solution) 0.2%


OTOVEL[®]
ciprofloxacin 0.3% and
flucinolone acetonide 0.025%

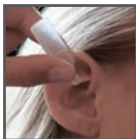
Cetraxal NDC 66992-450-14 • Cetraxal Authorized Generic NDC 42195-0550-14

Otovel NDC 66992-0128-14 • Otovel Authorized Generic NDC 42195-0128-14

Provides a simple and accurate dosing system.



OPEN



SQUEEZE



DISCARD

Claims Processor: **Drex**i Person Code: **01**

Bin # **017290** Group # **DD420** PCN # **55101202**

Cardholder ID # **142000123456**

***Attention Patient:** If your prescription drug plan covers Cetraxal or Otovel present this coupon to the pharmacist and your Co-Pay will be reduced to as low as \$15, excluding any annual drug deductibles, as long as the coupon maximums are not exceeded. If your prescription drug plan rejects the claim your Co-Pay will be reduced to as little as \$20.

Remember to restore patient profile to Primary PBM after claim submission.

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WraSer[®]
PHARMACEUTICALS

CETRAXAL[®]
**(ciprofloxacin otic
solution) 0.2%**


OTOVEL[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

Cetraxal NDC 66992-450-14 • Cetraxal Authorized Generic NDC 42195-0550-14
Otovel NDC 66992-0128-14 • Otovel Authorized Generic NDC 42195-0128-14

This coupon may only be used for commercially insured patients (OCC8 for commercially approved claims and OCC3 for commercially not approved claims) There is no Cash Pay value with this program.

Pharmacy Instructions Commercially Insured

Patients: Submit this claim to the patient's prescription insurance first, then submit a secondary claim to Drexip under BIN: 017290 / PCN: 55101202 as a Secondary Payer COB [coordination of benefits] using Other Coverage Code 8. The patient co-pay amount submitted will be reduced by the plan maximum benefit. If the patient's prescription insurance rejects the claim you may file as an OCC3 claim for a reduced Co-Pay.

Processing information:

Drexip

BIN: 017290


PCN: 55101202

GROUP NUMBER: DD420

PHARMACY HELP DESK: 1-844-728-3479

Patient Co-Pay Examples

Co-Pay Assistance Program Details	CETRALAX <i>(ciprofloxacin otic solution) 0.2%</i>
Insured Approved Co-Pay As Little As	\$10
Insured Not Approved Co-Pay As Little As	\$20
Cash Patient Co-Pay As Little As	\$40

Co-Pay Assistance Program Details	 <i>ciprofloxacin 0.3% and fluocinolone acetonide 0.025%</i>
Insured Approved Co-Pay As Little As	\$20
Insured Not Approved Co-Pay As Little As	\$40
Cash Patient Co-Pay As Little As	\$50

Outcomes will vary based on Patient Payment Type, Coverage, Deductible and Program Maximum Benefits.