

Tuzistra[®]XR
(Codeine Polistirex and
Chlorpheniramine Polistirex)
EXTENDED-RELEASE ORAL SUSPENSION

PHARMACY SAVINGS CARD

All Commercially-Insured Patients
PAY NO MORE THAN \$25

BIN: 600428
GRP: 06780122

PCN: 06780000
ID: 99410471409

See Important Safety Information, including Boxed Warning and full Prescribing Information in the accompanying documents.



HOW THE PHARMACY SAVINGS CARD WORKS

This Pharmacy Savings Card may be used 1 time prior to the expiration date deemed by Aytu BioScience and provides a benefit either based on the number of ounces dispensed or the amount of your out-of-pocket cost over \$25, whichever is less. Benefit is limited to a maximum amount.

Not all patients are eligible to use the Pharmacy Savings Card. Please see Terms and Conditions for important eligibility restrictions. If you have any questions, call 1-855-847-6728, M-F 24hr, Sat 8-7, Sun 9-5, excluding holidays.

TERMS AND CONDITIONS

- ▶ You must be 18 years of age or older to redeem the Pharmacy Savings Card.
- ▶ Patient is responsible for the first \$25 of their out-of-pocket cost.
- ▶ The Pharmacy Savings Card benefit is either based on the number of ounces dispensed or the actual out-of-pocket cost over \$25, whichever is less. Benefit is limited to a maximum amount. The Pharmacy Savings Card is valid for one use. 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 if reproduced. 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.

PRESCRIBER

To initiate a Pharmacy Savings Card for an appropriate patient to use you should:

- ▶ Write a prescription for TUZISTRA XR (codeine polistirex and chlorpheniramine polistirex) extended-release oral suspension, CIII. No substitutions are permitted.
- ▶ Give the valid signed prescription and the Pharmacy Savings Card to the patient.
- ▶ Eligible patients may take or send the Pharmacy Savings Card and the signed prescription to any participating eligible retail pharmacy to receive savings on their out-of-pocket cost (savings will vary depending on their out-of-pocket cost).
- ▶ Please see Terms and Conditions. Maximum of 1 benefit per card, 3 per patient.

PHARMACIST

- ▶ The Pharmacy Savings Card is valid only when accompanied by a prescription for TUZISTRA XR. The Pharmacy Savings Card benefit is either based on the number of ounces dispensed or the patient's actual out-of-pocket cost over \$25, whichever is less. Benefit is limited to a maximum amount. For details, call 1-855-847-6728, M-F 24hr, Sat 8-7, Sun 9-5, excluding holidays.
- ▶ 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 #600428.
- ▶ Acceptance of this card and your submission of claims for the TUZISTRA XR program are subject to the program Terms and Conditions.

PATIENT

You must present this card to the pharmacist along with your prescription to participate in this program. This Co-Pay Card may be used 1 time prior to the program termination date deemed by Aytu BioScience and provides a benefit either based on the number of ounces dispensed or the amount of your out-of-pocket cost over \$25, whichever is less. Benefit is limited to a maximum amount. If you have any questions regarding your eligibility or benefits, call the TUZISTRA[®] XR Co-Pay Program at 1-855-847-6728 (M-F 24hr, Sat 8-7, Sun 9-5). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. Please see Co-Pay Program terms and conditions on accompanying brochure. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to, Medicare or Medicaid, Medigap, VA, DOD or TriCare, or where prohibited by law; or if you fail to comply with the terms and conditions referenced herein. Cash payers not eligible.

Aytu BioScience Inc. reserves the right to terminate, rescind, revoke, or amend this offer at any time without notice. Age restrictions apply.



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