

## The NUEDEXTA® Co-Pay Savings Card

Pay as little as **\$0\*** for your **90-day** prescription

**We're committed to your treatment**

*Restrictions apply. See below.*

Pay as little as **\$0\*** for your **90-day** prescription

**BIN: 610020**

**GROUP#: 99994430**

**ID#: 27456121811**

Card must be activated before use.  
Visit [nuedexta.com/activate](https://nuedexta.com/activate) or  
call 1-844-421-7554.

\*Restrictions apply. Eligible patients may pay as little as \$0 for a 90-day supply of NUEDEXTA® or \$20 for a 30-day supply of NUEDEXTA® with a maximum savings of \$1,335 per use and an annual maximum savings of \$2,670 per calendar year. Benefit cap applies regardless of copay amount.

**NUEDEXTA®**  
(dextromethorphan HBr and 20 mg  
quinidine sulfate) capsules 10 mg

### PATIENT:

Present this card to the pharmacist along with your prescription for **NUEDEXTA®**. Patients must activate this card by visiting [nuedexta.com/activate](https://nuedexta.com/activate) or by calling **1-844-421-7554**. Eligible patients may pay as little as \$0 for a 90-day supply of **NUEDEXTA®** or \$20 for a 30-day supply of **NUEDEXTA®** with a maximum savings of \$1,335 per use and an annual maximum savings of \$2,670 per calendar year. Benefit cap applies regardless of copay amount. If you have questions, visit [nuedexta.com](https://nuedexta.com) or call **1-844-421-7554**. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the RESTRICTIONS section below.

### 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.

### INSTRUCTIONS FOR SUBMITTING A CLAIM:

**Instructions for Patient with an Eligible Third-Party Payer:** Submit the claim to the primary 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). Applicable discounts will be applied. Reimbursement will be received from **PDMI**.

**Instructions for Insured Patients Where Drug is Not Covered:** Submit this claim to **PDMI**. A valid Other Coverage Code (e.g. 3) is required. Applicable discounts will be applied. Reimbursement will be received from **PDMI**.

Valid Other Coverage Code required.

For any questions regarding **PDMI** online processing, please call the Help Desk at 1-844-421-7554.

### RESTRICTIONS:

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). Under certain state laws, patients may need to disclose their acceptance of offers to their third-party payer (insurer). Other limitations may apply. Offer void where prohibited by law, taxed, or restricted. This offer cannot be combined with any other programs, offers, or discounts. Program managed by Mercalis on behalf of Otsuka America Pharmaceutical, Inc. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

**For general questions about NUEDEXTA, please call 1-844-421-7554.**

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