

Your Zypitamag™ Dual Savings Card

How it works:

- Print your Zypitamag™ Dual Savings Card
- Present your Zypitamag™ Dual Savings Card with your prescription to your pharmacist and you may pay less on your prescriptions of Zypitamag™
- Eligible patients will receive their first month of Zypitamag™ free
- For each subsequent use, this card covers out of pocket costs that exceed \$10 (up to a maximum of \$85 off) on each 30-day supply. For a 90-day supply, the card will cover up to a maximum of \$255 off
- For cash paying patients, this card covers up to \$183 off for a 30-day supply.



Eligibility criteria: This offer is valid for eligible patients purchasing ZYPITAMAG™ and may not be used for any other product. This offer is valid for the purchase of ZYPITAMAG™ manufactured for Medicare and lawfully purchased from an authorized retailer or distributor in the United States or its territories. This offer is valid for patients being treated with ZYPITAMAG™ for an FDA-approved indication who are 18 years of age or older. This offer is not valid for any person eligible for reimbursement of prescriptions, by any federal, state, or other government programs, including, but not limited to, Medicare, Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs. Patients who move from commercial plans to state or federal healthcare programs will no longer be eligible. All Program payments are for the benefit of the patient only. The patient is responsible for applicable taxes, if any. The Dual Savings Card may not be sold, purchased, traded, or counterfeited. This offer is not conditioned on any past, present, or future purchase, including refills. Offer not valid where prohibited by law or restricted. This offer is non-transferable, is limited to one per person, and may not be combined with any other offer. Offer must be presented along with a valid prescription for ZYPITAMAG™ at the time of purchase. Medicare reserves the right to change or discontinue this offer at any time without notice.

To the patient: Take your ZYPITAMAG™ (pitavastatin) tablets Dual Savings Card along with your prescription to your pharmacist. Pay \$0 for your first 30-day prescription. For each subsequent use, this card covers out of pocket costs that exceed \$10 per month (up to a maximum of \$85 off per month) on each 30-day supply. For cash paying patients, this card covers up to \$183 off for a 30-day supply. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described herein and will not seek reimbursement for any benefit received through this card. You are responsible for reporting use of the Dual Savings Card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Dual Savings Card.

To the pharmacist: For Insured Eligible 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 under BIN: 610020. For Insured Not Covered/Cash Eligible Patients: Submit a PRIMARY claim to PDM under BIN: 610020. By using this offer, you are certifying that the patient meets the eligibility criteria and will comply with the terms and conditions described herein.

For pharmacy processing questions, please call 866-420-7732 (Monday - Friday 24 hours, Saturday 8 AM- 7 PM EST, and Sunday 9 AM – 5 PM EST)

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