

 **Kloxxado™** (naloxone HCl)
nasal spray 8 mg

Pay as little as **\$0*** With the first ever manufacturer's savings card for a naloxone nasal spray

RxBin: 018844

PCN: 3F

Group: FCXXAD

Member ID: KLWB9137821

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nasal spray 8 mg

Take this Savings Card with your prescription for Kloxxado™ 8 mg nasal spray to your pharmacist and pay as little as \$0 per box, up to 2 boxes per redemption, up to 4 boxes per month. No activation is necessary. See eligibility and restrictions.

To learn more, visit: **kloxxado.com**

* Maximum value of \$40 per box. The Kloxxado™ Savings Card is not Health Insurance.

For help using
this card call,
1-877-259-6893.

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TO THE PHARMACY:

- Submit transaction using **Change Healthcare RxBIN# 018844, PCN: 3F. 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 **Coordination of Benefits (COB) fields with Other Coverage Code type 08** of the National Council for Prescription Drug Programs (NCPDP) transaction. If commercial primary coverage is rejected, please retry using the coverage code 03 of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- For **pharmacy assistance** filing this claim, please call the Pharmacy Help Desk at **1-877-259-6893**.

By using this card, you certify that the patient meets the eligibility requirements described below and that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental program for this prescription. As a condition of payment, you certify that you are in compliance with the terms and conditions set forth herein, as well as with any obligations to provide notice of your participation in this savings program to third-party payers as required by law, contract or otherwise.

TO THE PATIENT: Eligibility & Restrictions:

You may be eligible if you are covered by commercial insurance and insurance does not cover the full cost of the prescription. No other purchase is necessary. This offer is not Health Insurance. No substitutions permitted.

This card is not transferable. You are not eligible if you are enrolled in any state or federally funded healthcare program including, but not limited to, Medicare, Medicare Part D, Medicaid (including Medicaid managed care), Medigap, VA, FEHB, DOD, TRICARE or a state pharmacy assistance program. In addition, you must be 18 years or older and a legal resident of the US or Puerto Rico. Offer void where prohibited by law, taxed or restricted. May not be used with any other discount, trial offer, or other offer. Hikma Specialty USA Inc. reserves the right to rescind, revoke, or amend this program without notice. Participation in this program confirms that this offer is consistent with your insurance coverage, if any, and that you will report the value received if required by your insurance provider. By using this card, you certify that you understand and will comply with the terms and conditions. For questions, please call 1-877-259-6893, 8 am-7 pm ET, Monday-Friday. Other conditions may apply.

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