



# Here is your Cizplam Copay Card!

Provide this Savings Card to  
your Pharmacist to confirm  
your eligibility.

**To Patient:** Present this card to your pharmacy along with a valid prescription for CIZPLAM. You could pay as little as \$0 per CIZPLAM filled. Patients without insurance coverage of CIZPLAM will receive up to \$100 off each CIZPLAM prescription filled. Any additional amounts due are your responsibility. This offer is not transferable. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions. If you have any questions, call 1-877-253-4017.

**To Pharmacist:** For PRIMARY claims, submit the claim to PDML under BIN: 610020. For SECONDARY claims, process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim to PDML under BIN: 610020. For pharmacy processing questions, please call 1-877-253-4017. (Monday – Friday 8am-8pm EST).

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**Eligibility Criteria:** This offer is good for eligible patients purchasing CIZPLAM and may not be used for any other product. Eligible patients may pay as little as \$0 for each CIZPLAM prescription filled. Patients without insurance coverage of CIZPLAM will receive up to \$100 off each CIZPLAM prescription filled. This offer is not insurance and is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE or any other similar federal or state programs. Offer not valid where prohibited by law, taxed or restricted. This offer is not transferable and may not be combined with any other offer. Offer must be presented along with a valid prescription for CIZPLAM at the time of purchase. CIZPLAM reserves the right to change or discontinue this offer at any time without notice. This card is valid through 12/31 of each calendar year. Offer limited to one card per person.

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