Zipsor® (diclofenac potassium)

# PAY AS LITTLE AS $0*

| BIN: | PCN: | WEB GROUP: | MEMBERID: |
|---|---|---|---|
| 019158 | CNRX | AC55907001 | 59933150709 |

*Certain restrictions and limitations apply. See back of card and visit Zipsor.com for full terms and conditions.

**Please see full Prescribing Information, including Boxed Warning, at Zipsor.com.**

**Patient Instructions:** In order to redeem this offer, you must have a valid prescription for ZIPSOR. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section on the second page of this download. Patients with questions about the ZIPSOR savings offer should call 1-877-853-1312.

**Pharmacist:** When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section on the second page of this download.

**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 as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code (e.g., 8, 3). For any questions regarding processing please call 1-877-853-1312.

ASSERTIO

APL-ZIP-0270

# Restrictions

- This offer is valid in the United States.
- Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs).
- Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer.
- By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer.
- Offer not valid for patients under 18 years of age.
- Offer not valid for cash paying patients.
- It is illegal to (or offer to) sell, purchase, or trade this offer.
- This offer is not transferable and is limited to one offer per person.
- Not valid if reproduced.
- Void where prohibited by law.
- Program managed by Apollo Care on behalf of Assertio.
- The parties reserve the right to rescind, revoke or amend this offer without notice at any time.