

Cipla Universal Copay Program



**Thank you for registering for the Cipla Universal Copay Program.
The coupon below can be used immediately.**

COPAY ASSISTANCE COUPON		Cipla
Eligible patients may pay as little as		
\$0*	For their Icatibant Inj Pre-Filled Syringe prescription	BIN: 610020 Group: 99994021 ID: ERXCIPLA
*Restrictions apply. See Terms and conditions for eligibility.		

If you have questions about how to use your Cipla Universal Savings Card, please call:
1-877-331-7668
Monday - Friday 24hrs, Sat 8-7, Sun 9-5

Please note that this is a permanent card and one will NOT be mailed to the address you have provided. Be sure to use this card every time you refill your Cipla Rx prescription.

Eligible patients can obtain support for their Icatibant Inj Pre-Filled Syringe prescription. If you have private or commercial prescription insurance, you may be eligible to receive Icatibant Inj Pre-Filled Syringe for as little as \$0 per month*, subject to monthly and annual limits. Please see terms and conditions below.

Patient Instructions: Take your Cipla Universal Savings Card, along with your prescription for a Icatibant Inj Pre-Filled Syringe, to your pharmacist. With this card you may receive a savings benefit to reduce your out-of-pocket expense. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions.

Pharmacist Instructions: For Insured Covered & Not Covered Patients: Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDM using BIN: 610020. Not valid for uninsured/cash patients. For help processing this card, call 877-331-7668.

***Terms and Conditions:** This offer is good for eligible patients purchasing Icatibant Inj Pre-Filled Syringe from an authorized retailer or distributor in the United States or its territories and may not be used for any other product. This offer is not insurance and is not valid for prescriptions purchased under Medicaid, Medicare, TriCare or similar federal or state programs or for patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. Offer not valid where prohibited by law, or restricted. Offer not valid for uninsured/cash patients. This offer could provide up to \$2500 off per month, with an annual maximum benefit of \$6000. This offer is not transferable, or redeemed for cash, and may not be combined with any other offer. Offer must be presented along with a valid prescription for a Cipla product at the time of purchase. Cipla reserves the right to rescind, revoke, or amend this offer at anytime without notice.