



# TREZIX™ Coupon Code

**\$0 OOP On Covered Claims**

Dear Patient – please print this coupon and take it to your retail pharmacy prior to paying for your prescription. Your pharmacist will apply the below codes and reduce your out-of-pocket expense for TREZIX™ Capsules - C3 or the Trezix™ generic (NDC 42195-0840-10).

The following fields are needed for your pharmacy to properly adjudicate the discounts for TREZIX™ Capsules - C3. These rebate codes are administered by [SimpleSaveRx](#).

**Bin # 017290**

**Rx PCN # 55101202**

**Group Number X6879**

**Cardholder ID # 100100101**

**\*\*Minimum 30 Capsules of TREZIX™ or generic required to qualify\*\***

Dear Pharmacist:

Remember to restore patient profile to Primary PBM after claim submission. A PBM has been authorized to reimburse you up to the program maximum which is subject to change when accompanied by a prescription for Trezix™ Capsules **or** the generic (NDC 42195-0840-10). Any additional money due is the responsibility of the patient. This claim may be submitted electronically through SimpleSaveRx by mail (see below).

**PLEASE ALWAYS INCLUDE THE PATIENTS INSURANCE AS THE PRIMARY PAYER.** Submit all claims in NCPDP standard D.O. secondary processing should follow NCPDP standards for Copay only billing (other coverage code 8); or in some cases OCC3 or OCC4, dependent on your pharmacy software requirements. Retain a copy of this certificate and file with the prescription for auditing purposes. If you have any questions regarding electronic submission, please call the SimpleSaveRx Help Desk at 1-844-728-3479.

*If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to: **SimpleSaveRx, 3350 N Arizona Ave, Suite 2, Chandler, AZ 85225.***