

Present to your pharmacist to apply the savings offer

100% of eligible patients with commercial
non-governmental insurance may pay as low as*



Per prescription if “covered”
on insurance plan and where
deductible has been met

or



Per prescription if “not covered”
on insurance plan or if the deductible
has not been met.

*Terms and conditions apply.

Pharmacist Instructions:

1. Visit www.aytucoupon.com
2. Click “I’m a pharmacy”
3. Input necessary information and press submit
4. Utilize the offer to assist patient

The ACE Customer Excellence Team

If you experience any pharmacy-related
issues, call our dedicated staff at
1-888-AYTURxC (298-8792).

Support available Monday through Friday,
9:00 am to 7:30 pm ET (except holidays).

Retail Copay Offer Terms and Conditions: This program provides non-government copay assistance with out-of-pocket costs for eligible patients. By using this offer, patient and pharmacist understand and agree to comply with these terms and conditions. Offer may only be used by eligible residents of the U.S. at participating pharmacies and may not be redeemed at government-subsidized clinics. Offer user must be at least 18 years of age to use for themselves or on behalf of a minor. Patient age or insurance restrictions may apply.

Offer limited to one per person and is not transferrable. No substitutions are permitted. Offer eligible only with valid prescription, has no cash value, and cannot be combined with any free trial, discount, prescription savings card or other offer. This offer is not insurance. Valid only for patients with commercial insurance and NOT valid for prescriptions eligible to be reimbursed in whole or in part by Medicaid, Medicare (including Medicare Advantage and Part D plans), or any other federally or state funded healthcare benefit program, or by commercial plans or other health or pharmacy benefit programs that reimburse for entire cost of the prescription drug or prohibit offer's use. Medicare Part D enrollees who are in the prescription drug coverage gap are not eligible for offer. Void where prohibited by law, taxed or restricted. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade or counterfeit the offer.

Patient, pharmacist and prescriber agree not to seek reimbursement for all or any part of the benefit received by patient through the offer. Certain information pertaining to use of the offer will be shared with Aytu BioPharma, the sponsor of the offer, and its affiliates. The information disclosed will include the patient copay ID, pharmacy demographics, prescriber information, and details relating to the claim, such as copay amount, insurance details, and therapy received. For more information, please see the Aytu BioPharma privacy policy.

Aytu BioPharma reserves the right to rescind, revoke or amend the offer at any time without notice.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

Antidepressants increase the risk of suicidal thoughts and behaviors in pediatric and young adult patients in short-term studies. Closely monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors. EXXUA is not approved for use in pediatric patients.

INDICATION

EXXUA is indicated for the treatment of major depressive disorder (MDD) in adults.

Please see the [full Prescribing Information](#) and [Medication Guide](#) for EXXUA.