

Brisdelle® (Paroxetine) Capsules Co-pay Program Reimbursement Form

This form is to be used for reimbursement of a patient's co-payment or out-of-pocket costs directly and actually incurred for a prescription for **BRISDELLE® (Paroxetine) Capsules** under the BRISDELLE® Co-pay Program* sponsored by **Sebela Pharmaceuticals Inc.**

Costs incurred for general office visits will not be reimbursed. Payment of the reimbursement is subject to verification. Submission of this form is not a guarantee of payment.

PATIENT INFORMATION – please print

First Name _____ Middle _____ Last Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone _____ Email _____
Date of Birth _____ Gender _____ Age _____

PRESCRIBER INFORMATION – please print

First Name _____ Middle _____ Last Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone _____

Prescription / Mail Order Provider _____

REIMBURSEMENT PROCESS

Forms must be submitted within 60 days of filling your prescription. Complete this form in its entirety and attach the items listed below. Forms submitted without these items will not be valid and therefore will not be eligible to receive reimbursement. Forms will take 6 to 8 weeks to process:

- o Copy of **BRISDELLE** prescription label (prescription receipt from the pharmacy that includes name and address of pharmacy, dosing, and days supply)
- o Copy of the front and back of **BRISDELLE** Co-pay Savings Card
- o Dated original cash register receipt (proof of purchase or invoice) with the amount of co-payment or out-of-pocket expenses highlighted
- o Offer not valid if prescription for **BRISDELLE** was paid in whole or in part by Medicare, Medicaid, or any federal or state programs or in states where prohibited by law
- o Patient signature – see below

Submit reimbursement claim and attachments via mail or fax.

Mail: **BRISDELLE** Co-pay Reimbursement Program, PO Box 7017, Bedminster, NJ 07921-7017

Fax: 1-908-809-6208

I, _____, certify that the information provided for this reimbursement request is accurate to the best of my knowledge, and the co-payment or out-of-pocket expenses requested for reimbursement were actually incurred. My prescription for **BRISDELLE** was not paid in whole or in part by Medicare, Medicaid, or any federal or state programs.

By signing below, I also give my consent for Sebela, or those acting on its behalf, to contact my healthcare provider and for my healthcare provider to exchange information with such parties as necessary to verify my eligibility for the **BRISDELLE** Co-pay Program.

Patient Signature _____

For additional questions, please call **1-855-439-2794**.

Please see Important Safety Information on next page.

***The BRISDELLE® (paroxetine) Capsules Co-pay Program Terms and Conditions. See full terms and conditions at www.Brisdelle.com.**

This co-pay savings offer is only valid for commercially insured and cash-paying patients. The offer is not insurance. **Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, the patient cannot use this offer.**

Eligible patients must activate their card in order to receive the benefit by calling 1-888-548-7549. Offer valid for up to a total of 12 prescription refills or until the co-pay card expires on 12/31/2017. You must bring the savings card from your physician to your pharmacy with a valid prescription each time you fill Brisdelle® (paroxetine) capsules. By using the savings card from your physician, you acknowledge that you meet eligibility criteria and will comply with these terms and conditions. Offer limited to one use per month. If you have any questions, please call 1-855-439-2794, 24 hours 7 days a week or visit www.Brisdelle.com.

The amount of the reimbursement cannot exceed the patient's out-of-pocket expenses. Program expires **12/31/2017**. Noven reserves the right to change or end this program without notice at any time. Not valid if reproduced. Void where prohibited by law. Product dispensed pursuant to program rules, and applicable federal and state laws. Offer limited to 1 per person and is not transferable.

INDICATION

BRISDELLE® capsules is a prescription medicine used to reduce moderate to severe hot flashes associated with menopause.

BRISDELLE is not approved to treat depression or any other psychiatric conditions.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about BRISDELLE?

Call your healthcare provider right away if you have any of the following symptoms, or go to the nearest emergency room:

Suicidal thoughts or actions:

- **BRISDELLE, and related antidepressant medicines, may increase suicidal thoughts or actions within the first few months of treatment.**
- **Depression or other serious mental illnesses are the most important causes of suicidal thoughts or actions.**
- **Watch for these changes and call your healthcare provider right away if you notice:**
 - **New or sudden changes in mood, behavior, actions, thoughts, or feelings, especially if severe.**
 - **Pay particular attention to such changes when BRISDELLE is started.**

Keep all follow-up visits with your healthcare provider and call between visits if you are worried about symptoms.

Call your healthcare provider right away or go to the nearest emergency room if you have any of the following symptoms, especially if they are new, worse, or worry you:

- **Attempts to commit suicide; acting on dangerous impulses; acting aggressive or violent; thoughts about suicide or dying; new or worse depression; new or worse anxiety or panic attacks; feeling agitated, restless, angry, or irritable; trouble sleeping; an increase in activity or talking more than what is normal for you or other unusual changes in behavior or mood.**

Serotonin Syndrome. This condition can be life-threatening and may include: Nervousness, hallucinations, coma, or other changes in mental status; coordination problems or small movements of the muscles that you cannot control; racing heartbeat, high or low blood pressure; sweating or fever; nausea, vomiting, or diarrhea; muscle rigidity; dizziness; flushing; tremors; seizures.

Reduced effectiveness of tamoxifen: Tamoxifen (a medicine used to treat breast cancer) may not work as well if it is taken at the same time as BRISDELLE. If you are taking tamoxifen, tell your healthcare provider before starting BRISDELLE.

Abnormal bleeding: BRISDELLE may increase your risk of bleeding or bruising, especially if you take the blood thinner warfarin, or non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen, naproxen, or aspirin.

Visual symptoms.

Low salt (sodium) levels in the blood: Elderly people may be at greater risk for this. Symptoms may include: headache; weakness or feeling unsteady; confusion, problems concentrating or thinking or memory problems.

Bone Fractures: Women who take BRISDELLE may have a higher risk of bone fractures.

Manic episodes: Greatly increased energy; severe trouble sleeping; racing thoughts; reckless behavior; unusually grand ideas; excessive happiness or irritability; talking more or faster than usual.

Seizures or convulsions.

Restlessness: Women who take BRISDELLE may feel an inner restlessness, nervousness, or be unable to sit still or stand still especially when they start taking BRISDELLE.

Who should not take BRISDELLE?

Do not take BRISDELLE if you:

- **Take a Monoamine Oxidase Inhibitor (MAOI).** Ask your healthcare provider or pharmacist if you are not sure if you take an MAOI, including the antibiotic linezolid.
 - Do not take an MAOI within 14 days of stopping BRISDELLE unless directed to do so by your healthcare provider.
 - Do not start BRISDELLE if you stopped taking an MAOI in the last 14 days unless directed to do so by your healthcare provider.
 - **People who take BRISDELLE close in time to an MAOI may have serious or life-threatening side effects. Get medical help right away if you have any of these symptoms:**
 - ◇ High fever, uncontrolled muscle spasms, stiff muscles, rapid changes in heart rate or blood pressure, confusion, loss of consciousness (pass out).
- **Take thioridazine or pimozide.** Do not take thioridazine or pimozide together with BRISDELLE because this can cause serious heart problems or sudden death.
- **Are allergic to paroxetine or any of the ingredients in BRISDELLE.**
- **Are pregnant.** BRISDELLE is not for pregnant women. Paroxetine can harm your unborn baby.

What should I tell my healthcare provider before starting BRISDELLE?

Before starting BRISDELLE, tell your healthcare provider if you:

- Have liver or kidney problems; bipolar disorder or mania; low sodium levels in your blood; glaucoma (high pressure in the eye); have or had seizures, convulsions, or bleeding problems; have any other medical conditions; **are breastfeeding or plan to breastfeed.**

Tell your healthcare provider about all the medicines that you take, including prescription and non-prescription medicines such as migraine headache medication (triptans), other antidepressants and antipsychotics, vitamins, and herbal supplements.

If you take BRISDELLE, you should not take any other medicines that contain paroxetine, including Paxil[®], Paxil CR[®], and Pexeva[®].

What should I avoid while taking BRISDELLE?

You should not drive, operate heavy machinery, or do other dangerous activities until you know how BRISDELLE affects you.

What are the most common side effects of BRISDELLE?

The most common possible side effects of BRISDELLE include: headache; tiredness; nausea and vomiting.

Tell your healthcare provider if you have any side effect that bothers you or does not go away. These are not all the possible side effects of BRISDELLE.

Please read the Medication Guide within the full Prescribing Information before taking BRISDELLE. **Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <http://www.fda.gov/medwatch> or call 1-800-FDA-1088.**

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