

PAY NO MORE THAN \$30*

For your next **NUEDEXTA** prescription and refills. Restrictions apply.
(see below and reverse side of the card carrier)

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NUEDEXTA®

(dextromethorphan HBr and 20 mg
quinidine sulfate) capsules 10 mg

RxBIN: 018844

RxPCN: 3F

RxGRP: FCNUE7

ID: NDEH9133146

*Benefit cap applies regardless of copay amount. Restrictions apply. Those eligible for Medicare, Medicaid, or any other government healthcare program are not eligible for this program. (see reverse)



To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the NUEDEXTA co-pay assistance program at 855-4NUEDEX(8:00 AM-7:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand and agree to comply with the program restrictions, regulations, and terms and conditions. You are not eligible to participate if your prescription is paid or reimbursed by any state or federally funded programs, including, but not limited to Medicare or Medicare, Medicaid, VA, DOD, TriCare, or Medigap. Void where prohibited by law.

Not valid for a NUEDEXTA prescription reimbursed in full by any third-party payer. Not available for cash paying customers, i.e., those who do not have any prescription coverage. Use of this offer does not create any obligation or involve any past or future purchase requirement. It is illegal for any person to sell, purchase or trade, or to offer to sell, purchase or trade, or to counterfeit this card. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of this card, if required, and complying with any other conditions imposed by insurance carriers or any third-party payers.

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Please see Important Safety Information about taking NUEDEXTA and full Prescribing Information at www.NUEDEXTA.com.



To the Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription and will otherwise comply with the terms of this offer.

- Submit transaction using BIN #018844
- Input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare.
- Void where prohibited by law.
- Not valid for a NUEDEXTA prescription reimbursed in full by any third-party payer.
- Not available for cash-paying customers, i.e., those who do not have any prescription coverage.
- Use of this offer does not create any obligation or involve any past or future purchase requirement.
- It is illegal for any person to sell, purchase or trade, or to offer to sell, purchase or trade, or to counterfeit this card.
- Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of this card, if required, and complying with any other conditions imposed by insurance carriers or any third-party payers.
- Cash Discount Cards are not permitted with this offer.
- **For questions regarding setup, claim transmission or other processing issues, please call 1-855-282-4888.**

Benefit cap applies regardless of copay amount.

For general questions about NUEDEXTA and reimbursement support please call 855-4NUEDEX (468-3339) Monday - Friday 8:00 AM - 7:00 PM ET.

- May not be combined with any other coupon, discount, savings card or other offer.
- Limited to one prescription per person for any 30-day period.
- No cash value.
- No substitutions permitted.
- May not be accepted at all pharmacies. Offer good only in the USA at participating retail pharmacies.

Please see Important Safety Information about taking NUEDEXTA and full Prescribing Information at www.NUEDEXTA.com.



This offer may be terminated, rescinded, revoked or amended by Avanir Pharmaceuticals, Inc. at any time, without notice.

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