

# Bonjesta<sup>®</sup>

(doxylamine succinate and pyridoxine hydrochloride)  
Extended-release tablets 20 mg/20 mg

## ACCESSIBLE AND AFFORDABLE

2 easy ways to save on Bonjesta<sup>®</sup>

### OPTION 1 - Traditional Retail Pharmacy

Commercially insured patients

Pay as  
little as **\$0\***

Ask your pharmacist to show  
this information to OPUS Health:

Bin: 601341                      RxPCN: OHCP  
Group ID: OH1903011    ID#: E29100136187

If you have any questions about the Bonjesta<sup>®</sup>  
CoPay Savings Card, please call **1-800-250-5195**

#### eVoucherRx<sup>™</sup> Program

As a participant in the eVoucherRx<sup>™</sup> Program powered by RelayHealth, Duchesnay USA has made it possible to extend prescription savings on to you. eVoucherRx<sup>™</sup> is a paperless electronic coupon program that makes copay savings on your prescription for Bonjesta<sup>®</sup> easy for you, your physician and for your pharmacist.

#### Participating Pharmacies

Simply take your eligible prescription for Bonjesta<sup>®</sup> to a participating pharmacy and the eVoucherRx<sup>™</sup> savings coupon will be automatically applied to your copay.

#### Find an eVoucherRx<sup>™</sup> pharmacy in your area:

The eVoucherRx<sup>™</sup> program, powered by RelayHealth, provides electronic coupons to help reduce a patient's out-of-pocket cost on selected products. Participating pharmacies are subject to change without notice.

Please visit

<http://evoucherrx.relayhealth.com/StoreLookup>

\*See offer for terms and conditions.

### OPTION 2 - Mail Order Pharmacy

Commercially insured patients

Pay as  
little as **\$0\***

**ProCare Pharmacy Care delivers right  
to your home!**

Even without prescription drug insurance or coverage for Bonjesta<sup>®</sup>, you could pay as little as \$60 for a full month supply.

60 tablets for \$60

30 tablets for \$40

Ask your healthcare professional to call, fax or e-prescribe Bonjesta<sup>®</sup> through the Bonjesta At Home<sup>®</sup> Program.

#### Additional benefits

- Free home delivery
- On-staff pharmacists to answer your product questions
- Assistance with insurance benefit verification
- Monthly refill reminders.

Only available through:  
ProCare Pharmacy Care  
3891 Commerce Parkway  
Miramar, Florida 33025

1-844-716-HOME(4663) • Fax: 1-844-375-3010  
(NABP/NCPDP Provider ID: 1098121)

Visit [Bonjesta.com](http://Bonjesta.com) to download the instructions and order form for your healthcare professional to prescribe Bonjesta<sup>®</sup>

## HEALTHCARE PROFESSIONAL INSTRUCTIONS:

- 1 To use the Bonjesta® (doxylamine succinate and pyridoxine hydrochloride) savings offer, the patient will require a valid prescription for Bonjesta®.
- 2 Instruct the patient to take the Bonjesta® prescription, along with this savings offer, to a retail pharmacy. (May not be accepted at all pharmacies)
- 3 To leverage the Mail Order (Bonjesta At Home®) program, prescribe Bonjesta® by calling, faxing or ePrescribing through ProCare Pharmacy. Refer to their contact information listed on reverse.
- 4 Please refer to Terms and Conditions of Use below.

## TERMS AND CONDITIONS OF USE:

1. This offer is not available to individuals enrolled in Medicare, Medicaid, TRICARE, or any other federal or state healthcare plan.
2. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this offer. Such activities may result in imprisonment of 10 years, fines of \$250,000, or both.
3. May not be accepted at all pharmacies.
4. This offer is only good in the United States. Duchesnay USA reserves the right to rescind, revoke, or amend this offer without notice at any time.
5. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the co-pay and complying with any other conditions imposed by insurance carriers or third-party payers.
6. The value of this offer is not contingent on any prior or future purchases. The offer is solely intended to reduce the patient out-of-pocket expense for the purchase of Bonjesta® to as little as \$0. The patient expense estimate is based on an average prescription filled by patients with prescription coverage. Use of this offer for any one purchase does not obligate the patient to make future purchases of Bonjesta® or any other product.
7. Void where prohibited by law.

## PHARMACY INSTRUCTIONS:

**For Patients with prescription coverage:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to **OPUS Health** as a Secondary Payer as a co-pay only billing using Other Coverage Code indication. The patient pay amount will be reduced by the maximum value of the coupon set by the manufacturer, and you will receive this in your next reimbursement from **OPUS Health**, plus a handling fee.

**For Patients without prescription coverage:** Please submit this claim to **OPUS Health**. A valid Other Coverage Code is required. The patient pay amount will be reduced by the maximum value of the coupon set by the manufacturer, and you will receive this in your next reimbursement from **OPUS Health**, plus a handling fee. By accepting this savings offer, the pharmacist certifies that (i) Bonjesta® has been dispensed to an eligible patient, and (ii) use of the savings offer complies with all applicable laws and contractual or other obligations as a pharmacy provider.

Pharmacist and patient inquiries, please call Opus Health: 1-800-364-4767  
Bonjesta At Home® inquiries: 1-844-716-HOME (4663)

