SAVINGS OFFER FOR ZESTRIL[®] (lisinopril) tablets



*Terms & Conditions

To the Patient:

In order to redeem this offer, you must have a valid prescription for ZESTRIL (lisinopril) tablets, meet the eligibility requirements set forth in the Restrictions section below, and present this card to your pharmacist. Patients with questions about this offer should call 1-866-498-1358.

To the Pharmacist:

By redeeming this offer, you certify: (a) that you have not submitted, and will not submit, a claim for reimbursement under any federal, state, or other government programs for this prescription or where prohibited by law and (b) you will adhere to the terms and conditions stated in the Restrictions section below.

Pharmacist Instructions:

Submit the claim to the patient's primary Third-Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer Coordination of Benefits with an Other Coverage Code (OCC) of 08. The patient is responsible for the first \$28 and the offer pays up to the next \$450. Reimbursement will be received from CHANGE HEALTHCARE. Valid OCC required. For questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-800-433-4893.

Restrictions

Applies to commercially insured patients. Individual costs may vary. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). Offer may not be used with any other financial assistance program, free trial, discount, prescription savings card or other offer. Valid only in the United States. Void if copied, transferred, purchased, altered, or traded and where prohibited by law. Almatica Pharma reserves the right to rescind, revoke or amend this offer without notice anytime.

Visit Zestril.com for Full Prescribing Information, including BOXED WARNING.

Start using your ZESTRIL[®] (lisinopril) tablets Copay Card today



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