

Sotylize[®]

(sotalol hydrochloride) oral solution

5 mg/mL

Instant Savings Program

Good thru 12/31/2023

ELIGIBLE PATIENTS* MAY PAY AS LITTLE AS \$25 FOR EACH PRESCRIPTION

Print this offer and bring to the pharmacy each time you fill your prescription.

*Patients with or without insurance may use the Sotylize Savings Card.
See full program Terms, Conditions, and Eligibility Criteria indicated below.

Powered by:
CHANGE HEALTHCARE
BIN# 004682
PCN# CN
GRP# EC66006002
ID#

Terms, Conditions, and Eligibility Criteria: This program is offered by Arbor Pharmaceuticals, LLC and applies only to valid SOTYLIZE[®] (sotalol hydrochloride) oral solution prescriptions filled on or before **12/31/2023** for which the patient has: (1) private insurance with a copay as little as \$25, or (2) no insurance. **This offer is not valid for patients enrolled in Medicare, Medicaid, Medigap, VA, DOD, Tricare, or any other government-run or government-sponsored healthcare program with a pharmacy benefit.** Eligible insured patients may pay as little as \$25 for each of their SOTYLIZE[®] oral solution prescriptions. Maximum benefit for prescriptions up to 250 mL is \$250 for each of the first 3 fills, and up to \$200 for each subsequent fill. Maximum benefit for greater than 250 mL prescriptions is up to \$500 for each of the first 3 fills, and up to \$300 for each subsequent fill, until expiry. Maximum benefit for greater than 501 mL prescriptions is up to \$650 for each prescription. If your prescription is 751-950 mL, please call ConnectiveRx **1-844-415-0675** for manual reimbursement and for each prescription a savings of up to \$925. For uninsured patients, pay as little as \$25. As of 9/30/2022, 70% of patients (insured, cash, insured not covered) paid \$25 or less for their SOTYLIZE[®] prescription after the copay card has been applied. This card is not transferable. Arbor Pharmaceuticals, LLC reserves the right to rescind, revoke, or amend this offer without notice. Offer good only in the USA, including Puerto Rico, at participating pharmacies. Void if prohibited by law, taxed, or restricted. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law.

Patient Instructions: Present your savings card to your participating pharmacy along with your valid prescription for SOTYLIZE[®] oral solution when you fill your prescription. The prescriber ID# must be identified on the prescription. **By using this savings card, you agree that no portion of this claim will be submitted to a federal or state prescription benefit program.** If you have any program questions, including mail order instructions, please call **1-844-415-0675**.

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. A valid Other Coverage Code, (**e.g. 8**) is required.

Pharmacist Instructions for an Uninsured Patient: Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code, (**e.g. 1**) is required. For prescriptions up to 250 mL, the patient is responsible to pay as little as \$25 and the offer pays up to \$250 for each of the first 3 fills, and up to \$200 for each subsequent fill; For prescriptions 251 mL-500 mL the patient is responsible to pay as little as \$25 and the offer pays up to \$500 for each of the first 3 fills and up to \$300 for each subsequent fill. For prescriptions 501-750 mL the patient is responsible to pay as little as \$25 and the offer pays up to \$650 for each prescription. If your prescription is 751-950 mL, please call ConnectiveRx at **1-844-415-0675** for manual reimbursement and for each prescription a savings of up to \$925. For uninsured patients, pay as little as \$25. Reimbursement will be received from **CHANGE HEALTHCARE**.

For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-422-5604**.

This card expires **12/31/2023**. Please see **Full Prescribing Information including Proarrhythmia Boxed Warning attached**. Program managed by ConnectiveRx on behalf of Arbor Pharmaceuticals, LLC.

connective[®]

INDICATIONS

SOTYLIZE[®] (sotalol hydrochloride) is indicated for the treatment of ventricular arrhythmias, such as sustained ventricular tachycardia, that in the judgment of the physician are life-threatening. SOTYLIZE is also indicated for maintenance of normal sinus rhythm [delay in time to recurrence of atrial fibrillation/flutter (AFIB/AFL)] in patients with symptomatic AFIB/AFL who are currently in sinus rhythm.

IMPORTANT SAFETY INFORMATION

WARNING: LIFE THREATENING PROARRHYTHMIA
See full Prescribing Information for complete boxed warning.

- Sotalol can cause life threatening ventricular tachycardia associated with QT interval prolongation
- Do not initiate sotalol therapy if the baseline QTc is longer than 450 ms. If the QT interval prolongs to 500 ms or greater, the dose must be reduced, the interval between doses prolonged, or the drug discontinued.
- Patient should be hospitalized in a facility that can provide cardiac resuscitation and continuous electrocardiographic monitoring
- Adjust the dosing interval based on creatinine clearance

Please see Important Safety Information continued on next page, as well as the full [Prescribing Information](#).

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 **arbor**[®]
PHARMACEUTICALS, LLC

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CONTRAINDICATIONS

- Sinus bradycardia (<50 bpm during waking hours), sick sinus syndrome or second and third degree AV block unless a functioning pacemaker is present
- Congenital or acquired long QT syndromes, baseline QT interval >450 ms
- Cardiogenic shock, uncontrolled heart failure
- Creatinine clearance <40 mL/min
- Serum potassium <4 meq/L
- Bronchial asthma or related bronchospastic conditions
- Known hypersensitivity to sotalol

WARNINGS AND PRECAUTIONS

Because of the possible life-threatening proarrhythmic effects, use of SOTYLIZE with less severe arrhythmias, even if symptomatic, is generally not recommended. Treatment of asymptomatic ventricular premature contractions should be avoided. SOTYLIZE should be reserved for patients with highly symptomatic AFIB/AFL and not for patients with paroxysmal AFIB whose AFIB/AFL is easily reversed (by Valsalva maneuver, for example).

QT Prolongation and Proarrhythmia: SOTYLIZE can cause serious ventricular arrhythmias, primarily Torsade de Pointes (TdP), a polymorphic tachycardia associated with QT interval prolongation. SOTYLIZE use in conjunction with other QT prolonging drugs has not been studied and is not recommended.

Bradycardia/Heart Block Renal Impairment: There is a direct relationship between renal function, as measured by serum creatinine or creatinine clearance, and the elimination rate of sotalol.

Sick Sinus Syndrome: SOTYLIZE is not recommended in patients with sick sinus syndrome associated with symptomatic arrhythmias because it may cause sinus bradycardia, pause or arrest. In AFIB and sinus node dysfunction, sotalol increases the risk of Torsade de Pointes, especially after cardioversion. Sotalol augments bradycardia following cardioversion. Patients with AFIB/AFL associated with the sick sinus syndrome may be treated with sotalol if they have an implanted pacemaker.

Hypotension: Monitor hemodynamics in patients with marginal cardiac compensation.

Recent Acute MI: Experience in the early phase of acute MI recovery is limited.

Abrupt Withdrawal: When discontinuing chronically administered sotalol, particularly with ischemic heart disease, carefully monitor and consider temporary use of an alternate beta-blocker if appropriate.

Electrolyte Disturbances: SOTYLIZE should not be used in patients with hypokalemia or hypomagnesemia prior to correction of imbalance, as these conditions increase the potential for Torsade de Pointes. Special attention should be given to electrolyte and acid-base balance in patients experiencing severe or prolonged diarrhea or patients receiving concomitant diuretic drugs.

Non-Allergic Bronchospasm: Patients with bronchospastic diseases should in general not receive beta-blockers. If SOTYLIZE is to be administered, use the smallest effective dose, to minimize inhibition of bronchodilation produced by endogenous or exogenous catecholamine stimulation of beta2 receptors.

Diabetes: Beta-blockade may mask some important premonitory signs of acute hypoglycemia (e.g., tachycardia) in diabetic (especially labile) patients with episodic spontaneous hypoglycemia.

Thyrotoxicosis: Beta-blockade may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. Abrupt withdrawal of SOTYLIZE may exacerbate hyperthyroid symptoms, including thyroid storm.

Anaphylaxis: While taking beta-blockers, patients with a history of severe allergic reactions may have a more severe reaction on repeated challenge, whether accidental, diagnostic, or therapeutic and may be unresponsive to the usual doses of epinephrine used to treat the reaction.

ADVERSE REACTIONS

The most common adverse reactions (>10%) seen with oral sotalol (dose related) are fatigue, bradycardia, dizziness, and headache.

DRUG INTERACTIONS

- Digoxin increases the risk of proarrhythmic events
- Calcium-blocking drugs may have additive effects on decreasing atrioventricular conduction, ventricular function, and blood pressure
- Concomitant use of catecholamine-depleting drugs may produce hypotension, marked bradycardia, and syncope
- Dosage of insulin or antidiabetic drugs may require adjustment
- Dose of beta-2 receptor agonists may have to be increased
- Sotalol may potentiate rebound hypertension after discontinuation of clonidine
- Aluminum or magnesium-based antacids reduce sotalol exposure

You are encouraged to report side effects of prescription drugs to Arbor Pharmaceuticals, LLC Medical Information at 1-866-516-4950 or to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

For more information, ask your healthcare provider or pharmacist, or consult the accompanying full [Prescribing Information](#).

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