



Offer valid for 45 mg, 63 mg, and 72 mg strengths only.

## Methylphenidate HCl ER Savings Offer

Eligible commercially insured patients pay as little as **\$0 per month** with the Methylphenidate HCl ER Savings Card\*

## How to Use the Methylphenidate HCl ER Savings Card

1. Show the attached card to your pharmacist (along with your prescription if your doctor did not ePrescribe).
2. Tell your pharmacist you want to receive Methylphenidate HCl ER so you can take advantage of your Savings Card.
3. When you pick up your prescription, check that you received Trigen's Methylphenidate HCl ER. If your prescription was switched to a different generic, ask the pharmacist to reprocess.

\*Co-pay assistance is applicable to prescription coverage for eligible commercially insured patients. Savings Card is valid for prescriptions of 45 mg, 63 mg, and 72 mg tablets only. Offer void where prohibited. No income restrictions apply. Other restrictions may apply. Offer effective 04/2024. Alora Pharmaceuticals, LLC reserves the right to rescind, revoke, or amend this offer without notice. For full terms & conditions, visit [MethylphenidateER.com/savings](https://MethylphenidateER.com/savings)

### INDICATION & IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING

Methylphenidate hydrochloride extended-release tablets are a CNS stimulant indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in patients aged 6 to 65 years old. Methylphenidate hydrochloride extended-release tablets are not recommended for use in children under 6 years of age as higher plasma exposure may lead to higher incidence of adverse reactions.

#### **WARNING: ABUSE, MISUSE, AND ADDICTION**

***See full prescribing information for complete boxed warning.***

Methylphenidate hydrochloride extended-release tablets have a high potential for abuse and misuse, which can lead to the development of a substance use disorder, including addiction. Misuse and abuse of CNS stimulants, including methylphenidate hydrochloride extended-release tablets, can result in overdose and death.

- Before prescribing methylphenidate hydrochloride extended-release tablets, assess each patient's risk for abuse, misuse, and addiction.
- Educate patients and their families about these risks, proper storage of methylphenidate hydrochloride extended-release tablets, and proper disposal of any unused drug.
- Throughout treatment, reassess each patient's risk and frequently monitor for signs and symptoms of abuse, misuse, and addiction.

See next page for full Important Safety Information.

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- Methylphenidate hydrochloride extended-release tablets should not be used in patients with known hypersensitivity to methylphenidate.
  - Risks to Patients with Serious Cardiac Disease: Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious arrhythmias, coronary artery disease, or other serious cardiac disease.
  - Increase in Blood Pressure and Heart Rate: Monitor blood pressure and pulse.
  - Psychiatric Adverse Reactions: Prior to initiating methylphenidate hydrochloride extended-release tablets, screen patients for risk factors for developing a manic episode. If new psychotic or manic symptoms occur, consider discontinuing methylphenidate hydrochloride extended-release tablets.
  - Priapism: If abnormally sustained or frequent and painful erections occur, patients should seek immediate medical attention.
  - Peripheral Vasculopathy, including Raynaud's Phenomenon: Carefully assess for digital changes during treatment. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for patients who develop signs and symptoms of peripheral vasculopathy.
  - Long Term Suppression of Growth in Pediatric Patients: Closely monitor growth (height and weight) in pediatric patients. Pediatric patients not growing or gaining height or weight as expected may need to have their treatment interrupted.
  - Risk of Gastrointestinal (GI) Obstruction in Patients with GI Narrowing.
  - Acute Angle Closure Glaucoma: Patients considered at risk for acute angle closure glaucoma (e.g., patients with significant hyperopia) should be evaluated by an ophthalmologist.
  - Increased Intraocular Pressure (IOP) and Glaucoma: Use in patients with open-angle glaucoma or abnormally increased IOP should be considered only if the benefits outweigh the risk. Patients with a history of IOP or open angle glaucoma should be closely monitored.
  - Motor and Verbal Tics, and Worsening of Tourette's Syndrome: Prior to initiating methylphenidate hydrochloride extended-release tablets, assess the family history and clinically evaluate patients for tics or Tourette's syndrome. Regularly monitor for worsening or emergence of tics or Tourette's syndrome and discontinue treatment if clinically appropriate.

### **DRUG INTERACTIONS**

- Methylphenidate hydrochloride extended-release tablets should not be used in patients currently using or within 14 days of using a monoamine oxidase inhibitor (MAOI).
- Methylphenidate hydrochloride extended-release tablets may decrease effectiveness of antihypertensive drugs; monitor blood pressure and adjust dosage of antihypertensive drugs as needed.
- Avoid use of methylphenidate hydrochloride extended-release tablets in patients being treated with anesthetics on the day of surgery.
- Combined use of methylphenidate with risperidone when there is a change, whether an increase or decrease, in dosage of either or both medications, may increase the risk of extrapyramidal symptoms (EPS). Monitor for signs of EPS.

### **ADVERSE REACTIONS**

The most common adverse reaction in double-blind clinical trials (>5%) in pediatric patients 6 to 17 years was upper abdominal pain. The most common adverse reactions in double-blind clinical trials (>5%) in adult patients were decreased appetite, headache, dry mouth, nausea, insomnia, anxiety, dizziness, weight decrease, irritability, tachycardia, and hyperhidrosis.

**You may report side effects to Trigen Laboratories, LLC at 1-800-444-5164, or to the FDA at 1-800-FDA-1088.**

**Please see full Prescribing Information, including BOXED WARNING, at [MethylphenidateER.com/pi](https://www.methylphenidateER.com/pi) or scan here**



See next page for full Terms and Conditions.

## PHARMACIST:

- Submit primary claim to your patient's insurance provider for Methylphenidate HCl ER (methylphenidate hydrochloride extended-release tablets USP, for oral use CII)
- Submit a secondary transaction (COB) using one of the applicable Coverage Codes below:
  - 03 if primary insurance has denied coverage, or
  - 08 to reduce the patient's co-pay expense
- The secondary transaction should be submitted to AlphaScrip (BIN: 610600, PCN: AS) using the Group # and ID

**Return this Card to your patient after dispensing the prescription.**

**For questions regarding the electronic processing of this Card, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.**

### Methylphenidate HCl ER Co-Pay Savings Card Terms & Conditions

By using the Methylphenidate HCl ER Savings Card ("Card"), you acknowledge that you currently meet the eligibility criteria and will comply with the following terms and conditions:

- The Card is not valid for prescriptions that are eligible to be reimbursed:
  - in whole or in part, by Medicaid, Medicare (including Medicare Part D), Tricare, Puerto Rico Government Health Insurance Plan, or any other federal or state-funded healthcare benefit program (collectively, "Government Programs");
  - by commercial plans or other health or pharmacy benefit programs that reimburse for the entire cost of prescription drugs
- Eligible commercially insured patients using this Card may pay as little as \$0 per month. To qualify for this offer, your out-of-pocket expense must be a minimum of \$0 per prescription. Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through the Card. Both patient and pharmacist are each individually responsible for reporting receipt of coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Card, as required.
- This offer may be subject to caps on per-fill, annual or lifetime benefits.
- This offer applies only to the patient's eligible out-of-pocket prescription costs (including co-pay, co-insurance, and deductible amounts) and does not cover any other healthcare costs.
- This Card is not health insurance and is not intended as a substitute for health insurance.
- Some commercial health plans use benefit designs commonly referred to as "accumulator" or "maximizer" programs, which may not apply amounts paid under this offer toward a patient's deductible or out-of-pocket maximum. This savings offer is intended solely for the benefit of the patient. Alora Pharmaceuticals, LLC, or its affiliates, reserves the right, in its sole discretion, to modify or discontinue benefits under this offer, or to exclude patients from the offer, if a patient's plan or its agent implements an accumulator, maximizer, or similar program that changes the way amounts provided under this offer are applied to the patient's cost-sharing obligations.
- This Card can be used only by eligible residents in the United States and Puerto Rico and only at participating pharmacies. This offer is valid only for patients with a valid prescription for Methylphenidate HCl ER tablets at the time the prescription is filled and dispensed by the pharmacist. Void where prohibited by law, taxed, or restricted.
- The Card is limited to one per person and is not transferable. No substitutions are permitted. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Card. The Card is available for each valid prescription. No other purchase is necessary. No income restrictions apply. This offer cannot be combined with any other rebate, coupon, free trial, discount, or similar offer.
- Certain information pertaining to your use of the Card will be shared with Alora Pharmaceuticals, LLC, the sponsor of the Card, and its affiliates. The information disclosed may include the date the prescription is filled, the amount of product dispensed by the pharmacists, and the amount of your co-pay that will be paid for by using this Card. For more information, please see Privacy Policy at [alorapharma.com/privacy-policy.html](http://alorapharma.com/privacy-policy.html)
- Alora Pharmaceuticals, LLC reserves the right to rescind, revoke, or amend this offer without notice.



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