

NUVIGIL[®]

(ARMODAFINIL) Tablets 

THE NUVIGIL PRESCRIPTION SAVINGS PROGRAM

Eligible Patients Pay as Little as
\$10 for NUVIGIL*

BIN:	019158
PCN:	CNRX
GROUP:	EC74020001
ID:	59305256137
EXPIRES:	12/31/2024

Here's how the Savings Offer for NUVIGIL works:

(please see full Terms and Conditions)

- **Start saving**—Take the Savings Offer with you to the pharmacy and pay as little as \$10 for NUVIGIL*
- **Keep saving**—Continue to pay as little as \$10 for each prescription of NUVIGIL* until the offer expires on 12/31/24

Offer covers commercially insured and cash/self-paying patients.

No registration required!

*Out-of-pocket costs may vary based on insurance coverage. Limitations apply. Please note, this offer is not available for patients eligible for Medicare, Medicaid, or any other public payer coverage. See full Terms and Conditions for eligibility and restrictions.

Savings Offer Terms and Conditions

Terms and Conditions: Commercially insured and cash paying patients pay as little as \$10 on each fill with a maximum benefit of \$250 per fill, minimum 14 tablets per fill. Limit 2 uses per month.

Patients are not eligible if prescriptions are paid for in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse for the entire cost of prescription drugs. This card is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By redeeming this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer and that the patient is eligible for, and will comply with, the terms of this offer. By redeeming this offer, the patient and the pharmacist acknowledge that the patient is eligible, and the patient and pharmacist understand and agree to comply with the Terms and Conditions of this offer. Offer not valid for patients under 17 years of age.

This offer is good only for the following National Drug Codes:

- 50 mg - 63459-0205-30
- 150 mg - 63459-0215-30
- 200 mg - 63459-0220-30
- 250 mg - 63459-0225-30

Void if copied, transferred, purchased, altered or traded and where prohibited and restricted by law. This is not an insurance program. Valid only in the United States including the Commonwealth of Puerto Rico. Void in the Commonwealth of Massachusetts and the State of California, and where otherwise prohibited by law.

This offer may not be used with any other discount, coupon or offer. This offer expires on December 31, 2024. This program is managed by ConnectiveRx on behalf of Teva Pharmaceuticals USA, Inc.. Teva reserves the right to limit, change or discontinue this offer at any time without notice. If you have any questions regarding your eligibility or benefits, please call **1-833-378-7362**.

To the Patient: Commercially-Insured: In order to redeem this offer you must have a valid prescription for NUVIGIL. Follow the dosage instructions given by the doctor. This offer must be presented along with your prescription for NUVIGIL and your primary insurance card. **Non-Insured/Cash Paying Patients:** In order to redeem this offer you must have a valid prescription for NUVIGIL. Follow the dosage instructions given by the doctor. Patients with questions about the NUVIGIL Savings Offer should call **1-833-378-7362**.

To the Pharmacist: By redeeming this offer, the Pharmacist certifies that NUVIGIL is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and the pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. For any questions regarding **SS&C** online processing, please call the Help Desk at **1-844-373-0987**. **Pharmacist instructions for commercially insured patients,** please submit the claim to the primary Third Party Payer first, then submit the balance due to **SS&C** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, **(e.g. 8)**. Reimbursement will be received from **SS&C**. **Prior authorization:** If your insured patient's insurance provider denied the primary claim due to a Prior Authorization (PA) requirement, please initiate the PA process to help your patient save on future NUVIGIL prescriptions. **Pharmacist instructions for cash paying patients,** please submit this claim to **SS&C**. A valid Other Coverage Code **(e.g. 1)** is required. On each use, the patient is responsible for \$10, up to \$250 off (minimum of 14] tablets). Reimbursement will be received from **SS&C**.

