

Pay As Low As \$10* Per Month

BIN # 610020
Group # 99992593
ID# 28517590810

Pharmacy Help Desk, Call 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 Aciphex[®] Sprinkle[™].
2. **Confirm your eligibility.** Please see reverse side for eligibility details.
3. **Fill your prescription.** Take this Savings Card and your prescription for Aciphex[®] Sprinkle[™] to your pharmacy.

Please visit www.aciphexsprinkle.com for full Prescribing Information

*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. 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.



AcipHex[®]
Sprinkle
*(rabeprazole sodium
delayed-release capsules),
for oral use*

DEAR PHARMACIST:

- This claim may be submitted electronically through **trialCard** using the processing numbers on the front of this co-pay card. Submit all electronic claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3 or 8) or by using Coordination of Benefits processing.
- **Call the trialCard Help Desk at 855-488-0752 for processing questions.**

ELIGIBILITY: Patients who are eligible to participate (i.e. prescriptions or coverage could be paid in part or in full) in any state or federally funded programs, including but not limited to Medicare, Medicaid, VA, DOD or TRICARE (collectively "Government Programs") are not eligible for this offer. Medicare Part D enrollees who are in the prescription drug coverage gap (the "donut hole") are not eligible for this offer. This offer may not be redeemed for cash. Patients who are redeeming cash discount cards and other non-insurance plans for the product are ineligible to use the coupon. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract, including those that may require notification to his or her payor of the existence of and/or value of this offer. It is illegal to (or offer to) sell, purchase or trade this offer. This offer is not transferable. Void where prohibited by law.

TERMS OF USE: If eligible, patients will receive up to a maximum co-pay benefit of \$75 (after he or she pays the first \$10 of their co-pay). Patient is also responsible for any co-pay amount above a \$75 maximum savings benefit. If eligible, cash payers will pay the first \$10 and all amounts due above the maximum coupon benefit of \$75. Offer has no limit on number of refills. Other restrictions may apply. Patient is responsible for applicable taxes, if any. 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.

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