

# GET INSTANT SAVINGS

**PAY AS LITTLE AS \$5 per month\***

**Use this offer to save up to \$70 per month\***

- Step 1** | Start saving immediately by taking this offer with your NIASPAN prescription to your pharmacist.
- Step 2** | **KEEP THIS OFFER** and get instant savings every time you refill a NIASPAN prescription. **Can be used once every 30 days.**

## NIASPAN SAVINGS CARD

Save up to  
**\$70** per month\*

\*Up to \$70/month off for eligible patients.

To learn more, visit [NIASPAN.com](http://NIASPAN.com)

Powered by:  
**CHANGE HEALTHCARE**

BIN: 004682  
PCN: CN  
Grp: EC97006007  
ID: 28799714073



## Why not ask your doctor for a 90-day supply prescription for NIASPAN?

### ELIGIBILITY

Available to patients with commercial prescription insurance coverage for **NIASPAN** who meet eligibility criteria. Copay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the **NIASPAN Savings Card** and patient must call customer service at 844.415.0681 to stop participation. Patients residing in or receiving treatment in certain states may not be eligible. Patients may not seek reimbursement for value received from the **NIASPAN Savings Card** from any third-party payers. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. Please see full Terms and Conditions.

\*Up to \$70/month off for eligible patients.

### TERMS AND CONDITIONS

#### Pharmacist instructions:

- Submit the copay card authorized for all commercially insured patients by the patient's primary insurance as a secondary transaction to Change Healthcare.
- When you use this card, you are confirming that you have not submitted and will not submit a claim for this prescription for reimbursement under any federal, state or government-funded healthcare program, such as Medicare (including Part D), Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense or TRICARE.
- Patients with questions please call Change Healthcare at 844.415.0681.

#### Pharmacist instructions for a cash-paying patient:

Submit this claim to **Change Healthcare**. A valid Other Coverage Code (**e.g., 1**) is required. The patient is responsible for the first \$5 and the card pays up to the next \$70 for **NIASPAN**. Reimbursement will be received from **Change Healthcare**.

Valid Other Coverage Code required. For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604.

Program managed by ConnectiveRx, on behalf of AbbVie Inc.

The parties reserve the right to rescind, revoke, or amend this offer without notice at any time. Not valid if reproduced. This offer is valid in the United States. Void where prohibited by law.

#### Pharmacist instructions for a patient with an Eligible Third Party:

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (**e.g., 8**). The patient is responsible for the first \$5 and the card pays up to the next \$70. Reimbursement will be received from **Change Healthcare**.