

**PAY AS
LITTLE AS** **\$30***

For your **ONZETRA® Xsail®** prescription, including refills.

Restrictions apply. See below and reverse side.

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LITTLE AS** **\$30***

For your **ONZETRA** prescription, including refills.



BIN: 600426

PCN#: 54

GROUP#: EC37402005

ID#: 09183004805

*Restrictions apply. Most commercially insured patients pay as little as \$30 for their prescription. Benefit cap applies regardless of copay amount. See reverse.

ONZETRA® Xsail®
(sumatriptan nasal powder)
11 mg per nosepiece

Patient: Present this card to the pharmacist along with your prescription for ONZETRA® Xsail®. Patients must activate this card by visiting onzetra.com/activate or by calling 1-844-ONZETRA (669-3872). Card expires **12/31/2019**. Benefit cap applies regardless of copay amount. If you have questions, visit onzetra.com or call 1-844-ONZETRA. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Instructions for submitting a claim: 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 (eg, 8). Applicable discounts will be applied. Reimbursement will be received from **CHANGE HEALTHCARE**.

Valid other coverage code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the pharmacy help desk at 1-800-433-4893.

Restrictions: Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). Under certain state laws, patients may need to disclose your acceptance of offers to their third-party payer (insurer). Other limitations may apply. Offer void where prohibited by law, taxed, or restricted. This offer cannot be combined with any other programs, offers, or discounts, and may not be redeemed for cash. Program managed by ConnectiveRx on behalf of Avanir Pharmaceuticals, Inc. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

For general questions about ONZETRA, please call 1-844-ONZETRA (669-3872).

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AVANIR®
pharmaceuticals