Take this card to your pharmacist for SUTAB® Savings.

Most eligible patients will pay as little as $60 out-of-pocket for their prescription fill of SUTAB® (sodium sulfate, magnesium sulfate, and potassium chloride) Tablets.

SUTAB®
(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets
1.479 g/0.225 g/0.188 g

PAY AS LITTLE AS $60*
ON YOUR SUTAB® PRESCRIPTION

BIN: 637765
PCN: CRX
GROUP: AZURITY
MEMBER ID: 46291300001

*Terms, conditions and limitations apply. Most eligible patients will pay as little as $60. See Terms and Conditions on reverse.

azurity pharmaceuticals

SUTAB® MEDICARE PART D ALTERNATIVE COUPON PROGRAM

Pharmacist: Submit this coupon as primary.
This card will not adjudicate as secondary coverage.

If your Medicare prescription drug insurance does not cover SUTAB® or if your out-of-pocket costs exceed $60* for your Medicare Part D prescription of SUTAB®, Azurity Pharmaceuticals, Inc. With this program, you no longer seek reimbursement for your SUTAB® prescription through your Medicare provider for out-of-pocket costs. Instead, you can use this Medicare Part D Alternative Savings Program. **This program has no impact on your current insurance plan. Your Medicare Part D plan remains the same.** To participate in this savings program, just follow these 3 steps: (1) Print Card, (2) Take to Pharmacy with RX, and (3) Mail Letter to Health Plan. If you have questions related to this program, please call 1-833-442-2313.

*Terms, conditions and limitations apply. Most eligible patients may pay as little as $60. Terms and Conditions below.

PHARMACIST INSTRUCTIONS

- Submit card as primary payer. This card will not adjudicate as secondary coverage.
- SUTAB® Medicare Part D Alternative Savings Program card is valid only when accompanied by a prescription for SUTAB®.
- The card reduces an eligible patient's out-of-pocket to as little as $60 per prescription. Please review the terms and conditions below for important eligibility restrictions.
- The card is valid for eligible patients if the patients' Medicare Part D prescription drug insurance (including Medicare Advantage prescription drug plans) does not cover SUTAB® or if patients opt out of using their Medicare Part D prescription benefit for SUTAB® for the remainder of the calendar year in conjunction with this offer.
- Eligible patients are responsible for the full cash payment for SUTAB® in the event they fill another prescription for this product within the calendar year without a Medicare Part D card.
- By processing the card, pharmacist agrees to conduct all the following actions:
  – **For reimbursement, please submit this claim to Primary. A valid other coverage code (e.g. 0,1) is required. The patient is responsible for the first $60 and reimbursement up to the program maximum.**
  –Charge eligible patients as little as $60 for each prescription of SUTAB®.
- Advise each eligible patient using SUTAB® Medicare Part D Alternative Savings card that:
  –Patient must agree not to seek reimbursement from the Medicare or Medicare Advantage prescription plan for their out-of-pocket cost for SUTAB® purchased with the card.
  –Patient must also agree not to count the cost of SUTAB® toward their deductible or true out-of-pocke cost.
  –The patient must purchase all prescriptions for SUTAB® until the end of the current calendar year with the card and the patient must not use Medicare Part D benefit for SUTAB®.
- **For pharmacy processing questions, please call 1-833-442-2313.**
- Redemption of the card and your submission of claims are subject to the SUTAB® Medicare Part D Alternative Savings Program terms and conditions.
- Acceptance of the SUTAB® Medicare Part D Alternative Savings Program and your submission of claims are subject to the terms and conditions of SUTAB® Medicare Part D Alternative Savings Program listed below.
- By processing the card, you agree that SUTAB® was dispensed pursuant to the SUTAB® Medicare Part D Alternative Savings Program terms and conditions and that you will not submit a claim for reimbursement to any third party insurer, Medicare Part D plan (including Medicare Advantage prescription drug plans), or other government program as defined above).
- The SUTAB® Medicare Part D Alternative Savings Program card may not be applied toward other pharmacy purchases.
- Offer valid until the end of the current calendar year.

PATIENT TERMS AND CONDITIONS

- SUTAB® Medicare Part D Alternative Savings Program card is valid for a cost reduction of a qualifying prescription of SUTAB® for eligible patients.
- SUTAB® Medicare Part D Alternative Savings Program card can only be used by eligible patients one time for SUTAB®.
- You must have a prescription drug insurance through a Medicare Part D or a Medicare Advantage prescription drug plan.
- Patients participating in Medicare Part D or a Medicare Advantage prescription drug plan who are eligible to use the SUTAB® Medicare Part D Alternative Savings Program card must agree to the program terms in order to use this card.
- You must agree to not seek reimbursement from your Medicare or Medicare Advantage prescription plan for your out-of-pocket costs for SUTAB® purchased with this card.
- You must also agree not to count the cost of SUTAB® toward your deductible or true out-of-pocket cost.
- You must notify your prescription plan that you have purchased SUTAB® outside of your plan benefit by sending the attached letter to the your Medicare Part D provider.
- You must purchase your prescription for SUTAB® until the end of the current calendar year with this card and not use your Medicare Part D benefit for SUTAB®.
- Program is not valid for any patients with commercial/private insurance, uninsured patients or patients with prescription coverage under any other federal or state health program such as Medicaid or TRICARE (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma De Salud"]).
- No other purchase necessary.
- SUTAB® Medicare Part D Savings Program card is not transferable. No substitutions are permitted. Cannot be combined with any other coupon, free trial, discount prescription savings card, or other offer not already associated with this offer.
- SUTAB® Medicare Part D Savings Program card is not insurance.
- SUTAB® Medicare Part D Savings Program card can be used at mail-order pharmacies.
- SUTAB® Medicare Part D Alternative Savings Program card can only be used by eligible United States residents at participating eligible retail pharmacies in the United States.
- SUTAB® Medicare Part D Alternative Savings Program card is the property of the Sponsor and must be turned in on request.
- It is illegal to sell, purchase, trade, or counterfeit the SUTAB® Medicare Part D Alternative Savings Program Card. Void if reproduced. Void where prohibited by law, taxed, or restricted.
- Azurity Pharmaceuticals, Inc. reserves the right to rescind, revoke or amend this offer at any time without notice.
- Data related to your redemption of the SUTAB® Medicare Part D Alternative Savings Program card may be collected, analyzed, and shared with Azurity Pharmaceuticals, Inc and any of its affiliates, for market research and other purposes related to assessing patient savings programs.
- Data shared will be aggregated and de-identified, meaning it will be combined with data related to other card redemptions and will not identify the patient.

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