

save up to **\$50** each month
toward your
KADIAN[®]
prescription.

Please see accompanying complete Prescribing Information.

XXXXXXXXXX Expiration date: 12-31-09

KADIAN[®]

Morphine Sulfate Extended-Release Capsules
10mg-20mg-30mg-50mg-80mg-100mg-200mg

For further information about KADIAN[®], please
visit www.KADIAN.com or call 1-866-917-9749.

Bin: 004682

RxPCN: CN

Group ID:

ID #:

ALLERGAN_MDL_440829

CCSF v Purdue Pharma, et al.
3:18-CV-7591

AL-SF-00052

Admitted: 6/16/2022

AL-SF-00052.00001

Patient Instructions: Use this card to reduce the amount due to an eligible third-party or cash prescription by presenting it to your pharmacist along with your valid prescription for KADIAN®, and your insurance card. Keep this card and present it with each prescription up to the expiration date.

Pharmacist Instructions: **Therapy First** has been authorized to reimburse you up to \$50 plus a handling fee for twelve prescriptions up to the expiration date of this coupon when accompanied by a prescription for KADIAN®. For reimbursement, please follow the below instructions:

To the Pharmacist for a patient paying cash: Please submit this claim to **Therapy First**. A valid Other Coverage Code is required. The patient pay amount will be reduced by UP TO \$50, and you will receive this in your next reimbursement from **Therapy First**, plus a handling fee.

To the Pharmacist for a patient paying via an Authorized Third Party: Please submit to the Primary Third Party Payer first, then submit the balance due to **Therapy First** as a Secondary Payer as a co-pay only billing. Other Coverage Code Indications Required. The pay amount will be reduced by up to \$50, and you will receive this in your next reimbursement from **Therapy First** plus a handling fee.

For reimbursement please submit the claim/information printed on the front of the card to Therapy First.

Other Coverage Code Indications Required. Claim must be submitted within 14 days of prescription fill. This coupon must be attached to the original prescription and retained by the pharmacy for audit purposes for 3 years or the usual period for which your pharmacy records are kept, whichever is longer. Valid only at participating retail pharmacies in the US and Puerto Rico. Not valid through mail-order pharmacies. This offer is limited up to one savings per prescription. Card is limited to 1 per patient for the life of the program and is not transferable. This coupon card is not valid for prescriptions purchased under Medicaid, Medicare, federal or state programs (including state prescription drug programs, private indemnity or HMO Insurance plans which reimburse you for the entire cost of your prescription drugs). This offer is not valid in Massachusetts, except for cash paying patients. Void where prohibited by law, taxed or restricted. Cash value: 1/20¢. Reproductions and/or alterations of coupon will not be accepted.

Pharmacists Only: For any questions regarding **Therapy First** online processing, please call the Help Desk at 1-800-422-5604.

ACTAVIS reserves the right to rescind, revoke, or amend this program without notice. KADIAN® is a registered trademark of ACTAVIS.

ALLERGAN_MDL_440830

Why is pain management important?

Pain management is a large part of your overall health care plan. Many Americans suffer from chronic or ongoing pain. It can cause you to miss work and can even keep you from enjoying life. If left untreated, pain can place stress on your body and your mental health. Managing your pain the right way begins by talking to your healthcare provider. Discover the cause of your pain by taking note of what makes your pain start and what makes it worse.

What is chronic pain?

Chronic pain is ongoing and can last longer than 6 months. Chronic pain can be mild or severe. It can be inconvenient and can keep you from your daily tasks.

How can I treat my chronic pain?

To help manage your pain, your healthcare provider will determine what level of pain control you need. Depending on what kind of pain you have and how it affects your life, your healthcare provider will choose a drug that works just for you.

Please see accompanying complete Prescribing Information.

KADIAN® capsules are an extended-release oral formulation of morphine sulfate indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

KADIAN® capsules are not for use as a prn analgesic.

Safety considerations:

KADIAN® (morphine sulfate extended-release) Capsules contain morphine sulfate, an opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics. KADIAN® can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing KADIAN® in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion.

Serious adverse reactions that may be associated with KADIAN® therapy in clinical use are those observed with other oral opioid analgesics and include: respiratory depression, respiratory arrest, circulatory depression, cardiac arrest, hypotension, and/or shock.

KADIAN® 100 mg and 200 mg capsules are for use in opioid-tolerant patients only. Ingestion of these capsules or of the pellets within the capsules may cause fatal respiratory depression when administered to patients not already tolerant to high doses of opioids.

KADIAN® capsules are to be swallowed whole or the contents of the capsules sprinkled on apple sauce. The pellets in the capsules are not to be chewed, crushed, or dissolved due to the risk of rapid release and absorption of a potentially fatal dose of morphine.

For further information about KADIAN®, please visit www.KADIAN.com or call 1-866-917-9749.

Please see accompanying complete Prescribing Information.

KADIAN® is a registered trademark of Actavis.



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save up to **\$50** each month toward your KADIAN® prescription.

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XXXXXXXXXX Expiration date: 12-31-09

KADIAN® CO-PAY ASSISTANCE Program

Save up to **\$50** toward each prescription of KADIAN®. See details inside.

Good for up to **\$600** for 12 months



For questions about this program, please call the Help Desk at 1-866-917-9749. Pharmacists only: For claim-related questions, please call Therapy First at 1-800-422-5604.

ALLERGAN_MDL_440831

KADIAN® CO-PAY ASSISTANCE Program



The KADIAN® (morphine sulfate extended-release) Capsules Co-pay Assistance Program

The KADIAN® Co-pay Assistance Program provides up to \$50 toward your co-pay or out-of-pocket cost for your KADIAN® prescriptions. Please see your pharmacist to help you determine your monthly savings amount.

Present this card with your KADIAN® prescription and insurance card, if applicable. You can use the same card with every prescription of KADIAN® until the expiration date that's printed on the card.

Terms and Conditions: Valid only at participating retail pharmacies in the US and Puerto Rico. Not valid through mail-order pharmacies. This offer is limited up to one savings per prescription. Card is limited to 1 per patient for the life of the program and is not transferable. This coupon card is not valid for prescriptions purchased under Medicaid, Medicare, federal or state programs (including state prescription drug programs, private indemnity or HMO Insurance plans which reimburse you for the entire cost of your prescription drugs). This offer is not valid in Massachusetts, except for cash paying patients. Void where prohibited by law, taxed or restricted. Actavis reserves the right to rescind, revoke or amend this offer without notice at any time.

Please see accompanying complete Prescribing Information.

KADIAN® (morphine sulfate extended-release) Capsules \$50 Multi-Use Coupon FAQ Sheet

Question: Do I have to call an 800 number or go onto the Internet to activate the card?

Answer: No. The card is already active. Simply present the card with a valid 30-day prescription for KADIAN® capsules to your pharmacist. You can request a card at www.kadian.com.

Question: Do I have to present the card every time?

Answer: Present this card to your pharmacist every time you fill your Kadian® prescription."

Question: What if I have an issue with redeeming the \$50 multi-use coupon card at the pharmacy?

Answer: You must contact the Help Desk at 1-866-917-9749 to address this issue.

Question: How long do I have to wait before I can use the card for the next prescription?

Answer: You can re-use the card after 23 days of the last fill date.

Question: Can I use the card with mail order programs?

Answer: No. You can not use this card with participating mail order pharmacies. To find a local pharmacy that participates, please contact the Help Desk at 1-866-917-9749.

Question: Can I use the \$50 multi-use coupon card after the expiration date?

Answer: No. The card cannot be used past the expiration date.

If you have any questions on how to use your Co-Pay Assistance Card, please call 1-866-917-9794.

ALLERGAN_MDL_440832

KADIAN[®] CO-PAY ASSISTANCE Program

Save up to **\$50**
toward each prescription of KADIAN[®]
See details inside.

Good for up to
\$600
for 12 months



For questions about this program, please call the Help Desk at 1-866-917-9749.
Pharmacists only: For claim-related questions, please call Therapy First at 1-800-422-5604

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