



**TOPAMAX can help
change the way
you manage
your migraines.**

Life shouldn't always revolve around migraines.

TOPAMAX[®]
(topiramate) Tablets
www.TOPAMAX.com

If you're *thinking* about migraines even when you're not having one, it may be time for a change.

These questions will help your doctor understand what your migraines are like and how they affect your daily life. Use them to guide your discussion about migraines with your doctor so he or she can recommend the right treatment for you.

- Do you take over-the-counter or prescription medications more than twice a week for migraine pain?
- Are these medications no longer helpful for you?
- Do you have 2 or more migraine attacks a month that impact your daily activities for 3 or more days?
- Do migraines impact your work, family, or social life? Please provide specific examples.
- In between migraine attacks, do you think about when the next one may strike and what the impact will be? Please provide specific examples.
- Do you make contingency plans or take other actions in anticipation of a possible migraine attack? Please provide specific examples.

Free trial offer for up to 42 (25 mg)

TOPAMAX[®]
(topiramate)_{Tablets}

TOPAMAX can help stop migraines before they start so you can get fewer of them to think about.

Is TOPAMAX right for me? Just follow these 3 easy steps:

To the Patient:

1. Talk to your doctor to find out if TOPAMAX is right for you. TOPAMAX is available by prescription only.
2. If your doctor prescribes TOPAMAX, you can get up to 42 (25 mg) tablets free from your pharmacist with this offer.
3. Present your written prescription for up to 42 TOPAMAX 25 mg tablets and this voucher to your pharmacist to receive your free trial of TOPAMAX. In order to process your voucher, please read and sign below.

By signing and dating below, you understand and consent that your personal information will be used and disclosed to vendors working on behalf of Ortho-McNeil Neurologics, Inc., solely to administer reimbursement to your pharmacy and/or verify compliance with program rules and restrictions.

Patient's Signature

Date

Conditions of Use:

- Limited to 1 TOPAMAX free trial voucher redemption per person.
- Ortho-McNeil Neurologics, Inc., reserves the right to rescind, revoke, or amend this offer at any time without notice.
- This voucher is not valid through mail-order pharmacies.
- **Subject to eligibility restrictions listed on this voucher.**

To the Physician:

- In order to use this voucher, your patient will require a valid signed prescription for up to 42 TOPAMAX 25 mg tablets.
- Please provide your patient with a separate prescription if you wish them to continue beyond this trial.
- **Also refer to eligibility restrictions.**

Recommended Initial Dosing:

TOPAMAX should be taken at the dose recommended by the healthcare professional to achieve the best results and to help minimize side effects.

	Morning Dose	Evening Dose
Week 1	none	25 mg
Week 2	25 mg	25 mg
Week 3	25 mg	50 mg (2-25 mg tablets)
Week 4 & beyond	50 mg	50 mg

To the Pharmacist:

- This voucher must be accompanied by a valid prescription for up to 42 TOPAMAX 25 mg tablets.
- Please dispense up to 42 TOPAMAX 25 mg tablets at no charge to the patient.
- Medication errors have occurred involving TOPAMAX. Double-check that the prescription you are filling is for TOPAMAX.
- Voucher valid only with patient signature.
- Claim must be submitted within 14 days of prescription fill.
- Limited to 1 free trial voucher redemption per person for the duration of the program.
- **Also refer to eligibility restrictions.**

Pharmacy Processing:

- Submit claim to McKesson Specialty using the information listed below.
- This voucher must be attached to the original prescription and retained by pharmacy for audit purposes for the period of 3 years or the usual period for which your pharmacy records are kept, whichever is longer.
- For additional information or questions regarding pharmacy processing or rules and regulations governing this program, please call the Help Desk at 1-800-750-9835.
- I certify that: i) I have dispensed the TOPAMAX product to an eligible patient, ii) I have not submitted and will not submit a claim for reimbursement to the patient or any third-party payer, and iii) my participation in this program complies with all applicable laws and contractual or other obligations I have as a pharmacy provider.

Pharmacist's Signature

Date

Eligibility Restrictions:

Claims for any product dispensed pursuant to terms of voucher shall not be submitted to any public (eg, Medicaid) or private (eg, insurance company) payer for reimbursement. The selling, purchasing, trading or counterfeiting of this voucher is prohibited by federal law, and such activities may result in imprisonment for not more than 10 years or fines not more than \$250,000, or both. No purchase or co-pay required. No substitutions permitted. Not valid through mail-order pharmacies. Void where prohibited by law. Void outside the USA. Ortho-McNeil Neurologics, Inc., reserves the right to rescind, revoke, or amend this offer at any time without notice. NO PHOTOCOPIES ACCEPTED.

Utilize the Following Codes for Processing:

BIN# 610500 Group# H1690100 ID# TTB137914 Expires June 30, 2008