

## FOR PHARMACISTS

### First Prescription is FREE\*

On the first fill, your patient will receive up to 30 NUVIGIL tablets at no cost, subject to terms and limitations.

### Refills as low as \$5\*

On all future NUVIGIL fills, your patient's out-of-pocket expense will be as low as \$5 for each prescription refill.

#### INSURED PATIENT BILLING

Submit a primary claim to your patient's insurance, and then submit a secondary coordination of benefits (COB) claim to AlphaScrip.

☒ **BIN:** 610600

☒ **PCN:** AS

☒ **Group and ID numbers:** located on the card

The correct Other Coverage Code is required (see below). Editing the Other Coverage Code may be necessary.

☒ **03:** if primary insurance has denied coverage or

☒ **08:** to reduce the patient's primary co-pay expense

#### PRIOR AUTHORIZATION

☒ If your insured patient's insurance provider denied the primary claim due to a Prior Authorization (PA) requirement, please initiate the PA process to help your patient save on future NUVIGIL prescriptions

☒ If you have questions regarding PA or need forms to help your patient initiate the PA process, please go to [CoverMyMeds.com](http://CoverMyMeds.com) for assistance

#### PATIENTS WITHOUT INSURANCE COVERAGE FOR NUVIGIL

Submit a primary claim to AlphaScrip using

☒ **Other Coverage Code:** 00 or 01

☒ **BIN:** 610600

☒ **PCN:** AS

☒ **Group and ID numbers:** located on the card

By redeeming this offer, you agree to the Pharmacist Certification and Agreement and Terms and Limitations below.

For assistance or questions regarding pharmacy billing, please contact the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.

#### Pharmacist Certification and Agreement:

By accepting and redeeming this offer, the pharmacist certifies that (i) NUVIGIL has been dispensed to a patient eligible for this offer in accordance with the Terms and Limitations below; and (ii) participation in this program complies with all applicable laws and contractual or other obligations as a pharmacy provider. Pharmacist agrees to accept the reimbursement offered for the first prescription under this offer and not charge the patient any amounts over and above the offered reimbursement. If submitting a claim under coverage code 00 or 01, pharmacist certifies that the patient does not have insurance coverage for NUVIGIL.

#### Terms and Limitations:

**Offer expires 12/31/2018.** Valid only in the United States at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. Offer must be accompanied by a valid prescription for NUVIGIL. No substitutions permitted. Void in Massachusetts, California and any other jurisdiction where prohibited by law, taxed or restricted. Offer not valid for patients eligible for coverage for NUVIGIL under Medicare (including Medicare Advantage or Part D Prescription Drug Plans), Medicaid or other public payment programs (e.g., TRICARE, or any state program). Depending upon the nature and terms of your relationship with insurance carriers, you will report offer redemption to the insurance carrier if required. Offer not valid for prescriptions reimbursed in full (including co-pay) by any third party payor. Offer cannot be combined with any other voucher, certificate, coupon, rebate, or similar offer. It is illegal for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade or to counterfeit this offer. This is not an insurance program. Teva Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. Offer not extended on prescriptions for:

- Patients using mail-order or institution-based pharmacies to fill their prescriptions, or who are federal or state government employees
- Patients who are filling their prescriptions at nonparticipating pharmacies
- Patients 65 and over (due to Medicare eligibility) or under age 17<sup>†</sup>

#### Additional Terms and Limitations:

- Minimum supply of 14 tablets per fill
- Maximum number of card uses per month of three
- One card per patient

Cash value of this coupon is 1/100 of a cent.

## FOR PATIENTS



### First Prescription FREE\*

Ask your doctor to write dispense as written (DAW) on your prescription, then present this page, including the NUVIGIL Prescription Savings Card, and your first prescription for NUVIGIL to any participating retail pharmacy and receive your first prescription FREE (up to 30 tablets).

**IMPORTANT:** Please be sure to bring this page and your NUVIGIL prescription to your pharmacist when you fill your first prescription. It contains important instructions that the pharmacist needs in order to help you receive your first 30 NUVIGIL tablets at no cost.

Please note that this offer cannot be redeemed by patients eligible for Medicare (including Medicare Advantage or Part D prescription drug plans), Medicaid, or other public payment programs.



### Refills as low as \$5\*

Present the NUVIGIL Prescription Savings Card to your pharmacist and pay as little as \$5 per refill on future prescriptions.

**Offer good only for the following National Drug Codes:**

50 mg - 63459-0205-30    200 mg - 63459-0220-30  
150 mg - 63459-0215-30    250 mg - 63459-0225-30

**DISPENSE AS WRITTEN**

**NUVIGIL**  
(ARMODAFINIL) Tablets ©

**FIRST PRESCRIPTION FREE**  
**AND REFILLS AS LOW AS \$5\***

BIN: 610600  
PCN: AS  
GRP: 900  
ID: 90000065798

\*Limitations apply. Please see back of card and accompanying brochure.  
**Expires 12/31/2018**  
Offer not available for patients eligible for Medicare, Medicaid, or any other public payor program.

Be sure to follow all dosing instructions provided by your doctor. Ask your doctor or pharmacist if you have questions regarding your prescription.

If you have any questions about the NUVIGIL Prescription Savings Card Program, or your eligibility to participate, please call the AlphaScrip Patient Hotline at 1-800-284-2966.

\*Limitations apply.

<sup>†</sup>Patients under age 17 are not eligible, however, if patient is 17 or older and a minor, then this offer may only be redeemed by the parent or legal guardian of the minor patient.

By redeeming this offer, patients (or the parent or legal guardian of a minor patient) and pharmacists understand and agree to comply with these Terms and Limitations.

