

PAY NO MORE THAN \$25
FOR YOUR NEXT ONZETRA™ Xsail™ PRESCRIPTION*

RxBIN: 015251
RxPCN: PRX2000
Group: ONZGG
Card ID: GG196507404

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

AVANIR®
pharmaceuticals

* Restrictions apply. Those eligible for Medicare, Medicaid, or any other government healthcare program are not eligible for this program. Maximum benefit of \$100 per prescription regardless of the co-pay amount.

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the ONZETRA co-pay assistance program at 1-844-ONZETRA (1-844-669-3872, 8:00 AM-7:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand and agree to comply with the program rules, regulations, and terms and conditions. You are not eligible to participate if your prescription is paid or reimbursed by any state or federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare. Void where prohibited by law.

Not valid for a ONZETRA Xsail prescription reimbursed in full by any third-party payer. Use of this offer does not create any obligation or involve any past or future purchase requirement. It is illegal for any person to sell, purchase or trade, or to offer to sell, purchase or trade, or to counterfeit this card. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of this card, if required, and complying with any other conditions imposed by insurance carriers or any third-party payers.

Benefit cap applies regardless of co-pay amount.

To the Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription and will otherwise comply with the terms of this offer.

- Submit transaction using BIN #015251. Processor requires Valid Prescriber ID#, Patient Name, and DOB for claim adjudication.
- If primary coverage exists, input card information as secondary coverage and transmit using the COB fields with other coverage code type 08 of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare.
- Void where prohibited by law.
- Not valid for a ONZETRA Xsail prescription reimbursed in full by any third-party payer.
- Use of this offer does not create any obligation or involve any past or future purchase requirement.
- It is illegal for any person to sell, purchase or trade, or to offer to sell, purchase or trade, or to counterfeit this card.
- Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of this card, if required, and complying with any other conditions imposed by insurance carriers or any third-party payers.
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call OnTrack Support at 1-844-ONZETRA (1-844-669-3872, 8:00 AM-7:00 PM EST, Monday-Friday).**

Benefit cap applies regardless of co-pay amount.



Please see Important Safety Information about ONZETRA Xsail and full Prescribing Information, including Patient Information and Instructions for Use, at onzetra.com.

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This offer may be terminated, rescinded, revoked or amended by Avanir Pharmaceuticals, Inc. at any time, without notice.

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