

Most commercially insured patients
Pay No More than \$28*

Forfivo XL
bupropion HCl
EXTENDED-RELEASE TABLETS **450MG**

Important Safety Instructions

The most important information you should know about Forfivo XL: Antidepressants can increase suicidal thoughts and behaviors in children, teens, and young adults. Suicide is a known risk of depression and some other psychiatric disorders. Call your doctor right away if you have new or worsening depression symptoms, unusual changes in behavior, or thoughts of suicide. Be especially observant within the first few months of treatment or after a change in dose.

This important safety information does not include everything you need to know to use Forfivo XL safely.

Patients: Please consult accompanying Prescribing Information which includes Medication Guide. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Physicians: Please consult accompanying Full Prescribing Information.

www.ForfivoXL.com

*Restrictions apply. Subject to eligibility.

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See instructions on back of card.

Claims Processor: RESTAT

BIN # 600471

Rx PCN # 7777

Group # X6840

Cardholder ID # 7009263

Person Code: 01

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Instructions

Patient: Present this coupon to your pharmacist with your Forfivo XL prescription to receive a maximum savings benefit up to \$155 for ≤59 tablets; up to \$310 for 60-89 tablets; or up to \$465 for ≥90 tablets. Patient is responsible for the first \$28 of their co-pay and for any co-pay amount above their maximum savings benefit. **This multi-use card is valid for Forfivo XL prescriptions (new + refills).** Please save this card and provide to your pharmacist at time of new Rx or refill. Not valid with any other offer.

Pharmacist: This is a Multi-Use Patient Rx Savings Voucher. Maximum savings benefit is up to \$155 for ≤59 tablets; up to \$310 for 60-89 tablets; or up to \$465 for ≥90 tablets. **This multi-use card is valid for Forfivo XL prescriptions (new + refills).** This claim may be submitted electronically through RESTAT using the information on the front of the card. Submit all claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3,4, or 8); or in some cases, using Coordination of Benefits processing, dependent on your pharmacy's software requirements. You will be reimbursed directly from RESTAT per your contracted rate plus the rebate offered to the customer. Pharmacy or mail-in claims may be sent to RESTAT, 11900 W. Lake Park Drive, Milwaukee, WI 53224 for prompt reimbursement. All mail-in claims should include a duplicate pharmacy label or receipt along with a copy of the front of the customer savings card. Call the RESTAT help desk at 866-450-3277 for processing questions.

Restore patient's profile to Primary PBM, if appropriate, after claim submission.

Forfivo XL[®]

bupropion HCl

EXTENDED-RELEASE TABLETS **450**MG

*Eligibility Requirements

To the Patient: In order to be eligible for this offer, (a) where third-party reimbursement covers a portion of your prescription, this is valid only if the amount of your actual out-of-pocket expense for each prescription exceeds \$28 with a maximum savings benefit of up to \$155 for ≤59 tablets; up to \$310 for 60-89 tablets; or up to \$465 for ≥90 tablets; (b) your prescription **MUST NOT** be covered (i.e., reimbursed) by a federal healthcare program, including Medicare or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program; and (c) you **MUST NOT** be enrolled in a Medicare Part D prescription drug plan (d) Program is also valid for patients not covered by a commercial drug plan and are paying cash. Void where prohibited by law. Your acceptance of this offer must be consistent with the terms of any drug benefit provided through your health insurer, health plan, or private third-party payor, and you agree to report acceptance of this offer to your health insurer, health plan, or third-party payor as may be required. Only this card will be accepted and must be presented to your pharmacist at the time you have the prescription filled—not valid if reproduced. Offer good only in USA. Not transferable. Void where prohibited by law, taxed, or restricted. **Limit 1 savings voucher per person that can be used for Forfivo XL prescriptions (new + refills).** Card expires upon program termination by Edgemont Pharmaceuticals. Edgemont Pharmaceuticals reserves the right to rescind, revoke, or amend this program or this card without notice. This savings card cannot be used with any other savings offer for Forfivo XL Tablets, 450 mg. By tendering this card, I, the customer, certify that I am at least 18 years of age and that (a) I have read the above terms; (b) I will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription; (c) I am not enrolled in a Medicare Part D prescription drug plan; and (d) I will otherwise comply with the terms above.

Void where prohibited by law

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To the Patient: In order to be eligible for this offer, (a) where third-party reimbursement covers a portion of your prescription, this is valid only if the amount of your actual out-of-pocket expense for each prescription exceeds \$28 with a maximum savings benefit up to \$155 for ≤59 tablets; up to \$310 for 60-89 tablets; or up to \$465 for ≥90 tablets; (b) your prescription **MUST NOT** be covered (i.e., reimbursed) by a federal healthcare program, including Medicare or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program; and (c) you **MUST NOT** be enrolled in a Medicare Part D prescription drug plan (d) Program is also valid for patients not covered by a commercial drug plan and are paying cash. Void where prohibited by law. Your acceptance of this offer must be consistent with the terms of any drug benefit provided through your health insurer, health plan, or private third-party payor, and you agree to report acceptance of this offer to your health insurer, health plan, or third-party payor as may be required. Only this card will be accepted and must be presented to your pharmacist at the time you have the prescription filled—not valid if reproduced. Offer good only in USA. Not transferable. Void where prohibited by law, taxed, or restricted. **Limit 1 savings voucher per person that can be used for Forfivo XL prescriptions (new + refills).** Card expires upon program termination by Edgemont Pharmaceuticals. Edgemont Pharmaceuticals reserves the right to rescind, revoke, or amend this program or this card without notice. This savings card cannot be used with any other savings offer for Forfivo XL Tablets, 450 mg.

By tendering this card, I, the customer, certify that I am at least 18 years of age and that (a) I have read the above terms; (b) I will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription; (c) I am not enrolled in a Medicare Part D prescription drug plan; and (d) I will otherwise comply with the terms above.

By using this coupon, you and your pharmacist understand and agree to comply with the eligibility requirements and terms of use.

To the Pharmacist: By redeeming this coupon, I certify that (a) I have received this coupon from an eligible patient, (b) I have dispensed the product as indicated, (c) I have not submitted, and will not submit (i) a claim for reimbursement to the customer or any federal, state, or other governmental payor; and (ii) I will otherwise comply with the terms hereof.

Restore patient's profile to Primary PBM, if appropriate, after claim submission

Prescriber ID# required on prescription