INSTANT SAVINGS*

Flector®
(diclofenac epolamine) topical system 1.3%

ELIGIBLE PATIENTS
PAY AS LITTLE AS $15 per prescription*
for a 30-count quantity

To start saving on brand-name FLECTOR®, take your signed prescription and this card to a participating pharmacy.

*Subject to terms, conditions and eligibility requirements below.

Dear Eligible Patient: Present this coupon card to your pharmacist along with your valid prescription for instant savings on eligible prescriptions.

Please see Terms and Conditions and Instructions below for details.

Keep this coupon card for future refills.

Please refer to Full Prescribing Information, including Boxed Warning and Medication Guide, at www.Flector.com.

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(diclofenac epolamine) topical system 1.3%

SAVINGS CARD

PAY AS LITTLE AS $15 per prescription

*Terms and conditions apply. See below.
This card is not health insurance and will be accepted only at partcipating pharmacies.
Please see accompanying Full Prescribing Information, including BOXED WARNING.

BIN# 610020
PCN# ACR
GRP# 99995025
ID# 31800500201

FLECTOR SAVINGS CARD FOR A 30-COUNT QUANTITY TERMS AND CONDITIONS

By using this savings card, you and your pharmacist understand and agree to comply with these terms and conditions.

The FLECTOR® Savings Card may be applied only to a 30-count quantity. Not valid for prescriptions eligible to be reimbursed under Medicare (including Medicare Part D and Medicare Advantage), Medicaid, TRICARE™, CHAMPUS, the Puerto Rico Governmental Health Insurance Plan, or other federal, state, or governmental healthcare programs. Valid in the U.S. only. Accepted by participating pharmacies only. Limitations may apply to Massachusetts and California residents. This Savings Card Program is not insurance. This card may not be redeemed for cash. Not valid if reproduced. Void where prohibited by law. The FLECTOR® Savings Card for a 30-count quantity cannot be combined with any other coupon, free trial, discount, prescription savings card or any other offer. Individual out of pocket costs may vary. Maximum benefit applies. IBSA Pharma Inc. reserves the right to rescind, revoke, or amend this offer.

Patient Instructions for an Eligible Commercially Insured Patient: In order to redeem this offer, present this savings card to your pharmacist with your insurance card and a valid prescription for FLECTOR® for a 30-count quantity. Follow the dosage instructions given by the doctor. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions. Patients with questions about FLECTOR® Savings offer for a 30-count quantity should call 1 (312) 913-6886.

Pharmacist Instructions for a Patient With an Eligible Commercial Third-Party Payer: Submit the claim to the primary Commercial Third-Party Payer first, then submit the balance due to PDMI as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code (e.g. 8 or 3). Maximum benefit applies. Reimbursement will be received from PDMI. For any questions regarding PDMI online processing, please call the **Help Desk at 1 (316) 219-4802.**

IBSA Pharma Inc., 8 Campus Drive, Parsippany, NJ 07054
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