KRISTALOSE CO-PAY SAVINGS PROGRAM

KRISTALOSE®
(lactulose) For Oral Solution

PAY AS LITTLE AS $5 FOR A 30-DAY SUPPLY OF KRISTALOSE

ID: ERXKRISTALOSE

BIN: 610020
GROUP: 99992183

HOW THE KRISTALOSE PROGRAM WORKS

TO PATIENT:

Present this card with a prescription for at least a 30 day supply and minimum quantity of 30 powder packets of Kristalose® to your pharmacy. You could pay more than $5 if your co-pay or retail cost exceeds $155. For questions, please call 1-855-584-6194.

TO PHARMACIST:

For Insured Customers: Process a Coordination of Benefits (COB) transaction using your customer's prescription insurance for the primary claim and PDMI using BIN: 610020 for the secondary claim. The secondary claim will cover up to $150 off your customer's out-of-pocket expense.

For Uninsured Customers: Submit claim for Kristalose® to PDMI using BIN: 610020. For processing questions, please call 1-855-584-6194

This savings program is also valid for **Crystalline Lactulose 10g and 20g**.
The program rules, eligibility and restrictions still apply.
Supplied by Cumberland Assured Products.

Crystalline Lactulose 10g and 20g		
10 gram	30 pouches/carton	NDC 85592-819-30
20 gram	30 pouches/carton	NDC 85592-829-30

ELIGIBILITY AND RESTRICTIONS

Offer NOT valid for prescriptions that may be reimbursed under a federal or state healthcare program, including Medicare, Medicaid, or any other similar federal or state health care program, including any state pharmacy assistance program. Offer NOT valid on prescriptions of less than a 30 day supply and must have a minimum quantity of 30 powder packets or if another offer has been redeemed within 25 days. This offer may be restricted, revoked or amended without notice. Patient is responsible for notifying any third party payer about any rebate or discount they receive on their prescription purchase. VOID in any state where rebates are prohibited by law, taxed or otherwise restricted. Patient may not combine this offer with any other rebate, coupon, free trial, or similar offer. This card has scaled benefits; with the minimum payment of $5, $10, or $15 patients will receive up to $150, $300, or $450 benefit for 30-59, 60-89, or 90 day supply of Kristalose®.

Please visit www.Kristalose.com for more information.

CUMBERLAND® PHARMACEUTICALS
COT1700322
CUMBERLAND ASSURED PRODUCTS