

Eligible patients start saving today with the ZENPEP Patient Savings Program*

WITH THE Z-SAVESM PROGRAM
PAY AS LITTLE AS \$0*
PER 30-DAY FILL

Powered by:
CHANGE HEALTHCARE

BIN# 004682
PCN# CN
GRP# EC48013018
ID# 09181341758

Zenpep[®]
(pancrelipase)
Delayed-Release Capsules

* Maximum savings limit applies; patient out-of-pocket expense may vary. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. This offer is not valid for cash paying patients. Please see back of card for Program Terms, Conditions, and Eligibility Criteria.

† Message and data rates apply. Reply **HELP** for help; reply **STOP** to cancel. Message frequency depends on user. Consent not required to purchase goods/services. Terms: pskw.com/75186/terms/Privacy: pskw.com/75186/privacy-policy/

Program Terms, Conditions, and Eligibility Criteria: 1. This offer is good for use only with a valid prescription for **ZENPEP[®] (pancrelipase) delayed release capsules** at the time the prescription is filled by the pharmacist and dispensed to the patient. 2. Depending on your insurance coverage, most eligible patients may pay as low as \$0 per 30-day supply for each of up to twelve (12) prescription fills. Check with your pharmacist for your copay discount. Maximum savings limit applies; patient out-of-pocket expense may vary. 3. This offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. This offer is not valid for cash-paying patients. 4. This offer is valid for up to twelve (12) prescription fills of a 30-day supply. Offer applies only to prescriptions filled before the program expires on 04/30/19. 5. Allergan reserves the right to rescind, revoke, or amend this offer without notice. 6. Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. 7. Void if prohibited by law, taxed, or restricted. 8. This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. 9. This card has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. 10. This offer is not health insurance. 11. This card expires April 30, 2019. 12. **By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.**

For questions about the program, please call (855) 706-8717.

Pharmacist Instructions for a Patient with an Eligible Third Party Payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** using BIN# 004682 as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (**eg, 8**). If you receive a rejection due to PA, step-edit, or NDC block, submit Other Coverage Code of **03** (secondary claim). The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Reimbursement will be received from **CHANGE HEALTHCARE**. For any questions regarding online processing, call the **CHANGE HEALTHCARE** Help Desk at (800) 422-5604.

Program managed by ConnectiveRx on behalf of Allergan.

Please [click here](#) for full Prescribing Information and Medication Guide or visit www.zenpep.com



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