

XELSTRYM Copay Savings Program

Xelstrym[®]
(dextroamphetamine) 
transdermal system
4.5mg/9 hours 9mg/9 hours 13.5mg/9 hours 18mg/9 hours

Pay As Little As
\$25*
at a Partner
Pharmacy

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(dextroamphetamine) 
transdermal system
4.5mg/9 hours 9mg/9 hours 13.5mg/9 hours 18mg/9 hours

Patients can enroll
today to start saving

[Click here to visit novencanmobile.com](http://novencanmobile.com)

*Copay savings offer is available for commercially insured patients. At Noven C.A.N.[™] Partner Pharmacies, eligible patients pay as little as \$25 for each XELSTRYM prescription. At non-Partner Pharmacies, eligible patients pay as little as \$50 for each XELSTRYM prescription. Patient is responsible for any remaining balance due after copay savings offer is applied. An offer is available for cash-paying patients.

Care Access Network
NOVEN CAN



Patient Instructions

After enrolling into XELSTRYM Copay Savings Program, add copay card to digital wallet or download copay card and bring this with you to your pharmacy with a valid prescription each time you fill.

For Patients With Commercial Insurance:

Your insurance plan may require additional information from your provider before it will cover XELSTRYM. This is sometimes called a Prior Authorization. To avoid delays in your prescription's approval, work with your provider and pharmacist to submit all required information as soon as possible so your plan will approve XELSTRYM and provide you the maximum cost assistance possible.



Pharmacist Instructions*

For Eligible Third-Party Payer Patients:

- First, submit the primary claim to your patient's third-party payer (insurance provider)
- Next, submit the balance due to Pharmacy Data Management, Inc. (PDMI) as a secondary payer using secondary payer coordination of benefits (COB) with patient responsibility amount and a valid Other Coverage Code, (e.g., 8 or 3)
- Depending on coverage, patients may pay as little as \$25 and the card pays up to a maximum allowable benefit
- The patient is responsible for any remaining balance due after savings offer has been applied
- Reimbursement will be received from PDMI

For Cash-Paying Patients:

- Submit the claim to PDMI as primary payer using a valid Other Coverage Code (e.g., 1)
- The patient pay amount submitted will be reduced by up to \$200 for a quantity of up to 30 patches
- Reimbursement will be received from PDMI

For questions regarding PDMI online processing of the copay offer, please call the PDMI Help Desk at 1-316-219-4802.

*When applying this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other government 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 on reverse.

Please [click here](#) for full Prescribing Information, including BOXED WARNING.



Questions regarding the XELSTRYM Copay Savings Program?

Call: 833-483-2178 Monday – Friday
9:00 AM– 7:00 PM EST

Need help finding a Noven C.A.N. Partner Pharmacy?

[Click here to search for Partner Pharmacies near you.](#)

Terms and Conditions

This program provides non-government copay assistance with out-of-pocket costs for eligible patients. Offer may only be used by eligible residents of the U.S. at participating pharmacies and may not be redeemed at government-subsidized clinics. Patient age or insurance restrictions may apply.

Offer is not transferrable. No substitutions are permitted. Offer eligible only with valid prescription, has no cash value and cannot be combined with any free trial, discount, prescription savings card, or other offer. This offer is not insurance. This copay savings offer is only valid for commercially insured and cash-paying patients. It is not valid for prescriptions eligible to be reimbursed in whole or in part by Medicaid, Medicare (including Medicare Advantage and Part D plans), or any other federally or state funded healthcare benefit program, or by commercial plans or other health or pharmacy benefit programs that reimburse for entire cost of the prescription drug or prohibit offer's use. Medicare Part D enrollees who are in the prescription drug coverage gap are not eligible for offer. Void where prohibited. It is illegal to sell, purchase, trade, or counterfeit the offer.

Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by patient through the offer. Certain information pertaining to use of the offer will be shared with Noven Pharmaceuticals, Inc., the sponsor of the offer, and its affiliates. The information disclosed will include the patient copay ID, pharmacy demographics, prescriber information, and details relating to the claim, such as copay amount, insurance details, and therapy received. For more information, please see the Noven Pharmaceuticals, Inc. privacy policy, located at <https://www.noven.com/privacy-policy/>.

Noven Pharmaceuticals, Inc. reserves the right to rescind, revoke, or amend the offer at any time without notice.

For product questions, please call Noven Pharmaceuticals, Inc. at 1-800-455-8070.

Please [click here](#) for full Prescribing Information, including BOXED WARNING.