

# Savella

milnacipran HCl  
12.5 mg, 25 mg, 50 mg, 100 mg tablets

## SAVE ON SAVELLA®

Print your savings card and follow the instructions below:

1. Healthcare provider gives prescription to patient
2. Read the rules and restrictions to confirm eligibility
3. Patient brings savings card printout and prescription to pharmacy

This savings card is intended for eligible patients only.



**Patient Instructions:** Redeem this card ONLY when accompanied by a valid prescription for **SAVELLA® (milnacipran HCl) 12.5 mg, 50 mg, and 100 mg tablets**. A valid Prescriber ID# is required on the prescription. This offer is valid toward out-of-pocket expenses for commercially insured and cash-paying patients filling a **SAVELLA** prescription by 12/31/2016. **Pay the first \$25, and we'll pay the rest up to \$50 on each of 12 prescriptions at your retail pharmacy.** This card is not transferable. By using this card, you confirm that you meet the eligibility criteria and agree to comply with the terms and conditions set forth in the Restrictions section below. Patients with questions, including those with mail order prescriptions, should call **1-866-262-2709**.

**Pharmacist Instructions for a Patient with an Eligible Third Party Payer:** Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer as a copay only billing using a valid Other Coverage Code, **(eg 8)**. The patient pay amount will be reduced by up to \$50 after the patient pays the first \$25. 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 patient pay amount will be reduced by up to \$30 after the patient pays the first \$25. Reimbursement will be received from **Therapy First Plus**.

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

**Restrictions:** Offer valid in the U.S. only. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, or other federal or state healthcare programs (such as medical assistance programs), or where the patient has secondary coverage for their out-of-pocket expenses. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. **By presenting or accepting this card, patient and pharmacist each agree not to submit a claim for reimbursement under the above programs.** Patient further agrees to comply with any terms of their health insurance contract requiring notification to their payer of the existence and/or value of this offer. Offer not valid for patients under 18 years of age. It is illegal to (or offer to) sell, purchase, or trade this card.

Program expires **12/31/2016**. Program managed by PSKW, LLC on behalf of Forest Laboratories, LLC. This program may be amended or terminated at any time without notice. Product dispensed only pursuant to program rules and federal and state laws. **This is not insurance.**

**Please click here for full Prescribing Information, including boxed Warning.**