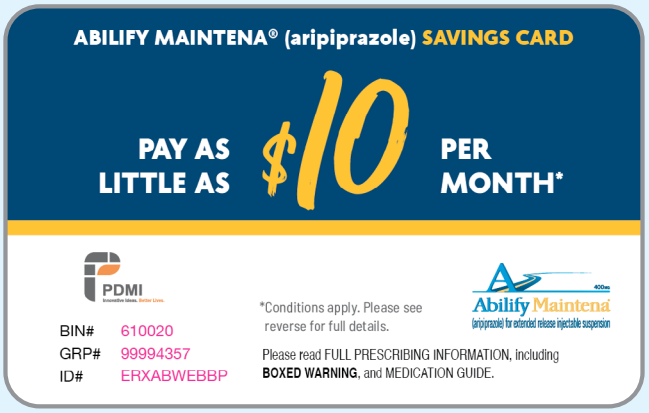
Start saving ON ABILIFY MAINTENA® (aripiprazole)



*Conditions apply. Please see below for full details.

You may be eligible to start saving on your ABILIFY MAINTENA prescription. If so, you can start saving by doing one of the following:

- Take this Savings Card and your valid prescription for ABILIFY MAINTENA to the pharmacy. Your pharmacist will file your claim for you, **OR**
- Give this Savings Card to your healthcare provider and ask him or her to call in your valid prescription for ABILIFY MAINTENA with the Savings Card information

Please read FULL PRESCRIBING INFORMATION, including **BOXED WARNING**, and MEDICATION GUIDE.

Details and Eligibility

For Patients: In order to redeem this offer you must have a valid prescription for ABILIFY MAINTENA® (aripiprazole). This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria (not a member of a federal, state, or government insurance program) and will comply with the terms and conditions described in the Restrictions section below. Patients with questions about the offer should call **833-742-0795**. Patient may pay as little as $10 with an annual maximum benefit of $8,000 and monthly $1,400 maximum. Presumes only 1 prescription filled per calendar month.

Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription. As a condition of payment, you certify that you are in compliance with all program rules, terms, and conditions, as well as with any obligations to provide notice of your participation in this program to third-party payers as required by law, contract, or otherwise.

Pharmacist Instructions for a Patient with an Eligible Third Party: Submit the claim to the primary Third-Party Payer first, then submit the balance due to **PDMI** as a Secondary Payer coordination of benefits with patient responsibility amount and a valid Other Coverage Code (e.g., 8). For ABILIFY MAINTENA prescription, patient may pay as little as $10 with an annual maximum benefit of $8,000 and monthly $1,400 maximum; limits apply. Reimbursement will be received from **PDMI**.

Valid Other Coverage Code Required. For any questions regarding **PDMI** online processing, please call the Help Desk at **833-742-0795**.

For Healthcare Professionals: When you apply for this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Restrictions: This offer is only valid in the United States and Puerto Rico, and is not transferable. Patients are not eligible if they are under 18 years of age, or are covered in whole or in part by any state program or federal healthcare program, including, but not limited to, Medicare or Medicaid (including Medicaid managed care), Medigap, VA, DOD, or TRICARE. Offer void where prohibited by law, taxed, or restricted. Other restrictions may apply. This program is not health insurance. Otsuka America Pharmaceutical, Inc. has the right to rescind, revoke, or amend this program at any time without notice. Your participation in this program confirms that this offer is consistent with your insurance coverage and that you will report the value received if required by your insurance provider. When you use this card, you are certifying that you understand and will comply with the program rules, terms, and conditions. Program managed by TrialCard on behalf of Otsuka America Pharmaceutical, Inc. Offer not valid for cash-paying patients OR where drug is not covered by the primary insurance.

Please read FULL PRESCRIBING INFORMATION, including **BOXED WARNING**, and MEDICATION GUIDE.

Otsuka Lundbeck

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Abilify Maintena 400mg (aripiprazole) for extended release injectable suspension