

SUMAVEL[®] Express Shipping Authorization Form

Sumavel[®] DosePro[®]
(sumatriptan injection)
Needle-free delivery system 6 mg

IMPORTANT INSTRUCTIONS:

PLEASE FAX THIS FORM when submitting the SERVICE REQUEST FORM (fax or ePortal) to 877-848-6177.

THIS SECTION IS TO BE COMPLETED BY THE PATIENT

Copay Savings Card Offer Requirements*: Eligible patients must be 18+ years of age and have Commercial Insurance. Minimum units required. **The SUMAVEL[®] Express Program offers a \$0⁺ Copay Savings Card. If you qualify for the card and submit this form, our fulfillment pharmacy, CVS.com, will automatically ship your prescription to the address you provide below.**

I authorize CVS.com to ship my prescription for SUMAVEL[®] DosePro[®] to my shipping address below.

Physician Name: _____ Physician Phone _____

Patient Name: _____ (required) Date of Birth: ____ / ____ / ____

Patient Phone Number: _____ Best Time to Call: _____

Shipping Address Line 1: _____ (required)
(Note: cannot ship to PO Box address)

Shipping Address Line 2: _____

City: _____ State: _____ Zip: _____ (required)

Email Address: _____ (valid e-mail required)

A four digit PIN #: _____ (required for security purposes to create a New CVS.com shipping profile)

Already have a CVS.com account? Provide security question answer here or put **CALL** to be called: _____

Important Notes:

- We will use your email address to create your CVS.com account. You will receive an email with a link to complete the account setup process.
- You will have access to prescription history, refill requests, refill reminders and order status.
- You will receive an automatic email once your order has shipped. All shipments are sent UPS delivery, signature not required.

I understand that CVS.com will process the prescription through my pharmacy benefit and if I qualify for the Copay Savings Card, I will pay \$0⁺ out-of-pocket for the first fill. Depending on continued eligibility for the Copay Savings Card, I can expect to obtain each refill for \$0⁺ out-of-pocket. I acknowledge that by signing below, CVS.com will automatically ship my initial prescription. For refills, please visit www.CVS.com or call 888-607-4287.

Patient Signature: _____ Date: _____

Cancellations and Returns: CVS.com does not accept returns of SUMAVEL[®] DosePro[®] orders. To request a cancellation, please call us immediately at 1-888-702-1983. Once the product has shipped, we are unable to cancel the order.

By providing your email address, you are opting-in to email notifications from the SUMAVEL[®] Express Program regarding your prescription referral. If you do not wish to receive these communications, please contact the SUMAVEL[®] Express Program at 1-888-702-1983.

*Subject to eligibility. Offer is void where prohibited or otherwise restricted by law. Offer is void where prescription is covered, in part or in full by any state or federally funded program, including but not limited to Medicare, Medicaid, Medigap, VA, DOD or TriCare. Patients must be between the ages of 18 and 64. No cash claims. Offer good in U.S. only.

[†]On each SUMAVEL[®] DosePro[®] prescription or refill, maximum savings is \$260 per month. Patient is responsible for any balance remaining, and for reporting receipt of this coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the coupon, as may be required. Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through this offer.

Rx Only

SUMAVEL is a registered trademark of Endo Ventures Bermuda LTD.
DosePro is a registered trademark of Zogenix, Inc.
Distributed by: Endo Pharmaceuticals Inc.
Manufactured for: Endo Ventures LTD (Ireland)
Manufactured by: Zogenix, Inc.
©2014 Endo Pharmaceuticals Inc. All Rights Reserved. Malvern, PA19355
SD-03251a/August 2014 www.sumaveldosepro.com 1-800-462-ENDO (3636)

