

FREE

14 TABLET TRIAL OFFER

*Limitations Apply

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

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.

***Restrictions apply. Subject to eligibility.**

Patient Instructions:

Your healthcare provider, pharmacist, and Edgemont Pharmaceuticals, LLC bring this free voucher program to you. When this voucher is accompanied by a prescription from your healthcare provider, and is presented to a pharmacist at a pharmacy of your choice, you will receive up to **14** Forfivo XL Tablets free of charge. Follow all dosing instructions provided by your healthcare provider. Ask your doctor or pharmacist if you have any questions regarding your prescription. **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.

Physician Instructions:

Please do the following:

- 1) Sign a valid prescription for **14** Forfivo XL Tablets, 450 mg, along with the appropriate dosing instructions. No substitutions or refills permitted.
- 2) For the remainder of the therapy, please complete a second prescription and present both prescriptions (one for the free product and one for the additional Forfivo XL Tablets, 450 mg) to your patient.
- 3) Follow all State and Federal rules and regulations for prescribing this product.

Please consult accompanying Full Prescribing Information.

www.ForfivoXL.com

Pharmacist will tear off

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

BIN # **600471**
Group # **X6830**

Rx PCN # **7777**
Person Code: **01**

Cardholder ID # **7010721**

"Dispense As Patient Starter"

Only DAPS™ approved drugs will be reimbursed by Rx Sample Solutions.

Valid only if accompanied by a signed, valid prescription form. Limit one voucher per patient. All additional prescriptions are the financial responsibility of the patient.

Patient: By tendering this coupon, I, the Patient, certify that (i) I have read the above terms, (ii) I am not being reimbursed by, nor will I submit a claim for reimbursement, nor will I seek to have any portion of this prescription counted toward my out-of-pocket costs (e.g. TrOOP), under any federal, state or private programs for this prescription, and (iii) I will otherwise comply with the terms above.

Forfivo XL[®]

bupropion HCl 450MG
EXTENDED-RELEASE TABLETS



“Dispense As Patient Starter”

How to File

Pharmacist Instructions

You may file electronically for reimbursement through RESTAT. Paper claims are to be submitted to RESTAT, 11900 W. Lake Park Drive, Milwaukee, WI 53224.

RESTAT will reimburse you an administrative fee of \$3.00 for processing this trial prescription, as well as a reimbursement of AWP Minus 12% for the trial product dispensed. Submit claims in NCPDP standard D.0 or greater to RESTAT.

To ensure reimbursement, you will need

- 1) Bin #, Group# and Cardholder ID # (use RED numbers on reverse side)
- 2) Person code: 01
- 3) Patient's Date of Birth and Sex
- 4) Physician DEA #
- 5) DAW code
- 6) Standard prescription information
- 7) Remember to restore patient profile to Primary PBM after claim submission.

CALL **1-866-450-3277** with processing questions.



Rules and Regulations

*Redeem one time for product at no cost to the patient when attached to a valid, signed prescription for Forfivo XL, 450 mg. No substitutions permitted. Limited to a maximum of **14** free Forfivo XL Tablets per prescription. Limit one voucher per patient. No purchase required. All additional prescriptions are the financial responsibility of the patient. Offer good only in USA. Void where prohibited by law, taxed, or restricted. Edgemont Pharmaceuticals reserves the right to rescind, revoke or amend this offer without notice. Transmit claim to RESTAT.

TO THE PHARMACIST: By redeeming this voucher, I certify that I have received this voucher from an eligible patient and I certify that I will not submit a claim for reimbursement to any Federal health care program including Medicare or Medicaid, as well as any similar Federal or State programs, including any state pharmaceutical assistance programs, or any private insurance, HMO, or other private third party payer for the product dispensed pursuant to the terms of this voucher. I certify that my participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that I have as a pharmacy provider. I also grant Rx Sample Solutions the right to audit any vouchers I have submitted. Not valid if reproduced or submitted to other payer.

Attach voucher coupon to original prescription and retain in prescription files. Prescriber ID # required on prescription

CALL **1 (866) 450-3277** with processing questions.