

ZELNORM™ Copay Savings Program

Patients with commercial insurance:
Pay as little as \$25*
on each monthly ZELNORM prescription.

Offer open to commercially insured patients only (covered by prescription benefit).
Patient is responsible for any remaining balance. Offer not applicable to
Medicare and Medicaid insurance or any other federal or state insurance.

See reverse side or visit MyZelnorm.com for complete offer details.

BIN# 004682 GRP# WCZEL4010
PCN# CN ID# 45012332080



*Eligible patients may pay as little as \$25 per prescription of ZELNORM™ (tegaserod), for up to 12 offers per year.
To qualify for this offer, the patient's out-of-pocket expense must be a minimum of \$25 per prescription. Maximum savings limit
applies; patient out-of-pocket expense may vary.

To the Patient: Commercially insured patients between the ages of 18-64 years of age can use this ZELNORM savings card to
reduce out-of-pocket copay expenses on eligible prescriptions of ZELNORM. Present the savings card to your pharmacist along
with your valid ZELNORM prescription. Commercially insured patients may pay as little as \$25 and receive up to a maximum
benefit of \$125 on your copay for each ZELNORM monthly prescription. Any remaining out-of-pocket costs will be the patient's
responsibility. Patients can call 267-214-9644 with any program questions.

To the Pharmacist for the Patient Paying via an Authorized Third Party: Submit the claim to the Primary Payer first, then
submit the balance due to **Therapy First Plus** as a Secondary Payer as a copay only using Other Coverage Code of 8. The
patient will pay as little as \$25 and receive up to a maximum benefit of \$125 on their copay for each ZELNORM monthly
prescription. Patient will be responsible for any remaining out-of-pocket expense. You will be reimbursed this amount plus a
handling fee from your next reimbursement from **Therapy First Plus**.

To the Pharmacist ONLY: For any questions regarding **Therapy First Plus** online processing, please call 1-800-433-4893.

Terms and Conditions:

Void where prohibited by law. Alfasigma USA, Inc., reserves the right to rescind, revoke or amend this program without notice.
Offer not valid for patients eligible for benefits under Medicaid (including Medicaid managed care), Medicare, TRICARE, Veterans
Affairs, FEHBP, or similar state or federal programs. Offer void where prohibited, taxed, or otherwise restricted. Card has no cash
value. It is illegal for any person to buy, sell or counterfeit this card. Redeeming this offer constitutes an acknowledgment that the
patient is eligible, use of the card is not prohibited by the patient's insurance,
and the patient will report the value received if required by the insurance provider.

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