

Pay No More Than \$14*

*Subject to Terms and Conditions.

Karbinal[™]ER
(carbinoxamine maleate) extended-release
oral suspension | 4mg/5mL

BIN # 600471

PCN # 7777

Group # X7590

Cardholder ID # 75900200202

Pharmacy Help Desk, Call 1-844-728-3479

Please consult accompanying

Full Prescribing Information.

www.karbinaler.com



See eligibility and other requirements on back of card

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PATIENT INSTRUCTIONS:

Savings in just 3 easy steps:

1. **Get a valid prescription.** Ask your doctor for a prescription for Karbinal[™] ER.
2. **Confirm your eligibility.** Please see reverse side for eligibility details.
3. **Fill your prescription.** Take this Savings Card and your prescription for Karbinal[™] ER to your pharmacy.

Please consult accompanying Full Prescribing Information.

*Individual out-of-pocket costs may vary. Program eligibility and restrictions apply. Please see reverse side for eligibility details.

PHARMACIST INSTRUCTIONS:

1. Process this coupon using the numbers on the attached co-pay card.
2. This coupon is acceptable for insured and cash paying patients.
3. Offer not available to patients insured by or reimbursed by any federal or state healthcare program.
4. Restore patient profile to Primary PBM after claim submission.

By using this card, you and your pharmacist understand and agree to comply with these eligibility requirements and terms of use. This offer is not conditioned on any past, present or future purchase including refills.

For more information about Karbinal[™] ER, please visit www.karbinaler.com and discuss with your doctor. To report suspected adverse reactions, please contact Avadel Pharmaceuticals (USA), Inc. at 1-877-622-2320 or contact FDA at 1-800-FDA-1088 or www.fda.gov/medwatch



ELIGIBILITY: Patients are eligible for this coupon if they pay either through commercial insurance or cash. This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, TriCare or any other federal or state program, or where prohibited by law. Where third-party reimbursement covers a portion of your prescription, this coupon is valid only for the amount of your actual out-of-pocket expenses, up to the maximum benefit allowed per this program. Offer valid only for prescriptions filled in the United States.

TERMS OF USE: Eligible patients with a valid prescription for Karbinal™ ER who fill their prescription at participating pharmacies will receive up to a maximum amount of \$85 per prescription. Patient is responsible for the first \$14 of their co-pay and for any co-pay amount above their \$85 maximum savings benefit. Offer has no limit on number of refills. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Avadel Pharmaceuticals (USA), Inc. reserves the right to rescind, revoke or amend this offer without notice. It is a violation of federal law to buy, sell, or counterfeit this certificate.

Pharmacy Help Desk, Call 1-844-728-3479.

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0117 KER PRM CPN PNT DIG_BH2

Dear Pharmacist:

SimpleSaveRx has been authorized to reimburse you per your contracted rate plus the benefit paid with this co-pay card.

- This claim may be submitted electronically through SimpleSaveRx using the processing numbers on the front of this co-pay card or by mail. Submit all electronic claims in NCPDP Standard D.O. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3 or 8) or by using Coordination of Benefits processing.
- Mail claims should go to SimpleSaveRx, 3350 N Arizona Ave, Ste. 2, Chandler, AZ 85225 along with the copy of the pharmacy prescription receipt (cash register receipts are not accepted), and the return address. Retain a copy of this co-pay card and file with the prescription for auditing purposes. For expedited processing, Fax savings card and Rx receipt to: 480-444-1449.
- **Call the SimpleSaveRx Help Desk at 1-844-SAVE4RX (844-728-3479) for processing questions.**

ELIGIBILITY: Patients are eligible for this coupon savings if they present a valid prescription for Karbinal™ ER and if they pay either through commercial insurance or cash. This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, TriCare or any other federal or state program, or where prohibited by law. Where third-party reimbursement covers a portion of your prescription, this coupon is valid only for the amount of your actual out-of-pocket expenses, up to the maximum benefit allowed per this program.

This offer is not insurance and offer is valid only for prescriptions filled in the United States.

TERMS OF USE: Eligible patients with a valid prescription for Karbinal™ ER who fill their prescription at participating pharmacies will receive up to a maximum amount of \$85 per prescription. Patient is responsible for the first \$14 of their co-pay and for any co-pay amount above their \$85 maximum savings benefit. Offer has no limit on number of refills. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Avadel Pharmaceuticals (USA), Inc. reserves the right to rescind, revoke or amend this offer without notice. It is a violation of federal law to buy, sell, or counterfeit this certificate.
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Non-transferable, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. Pharmacists and prescribers are responsible for any reporting which may be required to be made to any reimbursement program. Avadel Pharmaceuticals (USA), Inc. reserves the right to limit, terminate, or deny the benefit herein at any time, at its sole discretion.