

INSTANT SAVINGS



PAY AS LITTLE AS

\$10*

ON YOUR PRESCRIPTION

Get NUVESSA™ at a pharmacy near you,
call **1-833-FIGHT-BV** (1-833-344-4828),
before you go.

Dear Patient: Present this coupon card to your pharmacist along with your valid prescription for instant savings on eligible prescriptions.

Please see Redemption Instructions below for details.

Restrictions may apply.

Keep this coupon card for future refills.

Expires December 31, 2018.

*The patient is responsible for the first \$10 of their co-pay and cash-paying patients should pay approximately \$75. For cash paying patients or insured patients when these brands are not covered by primary insurance, patients may still use this savings card but may have an outstanding balance.

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Powered by:
CHANGE HEALTHCARE

BIN# 004682

PCN# CN

GRP# ECNUVESSA1

ID# NUVESSA



*See full Terms, Conditions, and Eligibility Criteria below.

 **Print Card**

Dear Pharmacist: The patient is responsible for the first \$10 of their co-pay and cash-paying patients should pay approximately \$75. Card is good for refills through 12/31/18. Prescriber ID# required on prescription. **Not valid for individuals enrolled in Medicare, Medicaid, a state pharmaceutical assistance program, or any other federal or state health care program.**

Patient Instructions: In order to redeem this card you must have a valid prescription for Nuessa™. The patient is responsible for the first \$10 of their co-pay and cash-paying patients should pay approximately \$75. Card is good for refills through 12/31/18. Follow the dosage instructions given by the doctor. This card may not be redeemed for cash. **You are not eligible for this offer if you are enrolled in Medicare, Medicaid, or any other federal or state healthcare program.** Cardholders with questions, please call **1-844-558-2650**.

Pharmacist Instructions for a Patient with an Eligible Third Party Payer: Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. **8**). The patient is responsible for the first \$10 of their co-pay. Reimbursement will be received from **CHANGE HEALTHCARE**.

Pharmacist Instructions for a Cash-Paying Patient: Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g. **1**) is required. The patient is responsible for the first \$10 of their co-pay and cash-paying patients should pay approximately \$75. Reimbursement will be received from **CHANGE HEALTHCARE**.

Valid Other Coverage Code required. For any questions regarding this coupon, or **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-422-5604**.

Program expires 12/31/18. Program managed by ConnectiveRx on behalf of Exeltis USA, Inc. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time. Not valid if reproduced. Void where prohibited by law.

