

# MORPHABOND ER SAVINGS CARD

RxBIN: 019158

RxGRP: AC33003005

RxPCN: CNRX

ID: 29317831036

\*Restrictions apply. See Eligibility Criteria and Terms and Conditions on back. With the MORPHABOND ER Savings Card, eligible commercially insured patients may pay as little as \$10 for up to a 30-day supply. Maximum benefits apply. Individual out-of-pocket costs may vary. Patient responsible for applicable taxes, if any.

Please see accompanying full Prescribing Information, including **BOXED WARNINGS**, and Medication Guide.

Eligible commercially  
insured patients  
may pay as little as

**\$10**  
A MONTH\*

**PHARMACY  
LOCATOR**

To find MORPHABOND ER  
at a pharmacy near you,  
call **844-438-6111**

**MORPHABOND<sup>®</sup> ER**   
(morphine sulfate) extended-release tablets   
15 mg • 30 mg • 60 mg • 100 mg

## MORPHABOND™ ER Savings Card Eligibility Criteria and Terms and Conditions

**Eligibility Criteria:** Residents of US or Puerto Rico, 18 years of age or older, with a valid prescription for MORPHABOND ER.

**Not valid if patient is enrolled in state or federally funded prescription benefit program (including but not limited to Medicare Part D, Medicaid, Medigap, Veterans Affairs [VA], Department of Defense [DoD], or TRICARE program), patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees, or if prohibited by law.**

**Terms and Conditions:** For patients with commercial insurance, this savings card does not cover insurance deductibles and is applied after the first \$10 for up to a 30-day supply. Maximum of fifteen 30-day fills per 12 months. Maximum benefit will depend on strength and days supplied but will not exceed \$130 for 15 mg, \$270 for 30 mg, \$430 for 60 mg, or \$720 for 100 mg. If patient's total out-of-pocket responsibility exceeds maximum benefit, patient will be responsible for the balance. If MORPHABOND ER is not covered by the primary insurance, patient acknowledges that the prescription will be processed outside the patient's insurance, the patient's out of pocket responsibility may be more than purchasing another drug through the patient's insurance, and the amount the patient will pay for MORPHABOND ER will not count toward the patient's out-of-pocket insurance maximum. Offer not valid with any other program, discount, or incentive. This offer is not conditioned on any past or future purchase. It is illegal for any person to sell, purchase, trade, or counterfeit this card. This card is not insurance. This card carries no cash value. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by patients through this offer. Patient redeeming of this offer constitutes an acknowledgement that the patient is eligible, that use of the card is not prohibited by the patient's insurance, and that the patient will report the value received if required by the insurance provider. This offer is non-transferrable and no substitutions are permissible. Reproductions of this card are void. By using this card, you certify that you understand and agree to comply with the Eligibility Criteria and Terms and Conditions. For patients who have questions on this offer, call 1-844-492-9896.

**Pharmacist Instructions:** By using this card, you certify that the patient meets the Eligibility Criteria and that submission of this card does not violate the terms of your provider agreement with the patient's commercial insurer. Submit the claim to the primary Third Party Payer first, then submit the balance due to Argus as a Secondary Payer as a co-pay only billing using BIN 019158 and a valid Other Coverage Code (eg, 8). Reimbursement will be received from Argus. With acceptance of this card and your submission of claims for the MORPHABOND ER Savings Card, you acknowledge and agree to comply with the Terms and Conditions above. For any questions please call the Help Desk at 1-844-373-0987.

**Daiichi Sankyo, Inc., reserves the right to rescind, revoke, or amend this program, at any time, without notice.**

**EXPIRES 12/31/19**

Please see accompanying full Prescribing Information, including **BOXED WARNINGS**, and Medication Guide.

