

Namzarinic™
(memantine HCl and donepezil HCl)
extended-release capsules

7/10 mg, 14/10 mg, 21/10 mg,
28/10 mg

FREE
TRIAL OFFER

If you are an eligible patient,* take this voucher to your local pharmacy with your NAMZARIC® prescription.

Offer valid whether patients are enrolled in commercial insurance plans; participating in Medicare, Medicaid, and other federal and state healthcare programs; or uninsured.*



**GOOD FOR A FREE
30-DAY SUPPLY
OF NAMZARIC**

Powered by:
CHANGE HEALTHCARE
BIN# 004682
PCN# CN
GRP# EV48015011
ID# 18919253427

*Please see below for Terms, Conditions, and Eligibility Criteria.

This voucher will be accepted only at participating pharmacies.

Dear Patient: This free trial of **NAMZARIC® (memantine and donepezil hydrochlorides) extended-release capsules 7 mg/10 mg, 14 mg/10 mg, 21 mg/10 mg, 28 mg/10 mg** is provided as a service by your doctor. When your doctor gives you this voucher, along with a valid prescription for NAMZARIC 7 mg/10 mg, 14 mg/10 mg, 21 mg/10 mg, 28 mg/10 mg capsules, the pharmacist is authorized to dispense up to a 30-day supply of NAMZARIC (max 30 capsules or one Patient Starter Kit) without cost to you. Limit one voucher per patient. Other Terms and Conditions apply—please see below. Follow dosing instructions provided to you by your doctor. **If you have any questions, please call 1.855.618.0302.**

To the Pharmacist: For reimbursement, please reference the information printed above and submit to **CHANGE HEALTHCARE**. Redeem only one voucher per patient. **For questions regarding reimbursement, please call 1.800.422.5604.**

Terms, Conditions, and Eligibility Criteria: **1.** For eligible patients, this voucher is valid only for patients 18 years of age or older and is good for up to a 30-day supply of NAMZARIC 7 mg/10 mg, 14 mg/10 mg, 21 mg/10 mg, 28 mg/10 mg capsules (max 30 capsules or one Patient Starter Kit). **2.** Patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs) or private indemnity or HMO insurance plans that reimburse them for the entire cost of their prescription drugs may use this voucher only if no part of their prescription for NAMZARIC 7 mg/10 mg, 14 mg/10 mg, 21 mg/10 mg, 28 mg/10 mg capsules will be submitted to count toward their out-of-pocket cost under their prescription drug plan, such as the “True Out-Of-Pocket (TrOOP)” expenses under Medicare Part D. **3.** This voucher is good for use only with a new NAMZARIC 7 mg/10 mg, 14 mg/10 mg, 21 mg/10 mg, 28 mg/10 mg capsules prescription at the time the prescription is filled by the pharmacist and dispensed to the patient. No substitutions permitted. No purchase required. **4.** Limit one free trial of NAMZARIC 7 mg/10 mg, 14 mg/10 mg, 21 mg/10 mg, 28 mg/10 mg capsules per patient. **5.** AbbVie reserves the right to rescind, revoke, or amend this offer without notice. **6.** Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. **7.** Void if prohibited by law, taxed, or restricted. **8.** This voucher has no cash value and is not transferable. The selling, purchasing, trading, or counterfeiting of this voucher is prohibited by law. **9.** This free trial voucher expires on December 31, 2023. **10. By redeeming this voucher, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.**

To learn about AbbVie's privacy practices and your privacy choices, visit www.abbvie.com/privacy.html.

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