COMMERCIALLY INSURED PATIENTS

PAY AS LITTLE AS $50

ON YOUR PRESCRIPTION

Patients without product coverage and patients without insurance pay as little as $60.

SUTAB®

(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets

1.479 g/0.225 g/0.188 g

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BIN: 637765
PCN: CRX
GROUP: AZURITY
MEMBER ID: 47921900901

Patients can take this card to their pharmacist to save on SUTAB® tablets. For more information please visit www.sutab.com. Terms and conditions apply, see back of offer for more details.

To Patient:
Present this card to your pharmacy along with a valid prescription for **SUTAB®**. Commercially insured patients with product coverage will receive savings up to the program maximum benefit after paying the first $50. Patients without product coverage and eligible patients without health insurance will receive savings up to the program maximum benefit after paying the first $60. Any additional amounts due are your responsibility. This offer is limited to one use and is not transferable. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions.

If you have any questions, call 1-833-442-2313.

Pharmacist Instructions for Commercially Insured Patient with Product Coverage:
Submit the claim to the primary Third Party Payer first, then submit the balance due as a Secondary Payer COB with a valid Other Coverage Code (OCC 8).

Pharmacist Instructions for Commercially Insured Patient without Product Coverage:
Submit the claim to the primary Third Party Payer first, then submit the balance due as a Secondary Payer COB with a valid Other Coverage Code (OCC 3).

Pharmacist Instructions for a Cash Paying Patient:
For eligible Patients who do not have health insurance submit this claim with a valid Other Coverage Code (e.g. 0,1)

For pharmacy processing questions, please call 1-833-442-2313.

Eligibility Criteria:
This coupon is not valid for prescriptions reimbursed under Medicaid, Medicare, or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma De Salud"][DQ1.1]), or where prohibited by law. Offer valid only for prescriptions filled in the United States. Patients must be 18 years or older to participate. This coupon is not valid for prescriptions that are eligible for reimbursement by private insurance plans or other health or pharmacy benefit programs that reimburse you for the entire cost of your prescription drugs. The program cannot be combined with any other rebate, coupon, free trial, or similar offer for the specified prescription. The copay Program is not health insurance. Azurity Pharmaceuticals, 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. Offer valid until the end of the current calendar year.

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