

Once-a-day
Suprax[®]
cefixime

\$35 SUPRAX[®] Chewables
& Capsules Co-Pay
Savings Card Program

Most patients will pay no more than a \$35 co-pay for their SUPRAX[®] Chewables & Capsules prescription!*

It's Easy! It Saves You Money!

This program is only valid for patients with commercial prescription drug coverage. In some instances, patients may pay more than \$35; for example, those with a deductible.

This program is valid for SUPRAX[®] Chewables & Capsules only.

This offer must be accompanied by a valid, signed SUPRAX[®] prescription. For each additional prescription, a new savings card must be presented to the pharmacist. You can obtain a new savings card through your healthcare provider or visit www.suprtrx.com to download a savings card directly.

To the Patient:

This program is valid for the SUPRAX[®] Chewables & Capsules formulation only. Some restrictions may apply. This offer must be accompanied by a valid, signed SUPRAX[®] prescription. For each additional prescription, a new savings card must be presented to the pharmacist. You can obtain a new savings card through your healthcare provider or visit www.suprtrx.com to download a savings card directly.

When you purchase a prescription of SUPRAX[®] Chewables & Capsules, you will first make a co-payment of at least \$35, then the SUPRAX[®] Chewables & Capsules \$35 Co-Pay Program will pay any remaining balance up to a maximum benefit. You will be responsible for any remaining balance that is not covered by your initial co-payment and the maximum program benefit. Patients who experience processing issues or having processing questions are asked to have their pharmacy call SUPRAX[®] on their behalf at 1-888-602-9301.

In order to be eligible for this offer, this offer must be accompanied by a valid, signed prescription for SUPRAX[®]. This offer must be presented to your pharmacist at the time you have your prescription filled. This program is only valid for patients with commercial prescription drug coverage. For SUPRAX[®] Chewables & Capsules patients, patients may pay more than \$35, such as patients with prescription plan benefits that are based on an annual deductible. Offer good only in USA. Void where prohibited by law, taxed, or restricted. This offer may not be used with any other discount program or other offer. Lupin Pharmaceuticals, Inc. reserves the right to rescind, revoke, or amend this program without notice. By tendering this offer, I, the Patient, certify that (i) I have read the above terms, (ii) I am not being reimbursed by, nor will I submit a claim for reimbursement, nor will I seek to have any portion of this prescription counted toward my out-of-pocket costs (e.g. TrOOP), under any federal, state or other governmental program for this prescription, and (iii) I will otherwise comply with the terms above.

If for any reason your pharmacy was not able to or failed to process this benefit, you may mail your claim to: SUPRAX[®] \$35 Co-Pay Program, 2250 Perimeter Park Dr, Suite 200, Morrisville, NC 27560. Please include a copy of this offer and a detailed pharmacy receipt. Cash register receipt is not valid.

To the Pharmacist:

This program is valid for the SUPRAX[®] Chewables & Capsules formulation only. Some restrictions may apply. This offer must be accompanied by a valid, signed Suprax[®] prescription. For each additional prescription, a new savings card must be presented to the pharmacist. You can obtain a new savings card through your healthcare provider or visit www.suprtrx.com to download a savings card directly.

For SUPRAX[®] Chewables & Capsules patients, the patient is responsible for the first \$35 of their co-payment expense for the SUPRAX[®] prescription. For Insured Patients: Process a Coordination of Benefits (COB/split bill) claim using your patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDM under BIN 610020. You will be reimbursed up to a maximum benefit on the SUPRAX[®] prescription filled, depending on the patient's out-of-pocket expense. The patient will be responsible for any remaining balance that is not covered by their initial co-payment and the maximum program benefit.

Mail claims may be submitted to: SUPRAX[®] \$35 Co-Pay Program, 2250 Perimeter Park Dr, Suite 200, Morrisville, NC 27560. Please include a copy of this offer and a copy of the detailed pharmacy receipt.

The SUPRAX[®] \$35 Co-Pay Program is not an insurance card. Lupin Pharmaceuticals, Inc. reserves the right to modify or terminate this program at any time without notice. This offer must be accompanied by a valid prescription. Acceptance of this offer and your submission of claims for the SUPRAX[®] \$35 Co-Pay Program are subject to all terms and conditions of the SUPRAX[®] \$35 Co-Pay Program. This program is not valid for prescriptions reimbursed under Medicare, Medicaid, or similar federal or state programs.

By redeeming this offer, I certify that (i) I have received this offer from an eligible patient, (ii) I have dispensed the product as indicated, (iii) I have not submitted, and will not submit, (a) a claim for reimbursement to any federal, state or other governmental program, or (b) any portion of this prescription to a third-party payor for purposes of counting it towards the patient's out-of-pocket expenses (such as TrOOP under Medicare Part D), and (iv) I will otherwise comply with the terms hereof. I further certify that my participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that I have as a pharmacy provider.

BIN: 610020

GROUP: 99992177

MEMBER: XXXXXXXXXXXX

LUPIN
PHARMACEUTICALS, INC.

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111 South Calvert Street, Baltimore, MD 21202. PP-SPX-0054

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