

MOVANTIK® (naloxegol) Tablets, 25 mg

Please print full Prescribing Information with Medication Guide

Eligible commercially insured patients

Pay as little as

\$0 per month*
(up to 12 months)

*Up to a \$100 savings limit per month. Subject to eligibility and restrictions. Please see back of card for details.

pskw^{Emdeon} Therapy First Plus

BIN : 004682
PCN : CN
GRP : EC57017043
ID : 414921975030

 **movantik**®
(naloxegol) 25 mg tablets

Eligibility: You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state or federally funded prescription insurance program, you may not use this Savings Card even if you elect to be processed as an uninsured (cash-paying) patient. This offer is not insurance and is restricted to residents of the United States and Puerto Rico and patients over 18 years of age only. This offer is valid for retail prescriptions only.

Terms and Conditions: Eligible commercially insured patients with a valid prescription for MOVANTIK® (naloxegol) Tablets who present this Savings Card at participating pharmacies will pay \$0 per 30-day supply, subject to a maximum savings of \$100 per 30-day supply. Cash-paying patients will receive up to \$100 in savings on out-of-pocket costs that exceed \$0 per 30-day supply. This offer is good for 12 uses and each 30-day supply counts as 1 use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. If you have any questions regarding this offer, please call 1-844-327-1955. Offer expires on 12/31/2018. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and

prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription for MOVANTIK® (naloxegol) Tablets at the time of purchase.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Pharmacist Instructions for a Patient With an Eligible Third Party: Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (**eg, 8**). The patient is responsible for the first \$0 on a 30-day supply, and the card will cover up to \$100 per 30-day supply. Reimbursement will be received from **Therapy First Plus**.

Pharmacist Instructions for a Cash-Paying Patient: Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (**eg, 1**) is required. The card will cover up to \$100 per 30-day supply. Reimbursement will be received from **Therapy First Plus**.

Valid Other Coverage Code Required: For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at **1-800-422-5604**.

Program managed by PSKW, LLC, on behalf of AstraZeneca.

Please see full Prescribing Information with Medication Guide at : http://www.astrazeneca-us.com/cgi-bin/az_pi.cgi?product=movantik&country=us&popup=no

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help. If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 AM to 8 PM ET, excluding holidays, or visit AstraZeneca-us.com

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