



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.

Powered by:
CHANGE HEALTHCARE

BIN# 004682

PCN# CN

GRP# EC62001042

ID# 28973727258

Print this offer or save the file to your mobile phone and bring to the pharmacy each time you fill your child's prescription.

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 a day, 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 benefits) with patient responsibility amount and a valid Other Coverage Code, (eg, 8). 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, (eg, 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 1-800-422-5604.

Restrictions: This offer is valid only in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, Children's Health Insurance Program (CHIP) or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade 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 ConnectiveRx 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.

Please see **full Prescribing Information, including Boxed Warning and Medication Guide.**

To report suspected Adverse Reactions, contact Noven at 877-567-7857 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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