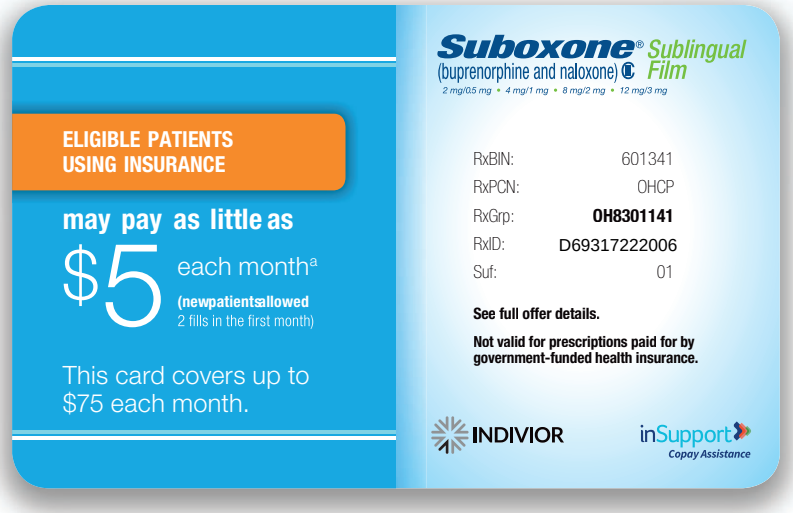
ELIGIBLE PATIENTS USING INSURANCE

You may be able to save each month on your prescription[a]

Suboxone® Sublingual Film
(buprenorphine and naloxone) C
2 mg/0.5 mg • 4 mg/1 mg • 8 mg/2 mg • 12 mg/3 mg



You are not eligible if your prescriptions are paid by any state- or federally-funded health insurance, including, but not limited to, Medicare, Medicaid, Medigap, VA, DOD, TriCare, or where prohibited by law. Patients who live in states and/or cities or municipalities where prohibited are not eligible for this program.

Patient Instructions:

- Present this card to your pharmacist, along with your insurance card (if applicable) and a valid prescription for SUBOXONE® (buprenorphine and naloxone) Sublingual Film (CII) to receive your savings, if eligible, from each SUBOXONE Film prescription
- When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions

Pharmacist Instructions:

When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government healthcare programs for this prescription. This offer must be accompanied by a valid prescription for SUBOXONE Film. Use of this offer must be consistent with the Full Prescribing Information. Please submit the copay authorized by the patient's primary insurance as a secondary transaction to OPUS Health. Pharmacists with questions, please call OPUS Health at 1-800-364-4767. This card is the property of Indivior Inc. and OPUS Health and must be returned upon request. Both parties retain the right to rescind, revoke, or amend this program without notice. Card is limited to one per person and is not transferable. This card is not health insurance. Not valid if reproduced. Product is dispensed pursuant to terms of card.

[a]**For eligible patients using insurance,** this card covers up to $75 each month on your copay. Limit 1 fill per month. **For eligible new patients using insurance**, this card allows for 2 fills the first month for a total copay savings of up to $75 off. Patients who have used a savings card for SUBOXONE Film in the past 12 months are not eligible for the additional new patient offer. You are at least 18 years of age and less than 65 years of age.

You may take advantage of only one savings program from Indivior Inc. at any one time. By using this card, you certify that you will not seek reimbursement for the value received from this card from any third-party payers, including a flexible spending account or healthcare savings account. Use of this offer must be consistent with the Full Prescribing Information. Patients enrolled in any SUBOXONE product patient assistance program are not eligible to receive this offer. Void where prohibited by law, taxed or otherwise restricted. The selling, purchasing, trading, or counterfeiting of savings cards is prohibited by law. Offer valid only at participating pharmacies in the US.
Indivior Inc. reserves the right to rescind, revoke, or amend this offer without notice.

Your offer has its own unique ID number. You can't transfer it or provide a copy to another person; only you can use it. If you lose your offer before the first time you use it, simply print or download a new copy at **suboxone.com** and bring it to the pharmacy. Patients are encouraged to call OPUS Health at 1-877-678-7493 with any questions.

INDIVIOR®

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