

ALL COMMERCIALY-INSURED
PATIENTS PAY NO MORE THAN

CASH-PAY PATIENTS PAY \$0.75/ML

\$20* PER
MONTH

*Subject to Eligibility and Restrictions

Bin # 610020
Group # 99992593
ID # 28517590810

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

Pharmacy Help Desk, Call 1-855-488-0752

See eligibility and restrictions on back of card

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 visit www.KarbinalER.com for full Prescribing Information.

*Program eligibility and restrictions apply. Please see back of card for eligibility details.

PHARMACIST INSTRUCTIONS:

1. Process this coupon using the numbers on the attached co-pay card.
2. Restore patient profile to Primary PBM after claim submission.

By using this card, you and your pharmacist understand and agree to comply with the eligibility requirements and terms of use.

To report SUSPECTED ADVERSE REACTIONS, contact Aytu BioScience, Inc. at 1-855-AYTU-BIO or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Where 3rd party reimbursement covers a portion of your prescription, this coupon is valid for the amount of patient's actual out-of-pocket expense, up to the maximum benefit allowed. Offer valid only for prescriptions filled in the U.S.

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Karbinal is a registered trademark of Tris Pharma, Inc.

KER-PM-139-01

DEAR PHARMACIST:

This Pharmacy Savings Card may be used prior to the expiration date deemed by Aytu BioScience and provides a benefit either based on number of ounces dispensed or the amount of your out-of-pocket cost over \$20, whichever is less. Benefit is limited to a maximum amount. Not all patients are eligible to use the Pharmacy Savings Card. Please see Eligibility and Restrictions for important eligibility restrictions.

- The Pharmacy Savings Card is valid only when accompanied by a prescription for Karbinal ER. The Pharmacy Savings Card benefit is either based on the number of ounces dispensed or the patient's actual out-of-pocket cost over \$20, whichever is less. Benefit is limited to a maximum amount. For details call 1-855-488-0752 (M-F 24 hr, Sat 8-7, Sun 9-5)
- Input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare, or where prohibited by law.
- You are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription.
- Submit transaction to TrialCard using BIN #610020
- Acceptance of this card and your submission of claims for the Karbinal ER program are subject to the co-pay program Terms and Conditions

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ELIGIBILITY AND RESTRICTIONS:

- All Commercially-Insured Patients Pay No More Than \$20 on all prescriptions, maximum benefits apply per use. Cash paying patients pay \$0.75/mL on all prescriptions, maximum benefits apply per use.
- The Pharmacy savings card benefit is either based on the number of ounces dispensed or the actual out-of-pocket cost over \$20, whichever is less. Benefit is limited to a maximum amount. The Pharmacy Savings Card has no limit on number of refills. No other purchase is necessary.
- The Pharmacy Savings Card is not transferable. No substitutions are permitted. The offer cannot be combined with any other coupon, free trial, discount prescription savings card, or other offer.
- The Pharmacy Savings Card is not insurance
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare, or where prohibited by law. The Pharmacy Savings Card can be used only by eligible residents of the United States at participating eligible retail pharmacies in the United States.
- It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Pharmacy Savings Card. Void where prohibited by law, taxed, or restricted.
- Aytu BioScience, Inc. reserves the right to terminate, rescind, revoke, or amend the offer at any time without notice.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Please visit www.KarbinalER.com for full Prescribing Information.

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