

Up to \$60 benefit

Many Patients Have a Co-Pay of Only \$10*

*Subject to Terms and Conditions.

BIN # 017290
PCN # 55101202
Group # X10900
Cardholder ID # 10900100001

Pharmacy Help Desk, Call 1-844-728-3479
See eligibility and other requirements on back of card

Karbinal[®] ER

(carbinoxamine maleate)

**Extended-release
Oral Suspension**

4 mg/5 ml

PATIENT INSTRUCTIONS:

SAVINGS IN JUST 3 EASY STEPS:

1. **Get a valid prescription.** Ask your doctor for a prescription for Karbinal[®] ER.
2. **Confirm your eligibility.** Please see reverse side for eligibility details.
3. **Fill your prescription.** Take this Savings Card and your prescription for Karbinal[®] ER to your pharmacy.

Please consult accompanying 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, please contact Cerecor, Inc. at 1-866-416-9637. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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.





(carbinoxamine maleate)

Extended-release

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DEAR PHARMACIST:

SimpleSaveRx has been authorized to reimburse you per your contracted rate plus the benefit paid with this co-pay card.

- This claim may be submitted electronically through SimpleSaveRx using the processing numbers on the front of this co-pay card or by mail. 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.
- Mail claims should go to SimpleSaveRx, 3350 N Arizona Ave, Ste. 2, Chandler, AZ 85225 along with the copy of the pharmacy prescription receipt (cash register receipts are not accepted), and the return address. Retain a copy of this co-pay card and file with the prescription for auditing purposes.

For expedited processing, Fax savings card and Rx receipt to: 480-444-1449.

- **Call the SimpleSaveRx Help Desk at 1-844-SAVE4RX (844-728-3479) 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. Offer not valid for patients under 18 years of age. It is illegal to (or offer to) sell, purchase or trade this offer. Program expires 05/19. 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 \$60 (after he or she pays the first \$10 of their co-pay). Patient is also responsible for any co-pay amount above a \$60 maximum savings benefit. If eligible, cash payers will pay the first \$10 and all amounts due above the maximum coupon benefit of \$60. Offer has no limit on number of refills. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Cerecor, Inc. reserves the right to rescind, revoke or amend this offer without notice at any time.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Pharmacy Help Desk, Call 1-844-728-3479.