

XELSTRYM® Copay Savings Program

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

Commercially Insured
Patients Pay As Little As

\$25* for
First Prescription

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

**Commercially Insured -
COVERED**

May Pay As Little As \$25
for Rx #2+

**Commercially Insured -
NOT COVERED**

May Pay As Little As \$85 for Rx #2-9
Rx #10+ Max Benefit of \$350 per Rx Applied

*Restrictions Apply. Cash Offer Available.
Visit XELSTRYM.com for Terms and Conditions.

Care Access Network
NOVEN CAN



**Register for copay
savings directly through
the optional app**

Download the app or visit
novencanmobile.com to enroll

Follow these simple steps to savings!

1. Enroll in the XELSTRYM Copay Savings Program
2. Provide your mobile number to opt in for SMS communications and refill reminders
3. Add your copay card to your digital wallet—or download and print a copy
4. Bring your card to the pharmacy each time you fill a prescription



A Tip for Patients with Commercial Insurance:

Your provider chose to prescribe XELSTRYM. Although XELSTRYM is available through most insurance plans, some may require additional information from your provider before they will approve coverage for some or all of the cost of XELSTRYM. This form from your insurance plan is often called a Prior Authorization or “PA”. Once your prescription is submitted at the pharmacy, your pharmacist will confirm if your plan requires a PA.

If a PA is required, check with your provider and/or pharmacist to confirm they will submit all required information to your insurance plan as soon as possible so approval for your prescription is not delayed. Completing a PA may help achieve a lower out-of-pocket cost for first and future prescriptions of XELSTRYM.

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?

**Scan the QR code above or use the
Mindful Patch app to find a pharmacy**

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.

Eligible commercially insured patients may pay as little as \$25 for their first XELSTRYM prescription. Eligible commercially insured patients whose insurance covers XELSTRYM may pay as little as \$25 for prescriptions 2+. Eligible commercially insured patients whose insurance does not cover XELSTRYM may pay as little as \$85 for prescriptions #2-9; for prescriptions 10+, maximum benefit of \$350 per prescription applies. Cash-paying patients receive up to \$150 off each prescription. Offer limited to one use per 30-day supply. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the Terms and Conditions.

Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the 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.