Dear Patient: Present this coupon card to your pharmacist along with your valid prescription for instant savings on eligible prescriptions. Please see Redemption Instructions below for details. Restrictions may apply. Please see program restrictions at www.TirosintSOL.com.

Keep this coupon card for future refills.

Please refer to Full Prescribing Information, including Black Box Warning, at www.TirosintSOL.com.

*Based on RelayHealth eVoucherRx™ Network pharmacy paid claims from April 2018–March 2019.

**Approximately 90% of patients with commercial plan coverage had copays of $130 or less based on RelayHealth eVoucherRx™ Network pharmacy paid claims from April 2018–March 2019.

Patient Instructions: In order to redeem this card you must have a valid prescription for at least a month’s supply of Tirosint®-SOL (levothyroxine sodium) oral solution. Eligible patients will be responsible for the first $25 and receive up to $105 off their out-of-pocket expenses. Prescriber ID# required on prescription. Not valid for prescriptions eligible to be reimbursed under Medicare (including Medicare Part D and Medicare Advantage), Medicaid, TRICARE™, CHAMPUS, the Puerto Rico Governmental Health Insurance Plan, or other federal, state, or governmental healthcare programs. Valid in the U.S. only. Not valid for prescriptions eligible to be reimbursed under Medicare (including Medicare Part D and Medicare Advantage), Medicaid, TRICARE™, CHAMPUS, the Puerto Rico Governmental Health Insurance Plan, or other federal, state, or governmental healthcare programs. Visit www.TirosintSOL.com or call 1-833-666-2501 for program management information.

Pharmacist Instructions for a Patient with an Eligible Third Party Payer: Submit the claim to the primary Third Party Payer first, then submit the balance due to Change HealthCare as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code (e.g. 8). The patient is responsible for the first $25 and the card pays up to the next $105. Reimbursement will be received from Change HealthCare.

Pharmacist Instructions for a Cash-Paying Patient: Submit this claim to Change HealthCare. A valid Other Coverage Code (e.g. 1) is required. The patient is responsible for the first $25 and the card pays up to the next $105. Reimbursement will be received from Change HealthCare.

Valid Other Coverage Code required. For any questions regarding Change HealthCare online processing, please call the Help Desk at 1-800-422-5604.

Program managed by ConnectiveRx on behalf of IBSA Pharma Inc. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time. Not valid if reproduced. Void where prohibited by law.