

INFORMATION FOR THE PHARMACIST

Dexilant® Patient Assistance Program

Your patient and his/her physician have elected to participate in the **DEXILANT® Patient Assistance Program**. The program will cover up to 75% of the drug ingredient cost* associated with the product. The program does not cover the pharmacist's dispensing fee.

Payment should be processed through ClaimSecure in the following manner:

- Select CLAIMSECURE as the Third Party Payer (Primary Payer)
- Enter the Certificate number (10 digits) as it appears adjacent
- Enter the Group ID number
- Ensure CARDHOLDER is selected as the Relationship Code

If your patient has an electronic drug plan (either public or private), enter DEXILANT® Patient Assistance Program information as the secondary payer. Send the claim directly to the patient's regular drug plan first and then co-ordinate the claim with ClaimSecure for any additional coverage.

If your patient does not have a pay direct plan, please enter ClaimSecure as the primary plan.

Should you have any questions, please do not hesitate to contact ClaimSecure's Pharmacy Help Desk at **1-800-461-6579**.

*Refers to drug cost only. Does not include pharmacy fees.

Limit one Program registration per individual per claim submitted. Program is not available in Québec.

For complete Terms of Use, please visit our website at www.RxHelp.ca. The terms and conditions of the DEXILANT® Patient Assistance Program may change at any time without notice.

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GROUP NUMBER 161836
(ALL PROVINCES)

CERTIFICATE NUMBERS

Alberta	00001001DX
British Columbia	00002001DX
Ontario	00003001DX
Newfoundland & Labrador	00004001DX
New Brunswick	00005001DX
Nova Scotia	00006001DX
Prince Edward Island	00007001DX
Saskatchewan	00008001DX
Manitoba	00009001DX

