

Automatic Savings At The Pharmacy On INNOPRAN XL® Prescriptions

Most Patients Pay No More Than \$0

For Copays up to \$300 per prescription.

To find a participating eVoucherRx™ Pharmacy visit: www.eVoucherRx.RelayHealth.com/storelookup

*For additional terms and conditions, see reverse side.

Please see accompanying Full Prescribing Information including Boxed Warning for Cardiac Ischemia After Abrupt Discontinuation. The Full Prescribing Information including the Boxed Warning is also available at www.InnopranXL.com.



* Additional terms and conditions

Offer not valid for any individual for whom any part of InnoPran XL® prescription is or will be covered by Medicaid, Medicare (including Medicare Advantage or Part D Prescription Plans), any state prescription drug programs, or any other public payer program.

- This eVoucher cannot be combined with any other coupon certificate, voucher or similar offer.
- Offer applies to out-of-pocket (OOP) expenses for InnoPran XL®.
 Out-of-pocket expenses greater than \$0 will be covered up to a maximum of \$300 per prescription of actual out-of-pocket expenses (a) per 30-day supply for each of up to twelve (12) prescription fills, (b) per 60-day supply for each of up to six (6) prescription fills, or (c) per 90-day supply for each of up to four (4) prescription fills.
- Offer good only in the USA and Puerto Rico at participating retail pharmacies and cannot be redeemed at government-subsidized clinics.
- ANI Pharmaceuticals, Inc. reserves the right to rescind, revoke or amend this offer without notice.
- Participation in this program must comply with all applicable state laws and contractual or other obligations as a pharmacy provider.
- . This is not an insurance program.
- Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer as set forth herein.

- · Offer not extended for prescriptions for:
 - o No claims paid by Government-sponsored insurance plans
 - Medicare, Medicaid, Federal, State, Patient Pharmaceutical Assistance
 - o No Pharmacies in states that prohibit the offering of co-pay assistance at the point of dispensing
 - o Patients 17 years of age and younger are excluded
 - o No cash claims

To find a participating eVoucherRx[™] pharmacy visit: www.evoucherrx.relayhealth.com/storelookup

For questions about the program visit www.InnopranXL.com.



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