

INSTANT SAVINGS

Flector[®]
(diclofenac epolamine) topical system

**PAY AS
LITTLE AS \$4 per prescription***

To start saving on brand-name FLECTOR, take your signed prescription and this card to a participating pharmacy.

Dear Patient: Present this coupon card to your pharmacist along with your valid prescription for instant savings on eligible prescriptions.

Please see Redemption Instructions below for details.

Restrictions may apply. Please see program restrictions at www.Flector.com.

Keep this coupon card for future refills.

Please refer to Full Prescribing Information, including BOXED WARNING and Medication Guide, at www.Flector.com.



Eligible patients will pay a minimum of \$4 and receive up to \$116 off the patient's co-pay or out of pocket expenses per fill of Flector (diclofenac epolamine) topical system. A valid Prescriber ID# is required on the prescription.

Patient Instructions: In order to redeem this offer you must have a valid prescription for Flector. 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 below. Patients with questions about the Flector Savings offer should call **1-844-247-0961**.

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 below.

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. 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 ConnectiveRx on behalf of IBSA Pharma Inc. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

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 to **CHANGE HEALTHCARE** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient is responsible for the first \$4 and the card pays up to the next \$116. Reimbursement will be received from **CHANGE HEALTHCARE**.

Pharmacist instructions for a cash paying patient: Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g. 1) is required. The patient is responsible for the first \$4 and the card pays up to the next \$116. Reimbursement will be received from **CHANGE HEALTHCARE**. Valid Other Coverage Code required.

For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-433-4893**.

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