

With **MOTPOLY XR**  
**Copay Savings,**  
you pay as little as

**\$10** per month on  
your **Motpoly XR**  
prescriptions\*

\*Subject to eligibility. Governmental beneficiaries excluded. Restrictions apply.

**RxBin:** 018844  
**PCN:** 3F

**Group:** FCMTPIXR  
**Member ID:** MTPR1874624

#### TERMS AND CONDITIONS:

By using the Motpoly XR Savings Card ("Card"), you attest that you meet the eligibility criteria, agree to, and will comply with the terms and conditions described below: Offer good for up to 12 months of Motpoly XR in a calendar year. Patients must have coverage for Motpoly XR through their commercial drug insurance plan to pay as little as \$10 for a 30-day supply of Motpoly XR. Offer void where prohibited by law. Patient is responsible for any applicable taxes, fees, or amounts exceeding monthly caps. Patient must have private insurance to qualify for use of this Card. This offer is invalid for cash-paying patients, patients without commercial drug insurance, and patients whose prescription claims for Motpoly XR are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid (including Medicaid managed care plans), Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, any state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud"). This Card is not valid when the entire cost of your Motpoly XR prescription is eligible to be reimbursed by your insurance plan. You must deduct the value of this Card from any reimbursement claim or request submitted to your insurance plan, either directly by you or on your behalf. This offer is not valid for: Massachusetts residents if an AB-rated generic equivalent is available; California residents if an FDA-approved therapeutic equivalent is available. Available only in the US and Puerto Rico for residents of the US and Puerto Rico who are 18 years of age or older. By accepting this offer, you agree that if you are required to do so under the terms of your insurance coverage for this prescription or are otherwise required to do so by law, you should notify your insurance carrier of your redemption of this Card. You must not use the Card if your health plan prohibits use of manufacturer copay cards. This offer cannot be combined or utilized with any other program, discount, discount card, cash discount card, coupon, incentive, or similar offer involving Motpoly XR, including, but not limited to, a program offered by a third-party payer pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as "accumulator" or "maximizer" programs. Third-party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the Card program. It is prohibited for any person to sell, purchase or trade; or to offer to sell, purchase or trade, or to counterfeit this Card. This offer may be terminated, rescinded, revoked or amended by Aucta Pharmaceuticals Inc. at any time without notice. This Card is not valid where prohibited by law. This Card is not health insurance. Card expires at the end of each calendar year.

This Card is not valid in the state of Vermont.

#### PHARMACIST INSTRUCTIONS

- This Card must be accompanied by a valid prescription for Motpoly XR and can only be used by one patient. By accepting this offer, you certify that you understand and agree to comply with the offer terms set forth herein.
- If you are required to do so under the terms of your third-party payer contracts or as otherwise required by law, you should notify the affected third-party payer of your redemption of this offer.
- This offer is valid for commercially insured patients only. Offer is not valid for patients who are eligible to have their prescriptions reimbursed in whole or part by any governmental program, including, but not limited to Medicaid (including Medicaid managed care plans), Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, any state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud").
- Please return Card to Patient after claim is processed.
- Transmit claim online to RxBIN 018844. Processor requires valid Prescriber ID #, PCN, Patient Name, and DOB for claim adjudication.
- Card may only be used prior to expiration date listed on Card. Offer good for up to 12 months of Motpoly XR in a calendar year.
- This Card is not valid in the state of Vermont.
- For Insured/Covered Patients – Submit the co-pay authorized by the Patient's primary insurance as a secondary claim to Eversana using BIN 018844 and using the Coordination of Benefits fields with Coverage Code type 08. This will reduce the eligible Patient's out-of-pocket costs to \$10, subject to monthly savings caps for the program.
- Pharmacists with questions, please call Eversana at 1-855-282-4888



ONCE-DAILY  
**Motpoly XR**<sup>™</sup>  
(lacosamide) extended-release  
capsules 

©2024 Aucta Pharmaceuticals, Inc. Jan 2024 033-1005