

Pay as Little as a \$25* Co-Pay on Commercially Insured Covered Claims

*Patient's Insurance MUST be Entered as the Primary Payer.



ZONTIVITY[®]

(vorapaxar) tablets 2.08 mg*

*equivalent to 2.5 mg vorapaxar sulfate

70347-0208-30

Claims Processor: Drex **Person Code: 01**

Bin # 017290 **Group # X6879** **Rx PCN # 55101202**

Cardholder ID # 100100101

Remember to restore patient profile to Primary PBM after claim submission.

***Attention Patient:** If your commercial prescription drug plan covers Zontivity, present this coupon to the pharmacist and you could pay as little as a \$25 co-pay excluding any annual drug deductibles. If your commercial prescription drug plan does not cover Zontivity, present this coupon to the pharmacist and your out-of-pocket expense will still be reduced.

Please read the accompanying Medication Guide and full Prescribing Information, including Boxed Warning.

WraSer[™]
PHARMACEUTICALS

Dear Pharmacist:

This coupon is always intended to be used as the **SECONDARY PAYER (NOT PRIMARY)** and works for the brand NDCs. You should always try to run the NDC under the patient's prescription drug plan prior to dispensing medication with this co-pay assistance coupon.

Drexli has been authorized to reimburse you up to the program maximum, which is subject to change, after the patient pays \$25 out of pocket for covered claims or their drug deductible on non-covered claims. Any additional money due, including annual drug deductibles due are the responsibility of the patient. This claim may be submitted electronically through Drexli or by mail (see below). Please follow all instructions below. Please retain a copy of this coupon for auditing purposes.

Not valid with any other offer. One coupon per pharmacy visit. Valid on refills.

This claim may be submitted one of the following three ways:

1. This claim may be submitted electronically through Drexli. Submit all claims in NCPDP standard D.0. Secondary processing should follow NCPDP standards for co-pay only billing (other coverage code 8); or in some cases OCC3, dependent on your pharmacy software requirements. Retain a copy of this coupon and file with the prescription for auditing purposes. If you have any questions regarding electronic submission, please call the Drexli Help Desk at 1-844-728-3479.

OR

2. If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to **Drexli, 2700 North Central Avenue, Suite 1110, Phoenix, AZ 85004.**

OR

3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the voucher to the patient and instruct the patient to mail this voucher, along with the copy of their pharmacy prescription receipt and cash register receipt, and their return address, to **Drexli, 2700 North Central Avenue, Suite 1110, Phoenix, AZ 85004** for prompt payment of their rebate.

Eligibility

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Offer valid only for prescriptions filled in the United States. WraSer Pharmaceuticals reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this coupon. Patients are responsible for making any required disclosures about this offer to their insurer or other third party who pays any part of their prescription and are responsible for complying with any other conditions imposed by their insurance carriers or third-party payers.

To Ensure Reimbursement, you will need:

- Bin #, Group #, Cardholder ID #, and Rx PCN # (use **BLACK** numbers on reverse side.)
- Standard prescription information.
- Person code **Enter 01.**

Remember to restore patient profile to Primary PBM after claim submission.

Call **1-844-728-3479** with processing questions.

ZON-003-0221