

Print or download this rebate and present it to the pharmacist with your prescription



Instant Rebate* Card

NO Activation Required

Clindacin[®] Rx Only
Clindamycin Phosphate
Topical Solution USP, 1%** (Pledgets)

Rx Only
Clodan[®]
(clobetasol propionate)
Shampoo, 0.05%

Rx Only
Genadur[®]
Hydrosoluble Nail Lacquer

Ketodan[®] Rx Only
Ketoconazole Foam, 2%

Tovet[®] Rx Only
(clobetasol propionate)
Foam, 0.05%

Rx Only
NEO-SYNALAR[®]
[neomycin sulfate 0.5% (0.35% neomycin base),
fluocinolone acetonide 0.025%] Cream

Neuac[®] Rx Only
(clindamycin phosphate and
benzoyl peroxide) Gel, 1.2%/5%

Rx Only
NICADAN[®]
Niacinamide, Vitamin B6, Vitamin C, Folic Acid,
Copper, Magnesium, Zinc & Alpha Lipoic Acid

Rx Only
Sumadan[®]
(Sodium Sulfacetamide & Sulfur)

Rx Only
sumaxin[®]
(sodium sulfacetamide & sulfur)

Rx Only
SYNALAR[®]
(fluocinolone acetonide)

*Restrictions apply. See program rules and eligibility requirements below. Please see full prescribing information at www.medimetrics.com.
** equivalent to 1% (10 mg/mL) clindamycin

Keep this Instant Rebate for future refills.

Pharmacist Instructions

When you use this card, you are certifying that you have not submitted a claim for reimbursement under Medicare Part D, Medicaid, Medigap, VA, DOD, TriCare or any other government-run or government-sponsored health care program with pharmacy benefit for this prescription and that you agree to the Program Rules.

FOR CUSTOMERS WITH INSURANCE:

1. Process a Coordination of Benefits (COB) transaction using customer's prescription insurance for the PRIMARY claim.
2. Submit a COB claim as secondary coverage to AlphaScrip, BIN: 610600, PCN: AS, using the Group and ID numbers located on this card.
3. The correct Other Coverage Code from primary submission is required:
 - 03 - If primary insurance has denied coverage
 - 08 - To reduce the customer's primary co-pay

FOR CUSTOMERS WITHOUT INSURANCE or PAYING CASH:

Submit primary claim to AlphaScrip using Other Coverage Code 00 or 01, BIN: 610600, PCN: AS, and Group and ID numbers.

PHARMACISTS ONLY: For processing questions, please call AlphaScrip Pharmacy Help Desk at 1-877-274-3244.

Utilize the information below when
submitting a claim to AlphaScrip:

Bin #: 610600 RxPCN: AS

Group #: 481 ID: 48100086841

Medimetrics Guarantee

If, for any reason, you are not satisfied with any Medimetrics brand, Medimetrics Pharmaceuticals, Inc. will refund your entire out-of-pocket expense. Simply return the container with any unused portion of product with a proof-of-purchase to Medimetrics, and we will issue a 100% refund.

To receive a product refund:

1. Return the product container with any unused portion of product along with your name, address, date of the prescription and the cash register receipt to:
Medimetrics Pharmaceuticals, Inc., 383 Route 46 West, Fairfield, NJ 07004-2402, Attention: Customer Service
2. Medimetrics will issue a check for your complete out-of-pocket expense, which will be either the amount paid for the prescription or the amount of your insurance co-pay.
3. If there are any questions about this program or our brands, please contact Medimetrics Pharmaceuticals, Inc. at (973) 882-7512 ext. 540, Monday through Friday, 9 a.m. to 5 p.m., ET or E-mail: concierge@medimetrics.com

RETAILER: This coupon is only good for Medimetrics Pharmaceuticals, Inc. branded products. Generic substitutions are not valid on this coupon. EXPIRES 12/31/25. I certify that my participation in the program is in compliance with all applicable state laws, and my obligations, contractual or otherwise, that I have as a pharmacy provider. I also agree to retain the coupon for three (3) years or as otherwise required by law, whichever is longer, and to grant AlphaScrip on behalf of Medimetrics Pharmaceuticals, Inc. the right to audit any of my submissions.

PATIENT ELIGIBILITY CRITERIA: 1. Maximum co-pay limits apply on your prescriptions for Medimetrics Pharmaceuticals, Inc. branded products. If your co-pay amount is less than the maximum limit, your entire co-pay may be covered. 2. This coupon is not valid for patients enrolled in Medicaid, Medicare, federal or state programs (including any state prescription drug programs); or prescriptions reimbursed in total by private indemnity or HMO insurance plans. 3. Coupon is limited to up to six (6) uses per Medimetrics Pharmaceuticals, Inc. brand product, and is not transferable. 4. Offer is good only in the USA at retail pharmacies and cannot be redeemed at government-subsidized clinics. Massachusetts Residents: This offer is valid for cash-paying customers only (i.e., those who do not have prescription coverage). 5. Medimetrics Pharmaceuticals, Inc. reserves the right to rescind, revoke or amend this offer without notice. 6. The selling, purchasing, trading or counterfeiting of this coupon is prohibited by federal law. 7. You understand and agree to comply with the terms and conditions of this offer as set forth above.

Expires 12/31/25. Offer good only in the United States.