Patient Pays Only

New Prescriptions $15.00

Refills $7.50

on Co-Pays up to $100.00*

*See eligibility rules and discount for cash paying customers.

Once-Daily
NAPRELAN®
(naproxen sodium)
375 mg, 500 mg, and 750 mg Controlled-Release Tablets Utilizing the IPDAS® Biphasic System

Please see full Important Safety Information on pages 3 and 4.Please see accompanying full Prescribing Information including BOXED warnings regarding cardiovascular and gastrointestinal risks.

Cardiovascular Risk

- **NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk (see WARNINGS).**
- **Naproxen as NAPRELAN® is contraindicated for the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery (see WARNINGS).**

Gastrointestinal Risk

- **NSAIDs cause an increased risk of serious gastrointestinal adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events (see WARNINGS).**

This voucher is valid for up to twelve prescriptions.
If necessary, patient can retain voucher for refills.

Claims Processor **RESTAT**

BIN # **600471** Group # **X6320** Rx PCN# **7777**

Cardholder ID # **1263636**

Attention: **Patients are responsible for at least the initial $15.00 for the first prescription, and at least the initial $7.50 for refill prescriptions. This offering is valid for both cash paying and insured patients.** This certificate provides a maximum benefit of up to $85.00 for the first prescription, and up to $92.50 for refill prescriptions for both cash paying and eligible insured patients. The amount collected is determined by the patient co-pay, if applicable. For insured patients, if the total out of pocket pharmacy bill exceeds $100.00, the patient will be responsible for the additional balance. The pharmacist will determine the total out of pocket payment for the patient. Cash paying customers will receive up to $85.00 off their pharmacy cash price on the first prescription and up to $92.50 off of each refill up to 11 refills. This certificate will cover the initial prescription plus up to 11 refills.

Remember to restore patient profile to Primary PBM after claim submission.

Expiration Date: December 31, 2012

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NAP11-WWW-002-00

IMPORTANT SAFETY INFORMATION

NAPRELAN® belongs to a class of medicines called nonsteroidal anti-inflammatory drugs (NSAIDs). NSAID medicines are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as:
different types of arthritis
menstrual cramps and other types of short-term pain

All NSAIDs, including NAPRELAN®, have the same cardiovascular warning: They may increase the chance of heart attack or stroke that can lead to death. This chance increases with longer use of NSAID medicines and in people who have heart disease.

NAPRELAN® should never be used right before or after a heart surgery called a coronary artery bypass graft (CABG).

NAPRELAN® can cause ulcers and bleeding in the stomach and intestines at any time during treatment. This can happen without warning symptoms and may cause death. Patients taking aspirin and the elderly are at an increased risk.

Serious skin reactions, or allergic reactions, sometimes fatal, can occur without warning and have been reported with NAPRELAN® use. Do not take NAPRELAN® if you are allergic to naproxen, or have had an asthma attack, hives, or other allergic reactions when taking aspirin or another NSAID medicine.

Get emergency help right away if you have shortness of breath or trouble breathing, chest pain, weakness in one part or side of your body,

slurred speech, swelling of the face or throat.

Before using NAPRELAN®, talk to your doctor about all of your medical conditions and the medications you take, and if you are pregnant, planning to become pregnant, or breast-feeding. NAPRELAN® should not be taken in late pregnancy.

NAPRELAN® should be used exactly as prescribed at the lowest dose possible and for the shortest time needed.

The most frequent side effects that have been reported with NAPRELAN® are headache, heartburn, and flu syndrome. Other side effects that may occur include back pain, other types of pain, infection, nausea, diarrhea, constipation, abdominal pain, sore throat, runny nose, sinusitis, urinary tract infection, skin rash, skin eruptions, black and blue marks, drowsiness, excess fluid in the tissues, trouble breathing, and ringing in the ears.

For more information about NAPRELAN® and other NSAIDs, please see the Medication Guide.

These are not all the side effects with NSAID medicines, including NAPRELAN®. Talk to your healthcare provider or pharmacist for more information about NSAID medicines, including NAPRELAN®.

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.

10/11

Once-Daily
NAPRELAN®
(naproxen sodium)
375 mg, 500 mg, and 750 mg Controlled-Release Tablets Utilizing the IPDAS® Biphasic System

Dear Pharmacist:

Remember to restore patient profile to Primary PBM after claim submission.
Restat has been authorized to reimburse you up to $85.00 for the first prescription and up to $92.50 for refills, plus an administration fee of $2.25 for processing this certificate when accompanied by a prescription for NAPRELAN 375 mg, 500 mg, or 750 mg Tablets and allowing the patient up to a $85.00 rebate for the first prescription, and up to a $92.50 rebate for refills off your normal pharmacy charges. Patient is responsible for the first $15.00 out of pocket expense for the first prescription, and $7.50 for up to 11 refills, for co-pay or pharmacy bill, after which, the "up to" rebate will apply. Any out of pocket balance or pharmacy bill exceeding a total of $100.00 will be patient's responsibility. This claim may be submitted electronically through Restat or by mail. For reimbursement, please follow the instructions listed below. Retain the certificate and file with the prescription for auditing purposes.

Not valid with any other offer. One certificate per pharmacy visit.

This claim may be submitted one of the following 3 ways:

1. This claim may be submitted electronically through RESTAT. **Submit all claims in NCPDP standard 5.1. Secondary processing should follow NCPDP standards for Copay Only billing, or in some cases using Coordination of Benefits processing, dependent on your pharmacy software requirements.** If you have any questions regarding electronic submission, please call the RESTAT help desk at 1-866-450-3277.

OR

2. If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to **RESTAT, 11900 W. LAKE PARK DRIVE, MILWAUKEE, WI 53224**.

OR

3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the voucher to the patient and instruct the patient to **mail this voucher**, along with the **copy of their pharmacy receipt** (cash register receipt not accepted), and **their return address,** to **11900 W. LAKE PARK DRIVE, MILWAUKEE, WI 53224** for prompt payment of their rebate.

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, Tricare or any other federal or state program, or where prohibited by law. Where third party reimbursement covers a portion of your prescription, this coupon is valid only for the amount of your actual out-of-pocket expenses up to a maximum of $85.00 for first fills and up to a maximum of $92.50 for refills. Offer valid only for prescriptions filled in the United States. Shionogi Inc. reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate.

Offer void in Massachusetts except for patients with no prescription drug insurance coverage.

Offer Expires: December 31, 2012

To Ensure Reimbursement, you will need:

- BIN #, Group #, Cardholder ID #, and Rx PCN # (use numbers on reverse side)
- Standard prescription information
- Person code Enter 001.

Remember to restore patient profile to Primary PBM after claim submission.

Call **1-866-450-3277** with processing questions.

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