Commercially insured and cash-paying patients only

Pay As Little As $20* on up to 12 prescriptions

*See full program terms and conditions including max benefit below

Submit this claim to Change Healthcare. A valid Other Coverage Code, (e.g. 1), is required.

Patient Instructions: Submit the claim to Change Healthcare. A valid Other Coverage Code, (e.g. 1), is required.

The amount of the reimbursement cannot exceed the patient’s out-of-pocket expenses. Product dispensed pursuant to program rules, and federal and state laws.

Use of the DAYTRANA® (methylphenidate transdermal system) Patch

The Daytrana patch contains a prescription central nervous system (brain) stimulant medicine used to treat ADHD in children and adolescents 6 to 17 years old. Use of the Daytrana patch may help increase attention and decrease impulsive and hyperactive behavior. The Daytrana patch should be used as part of a total treatment program for ADHD that may include counseling or other therapies.

Important Safety Information

IMPORTANT: Daytrana is a controlled substance (CII) because it can be abused or lead to dependence. Keep Daytrana in a safe place to protect it from theft. Selling or giving away Daytrana may harm others and is against the law. Tell the prescribing doctor if your child has ever been abused or dependent on alcohol, prescription medicines or street drugs.

The Daytrana patch should not be used:

• if you have a history of hives, rash, or other skin reactions
• if you are allergic to any of the ingredients
• if you have had a violent reaction to methylphenidate, which is the active ingredient in Daytrana
• if you have had a violent reaction to another similar drug

Serious heart problems have been reported with the Daytrana patch or other stimulant medicines including:

• sudden death in people with heart problems or heart defects
• stroke and heart attack in adults
• increased blood pressure and heart rate

Tell the doctor if you or your family member has any heart problems, heart defects, or increased blood pressure and heart rate. Remove the Daytrana patch and call the doctor right away if you have any signs of heart problems such as chest pain, shortness of breath, or fainting while using Daytrana. Before you start using Daytrana, tell your doctor if you have circulation problems in fingers or toes. Call your doctor right away if you have or your child has any signs of unexplained wounds appearing on fingers or toes while using Daytrana.

Serious mental (psychiatric) problems have been reported with the Daytrana patch or other stimulant medicines including:

• new or worse aggressive behavior, hostility, anger or irritability
• new or worse bipolar illness or mania
• new or worse psychosis (hearing or seeing things that are not real, being suspicious, or distrustful, believing things that are not true)
• other unusual or extreme changes in behavior or mood

Tell the doctor about any mental problems your child or family members have experienced including suicide or depression, bipolar illness, mania, or psychosis. Call the doctor right away if you have any new or worsening mental symptoms or problems while using the Daytrana patch. Tell your doctor if your child, or a family member has a history of violence.

Some side effects may be more likely to happen at or around the site where the patch is applied. If the patch is worn longer than 9 hours in a day, or more than 1 patch is worn at a time, too much medicine has been applied. Avoid exposing the Daytrana patch to direct external heat sources such as hair dryers, heat pads, electric blankets, heated water beds, or other heat sources when wearing the patch. Heating the patch could cause too much medicine to pass into your child’s body and cause serious side effects.

The most common side effects seen while using the Daytrana patch include skin problems (redness, small bumps, itching) where the patch is applied. Call the doctor right away if your child develops skin problems while using Daytrana.

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Serious side effects such as seizures (this usually happens in children with a history of seizures), fatal and prolonged erections (priapism), swelling of the legs (wt), swelling of the face (edema), weight loss, stomach pain, weight gain, appetite change, nausea, vomiting, stomach pain, weight loss, breast tenderness, mood swings, and dizziness.

Please read Medication Guide and Full Prescribing Information including the Boxed Warning regarding abuse and dependence.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit http://www.fda.gov/medwatch or call 1-800-FDA-1088.

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The co-pay savings offer is only valid for commercially insured and cash-paying patients. This offer is not insurance. It is not valid for prescriptions covered by or submitted for reimbursement in whole or in part under Medicaid, Medicare, or other state or federal healthcare programs, including any state medical pharmacy assistance program.

Patient Instructions: Pay as little as $20 for each prescription of 30 patches if your out-of-pocket cost is $100 or less. If your out-of-pocket cost is more than $100, you will save a total of $80 on each prescription of 30 patches. Offer valid for up to a total of 12 presciptions of 30 patches. You must bring this offer with you to your pharmacy with a valid prescription each time you fill Daytrana® (methylphenidate transdermal system). By using this offer, you acknowledge that you meet the eligibility criteria and will comply with these terms and conditions. Offer limited to one use per month. If you have any questions, please call 1-866-894-4512, 24 hours, 7 days a week.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist instructions for a patient with Eligible Third Party: Submit the claim to the primary Third Party payer first, then submit the balance due to Change Healthcare for COB (coordination of benefit) with patient responsibility amount and a valid Other Coverage Code, (e.g. 1). The patient pay amount submitted will be reduced by up to $80 on the next 12 prescriptions after paying the first $20. Reimbursement will be received from Change Healthcare.

Pharmacist instructions for cash-paying patient: Submit this claim to Change Healthcare. A valid Other Coverage Code, (e.g. 1) is required. The patient pay amount submitted will be reduced by up to $80 on the next 12 prescriptions after paying the first $20. Reimbursement will be received from Change Healthcare.

Other Coverage Code required: For any questions regarding Change Healthcare online processing, please call the Help Desk at 1-800-422-5160.

Restrictions: This offer is valid only in the United States. 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). If the patient is eligible for drug benefits under any such plans, the pharmacist must offer this offer. By using this offer, the patient certifies that he or she will not submit with any title of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. If this is illegal to (or offer to) sell, purchase, or trade this offer, the offer is nontransferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectivRx on behalf of Noven Pharmaceuticals. The parties reserve the right to rescind, revoke or amend this offer without notice at any time. The amount of the reimbursement cannot exceed the patient’s out-of-pocket expenses. Product dispensed pursuant to program rules, and federal and state laws.

The patient or his or her payor must notify his or her payor of the existence and/or value of this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectivRx on behalf of Noven Pharmaceuticals. The parties reserve the right to rescind, revoke or amend this offer without notice at any time. The amount of the reimbursement cannot exceed the patient’s out-of-pocket expenses. Product dispensed pursuant to program rules, and federal and state laws.