



Use Your SUNOSI Savings Card Today

Congratulations! Your card is ready to use.

- Please bring your SUNOSI Savings Card along with a valid prescription to the pharmacy to receive this offer. The card contains important information and instructions for you and your pharmacist.
- Print or save this file and use it to save on future prescriptions.



SUNOSI® (solriamfetol) Savings Card Eligibility and Terms of Use

Eligible patients with a valid prescription for SUNOSI who present this Savings Card at participating pharmacies may pay as little as \$9. Monthly and annual limits apply. Limited to 15 uses per year. Offer not applicable to copays of \$9 or less.

Patient Instructions: 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. Patients with questions about the SUNOSI Savings Program should call 1-833-533-JAZZ (5299).

Pharmacist Instructions: When you apply for 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 and that you will comply with the terms and conditions described in the Restrictions section below. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. A valid Other Coverage Code is required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-433-4893.

— **For Patients with Commercial Insurance:** 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 (e.g., 8). The patient may pay as little as \$9 if product is covered by primary insurance. Maximum reimbursement limits apply. Reimbursement will be received from **CHANGE HEALTHCARE**.

— **For Cash-Paying Patients:** Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g., 1) is required. The patient pay amount submitted will be reduced and reimbursement will be received from **CHANGE HEALTHCARE**.

Restrictions: Offer valid for patients with commercial insurance and those paying cash in the United States and Puerto Rico. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan (including, but not limited to, Medicare Part D), Medicaid, Veterans Affairs (VA), Department of Defense (DOD), TRICARE, or other federal or state health programs (such as medical assistance programs), 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 using this offer, patients certify that they will comply with any terms of their health insurance contract requiring notification to their payor of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. **Program expires 12/31/2021.** This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Savings Card is not health insurance. Program managed by ConnectiveRx on behalf of Jazz Pharmaceuticals. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time. No purchase necessary. Other restrictions may apply. Patients must be 18 years or older. © 2020 Jazz Pharmaceuticals, Inc. All rights reserved.

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