

Use your Savings Card to pay as little as \$5 on your first prescription and as little as \$15 for up to 11 fills a year*



How to use your Savings Card*

- 1 Show your Savings Card to your pharmacist (along with your prescription if your doctor did not send it electronically)
- 2 Tell your pharmacist you want to receive Methylphenidate ER 72-mg tablets for every fill so you can take advantage of your Savings Card
- 3 When you pick up your prescription, check that you received Methylphenidate ER 72-mg tablets and paid as little as \$5 on your first prescription and as little as \$15 for up to 11 fills a year.* If your prescription was switched to a different generic methylphenidate HCl extended-release tablet, ask the pharmacist to reprocess it so you can receive Methylphenidate ER 72-mg

Pharmacist Instructions (Insured Patients Only)

- Submit primary claim to your patient's insurance provider for Methylphenidate ER 72-mg tablets (NDC: 13811-710-10)
- Submit a secondary transaction (COB) using one of the applicable Coverage Codes below:
 - 03 if primary insurance has denied coverage, or
 - 08 to reduce the patient's co-pay expense
- The secondary transaction should be submitted to AlphaScrip (BIN: 610600, PCN: AS) using the Group # and ID
- For questions regarding processing, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244

Return this card to your patient after dispensing the prescription.

For questions regarding the electronic processing of this card, please call the AlphaScrip Help Desk at 1-877-274-3244.

*Methylphenidate ER 72-mg Co-Pay Savings Card Terms & Conditions

By using the Methylphenidate ER 72-mg Co-Pay Savings Card ("Card"), you acknowledge that you currently meet the eligibility criteria and will comply with the following terms and conditions:

- The Card is not valid for prescriptions that are eligible to be reimbursed:
 - in whole or in part, by Medicaid, Medicare (including Medicare Part D), Tricare, Puerto Rico Government Health Insurance Plan, or any other federal or state-funded healthcare benefit program (collectively, "Government Programs");
 - by commercial plans or other health or pharmacy benefit programs that reimburse for the entire cost of prescription drugs; or
 - cash paying patients

***Methylphenidate ER 72-mg Co-Pay Savings Card Terms & Conditions (continued)**

- Eligible patients using this Card will pay as little as \$5 on their first prescription and as little as \$15 for up to 11 fills a year. To qualify for this offer, your out-of-pocket expense must be a minimum of \$5 per prescription. Depending on your co-pay, savings may be up to a maximum of \$40 per prescription. Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through the Card. Both patient and pharmacist are each individually responsible for reporting receipt of coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Card, as required.
- **This Card is not health insurance and is not intended as a substitute for health insurance.**
- This Card can be used only by eligible residents in the United States and Puerto Rico and only at participating pharmacies. This offer is valid only for patients 13 to 65 years old and is good for use only with a valid prescription for Methylphenidate ER 72-mg tablets at the time the prescription is filled and dispensed by the pharmacist. Void where prohibited by law, taxed, or restricted.
- The Card is limited to one per person and is not transferable. No substitutions are permitted. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Card. The Card is available for each valid prescription. No other purchase is necessary. This offer cannot be combined with any other rebate, coupon, free trial, discount, or similar offer.
- Certain information pertaining to your use of the Card will be shared with Vertical Pharmaceuticals, LLC (“Vertical”), the sponsor of the Card, and its affiliates. The information disclosed may include the date the prescription is filled, the amount of product dispensed by the pharmacists, and the amount of your co-pay that will be paid for by using this Card. For more information, please see the Vertical Privacy Policy at www.verticalpharma.com.
- Vertical reserves the right to terminate, rescind, revoke, or modify the Card at any time without notice. For expiration date, please refer to the Card.