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

*See full program terms and conditions including max benefit below

This 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 prescriptions 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 1-866-849-4512, 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. B). 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. J) 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 1-800-422-1604.

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 programs, please refer to Medicare (or other) offer. (b) If using this offer, the patient certifies that he or she will not submit any claims to any of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. This is illegal (or to offer to sell, purchase, or trade this offer. The offer is non-transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectRx 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.

Full Prescribing Information

The Daytrana patch should not be used if your child has been diagnosed as very anxious, tense, or agitated; has an eye problem called glaucoma; has tics (repeated movements or sounds that cannot be controlled); has a diagnosis or family history of Tourette's syndrome; is taking a monoamine oxidase inhibitor (MAOI) medicine or has discontinued an MAOI medicine in the last 2 weeks; or is allergic to methylphenidate, acrylic adhesive, or any of the ingredients in Daytrana. The Daytrana patch should not be used if your child has nervousness, skin color change, or sensitivity to temperature in your fingers or toes.

Serious mental (psychiatric) problems have been reported with the Daytrana patch or other stimulant medicines including: sudden death in people with heart problems or heart defects. Serious mental (psychiatric) problems have been reported with the Daytrana patch or other stimulant medicines including: stroke and heart attack in adults. Increased blood pressure and heart rate. Tell the doctor if your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while using Daytrana.

Be sure to tell the doctor if your child is pregnant or breast feeding. Tell the doctor if you, your child, or a family member has a history of vitiligo. 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 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 worsened aggressive behavior, hostility, anger or irritability
• new or worsened bipolar illness or mania (an extreme increase in activity or talking)
• new or worsened 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 your child has any new or worsening mental symptoms or problems while using the Daytrana patch. Tell your doctor if, for you, your child, or a family member has a history of alcohol, prescription medicines or street drugs.

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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