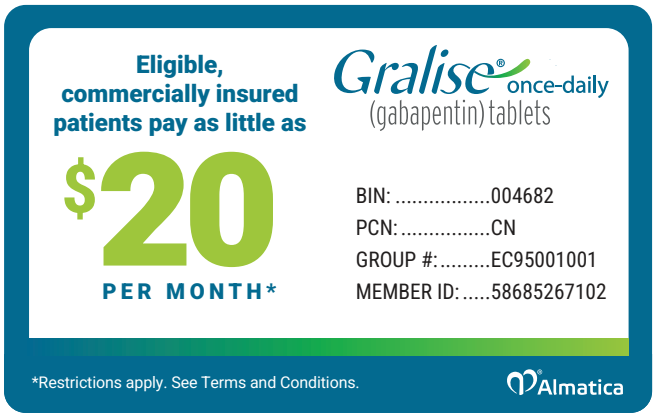
SAVINGS OFFER FOR

GRALISE® (gabapentin) tablets



1 **PRINT**
this page, take a screenshot of the Copay Card, or visit **Gralise.com**

2 **PRESENT**
the information at your local pharmacy, along with your GRALISE prescription

3 Eligible, commercially insured patients with coverage
PAY AS LITTLE AS $20
per month for GRALISE*

***Terms and Conditions**

To the Patient:

The Almatica GRALISE Copay Card Program helps commercially insured individuals, 18 years of age or older who are permanent residents of the United States (including the United States Territories) and who are prescribed/dispensed Almatica-labeled GRALISE for a use approved by the Food and Drug Administration pay for their eligible copay for Almatica-labeled GRALISE. Under the program, eligible commercially insured patients may pay as little as $20 per 30-day supply of Almatica-labeled GRALISE. A maximum savings limit per 30-day supply applies. Patients using the GRALISE Copay Card may not also utilize the eVoucher–patients may use only the GRALISE Copay Card or the eVoucher in any 12-month rolling period. Patients with drug coverage under Medicare, Medicaid or TRICARE are not eligible for the Almatica GRALISE Copay Card Program. Furthermore, patients residing in any state where such assistance is prohibited by law are not eligible for the Almatica GRALISE Copay Card Program. This offer is void if copied, transferred, purchased, altered or traded. The Almatica GRALISE Copay Card Program is not insurance. Almatica reserves the right to change, rescind, revoke or discontinue the program at any time without notice. Limit one program enrollment per individual in any 12-month rolling period. If you have any questions regarding this program, your eligibility or benefits or if you wish to discontinue your participation in the program, please call 844-889-8686, option 1.

Visit Gralise.com for full Prescribing Information, including Medication Guide.

RESTRICTIONS

- Applies only to commercially insured patients with coverage for GRALISE.
- Individual costs may vary.
- Program eligibility and restrictions apply.
- Offer not valid for prescriptions reimbursed under Medicaid, Medicare, TRICARE, or other federal or state health programs (such as medical or pharmaceutical assistance programs).
- Offer may not be used with any other financial assistance program, free trial, discount, prescription savings card or other offer.
- Offer only valid for patients 18 years or older.
- Valid only in the United States.
- This offer is void if copied, transferred, purchased, altered, or traded and where prohibited by law.
- Almatica Pharma reserves the right to rescind, revoke or amend this offer without notice anytime.

Start using your GRALISE Copay Card today

Almatica