PENNSAID®

(diclofenac sodium topical solution) 1.5% w/w

Save up to $60.00
every month for 1 full year off your prescription co-pay

Claims Processor: RESTAT
BIN # 600471
Rx PCN # 7777
Group # X5900
Cardholder ID # 1020166
Person Code: 001

Instructions
Print this coupon and present it to your pharmacist with your prescription for PENNSAID®. Limit 1 savings offer per purchase.

Attention Patient: If your Co-Pay or pharmacy bill exceeds $15.00, present this certificate to the pharmacist for an instant rebate of "up to" a maximum of $60.00. If your total pharmacy bill exceeds $75.00 for any single product, you will be responsible for the first $15.00 plus the additional balance. Not valid with any other offer. Valid for up to 12 prescriptions.

Pharmacist: If the patient's co-pay exceeds $15.00, as noted above, please dispense PENNSAID at up to $60.00 savings off the customer's out-of-pocket expense. This claim may be submitted electronically through RESTAT using the information in the upper right corner of this print out. Submit all claims in NCPDP standard 5.1. Secondary processing should follow NCPDP standards for co-pay only billing or in some cases see Coordination of Benefit processing, other coverage - Code "8", dependent on your pharmacy's software requirement. You will be reimbursed directly from RESTAT a fee of $2.25 plus the discount offered to the customer. Pharmacy or customer mail-in claims may be sent to RESTAT, 11900 W LAKE PARK DRIVE, MILWAUKEE, WI 53224 for prompt reimbursement. All mail-in claims should include a duplicate pharmacy label or receipt along with a copy of the front of the customer savings card. Call the RESTAT help desk at **866-450-3277** for processing questions. **Restore patient's profile to Primary PBM, if appropriate, after claim submission.**

Eligibility Requirements
To the Customer: In order to be eligible for this offer, (a) where third-party reimbursement covers a portion of your prescription, this is valid up to a maximum of $60.00; (b) your prescription MUST NOT be covered (i.e., reimbursement) by a federal healthcare program, including Medicare or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program; and (c) you MUST NOT be enrolled in a Medicare Part D prescription drug plan. Further, if you are a resident of Massachusetts using a private, third-party payer for any portion of your prescription cost, this offer will not be eligible if there are any substitutable, generic equivalents for PENNSAID available. This offer may not be used with any other discount, coupon, or offer. Only this card will be accepted and must be presented to your pharmacist at the time you have the prescription filled—not valid if reproduced. Offer good only in USA. Not transferable. Void where prohibited by law, taxed, or restricted. Limit 1 savings offer per purchase for up to 12 purchases. Card expires April 1, 2014, or upon program termination by Mallinckrodt Brand Pharmaceuticals. Mallinckrodt reserves the right to rescind, revoke, or amend this program for this card without notice. This savings card cannot be used with any other savings offer for PENNSAID.

By tendering this card, I, the customer, certify that I am at least 18 years of age and that (a) I have read the above terms; (b) I will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription; (c) I am not enrolled in a Medicare Part D prescription drug plan; and (d) I will otherwise comply with the terms above.

To the Pharmacist: By redeeming this coupon, I certify that (a) I have received this coupon from an eligible patient; (b) I have dispensed the product as indicated; (c) I have not submitted, and will not submit (i) a claim for reimbursement to the customer or any federal, state, or other governmental payor; and (ii) I will otherwise comply with the terms hereof.

Expiration date: April 1, 2014

Restore patient's profile to Primary PBM, if appropriate, after claim submission.

Prescriber ID# required on prescription.

www.PENNSAID.com

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