Lopressor®
(Metoprolol Tartrate)
Oral Solution
10 mg/mL

LIQ ID™
Innovation with care

$10 COPAY
(30-DAY SUPPLY)

Please see Important Safety Information on reverse side

Not actual product size.

$10 COPAY
(30-DAY SUPPLY)

Powered by:
Change Healthcare
BIN : 600426
PCN : 54
GRP : EC46005001
ID : 69995642484

Lopressor®
(Metoprolol Tartrate)
Oral Solution
10 mg/mL
300 mL

Congratulations!

Eligible* patients with commercial insurance pay a minimum of $10 for a 30-day supply and receive up to $200 off (maximum out of pocket $75). For 31–90-day supply, patients pay a minimum of $20 and receive up to $300 off (maximum out of pocket $150).

Here's how it works:

You pay the first $10 of your copay, and then we'll pay up to the next $200. Print your copay card and present it whenever you fill in your prescription at the pharmacy.

* Limitations and restrictions apply. To view eligibility requirements and terms and conditions, please visit https://liquid.lopressor.us.com/ or call **833-838-0775** for more information.

Patient Instructions: To redeem this copay card, you must have a valid prescription for **Lopressor® (Metoprolol Tartrate) Oral Solution**. Follow the dosage instructions given by your doctor. For a 30-day supply, you will be required to pay the first $10 of your copay, after which this copay card will deduct up to $200 off from your remaining balance (maximum out of pocket $75). For 31–90-day supply, you will be required to pay the first $20 of your copay, after which this copay card will deduct up to $300 off from your remaining balance (maximum out of pocket $150). The pharmacist will process your insurance information and this copay card and then inform you of your copay amount. This offer may not be redeemed for cash. By using this copay card, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below. Limitations and restrictions apply. To view eligibility requirements and terms and conditions, please visit https://liquid.lopressor.us.com/ or call **833-838-0775** for more information.

Pharmacist instructions for a Patient paying with an Eligible Third-Party Payer: First submit this claim to the eligible commercial insurer as the primary payer, then submit the balance due to **Change Healthcare** as a Secondary Payer COB [coordination of benefits] with the patient responsibility amount and a valid Other Coverage Code **(e.g., 8)**. For a 30-day supply, the patient is responsible for the first $10 and this copay card pays up to the next $200 off (maximum out of pocket $75). For 31–90-day supply, the patient is responsible for the first $20 and this copay card pays up to the next $300 off (maximum out of pocket $150). Reimbursement will be received from **Change Healthcare**. For any questions regarding **Change Healthcare** online processing, please call the Help Desk at **(1-800-433-4893).**

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 $75.00 and 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 **(1-800-433-4893).**

Restrictions: This program is for commercially insured patients and requires a valid prescription for Lopressor® (Metoprolol Tartrate) Oral Solution. This offer is not valid for any patient receiving prescription reimbursement under any federal, state, or other government-funded programs such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD) or TRICARE, or where prohibited by law. By accepting this benefit, you are certifying that: (1) you are not a beneficiary of any government-funded healthcare programs; (2) you will discontinue participating if you begin receiving prescription drug benefits from any government-funded healthcare programs; and (3) you will not seek reimbursement for value received from this offer from any third-party payers, including flexible spending accounts or healthcare savings accounts. Only valid in U.S. and Puerto Rico; provided, however, that if generic alternative is or becomes available, residents of Massachusetts and California shall not be eligible to participate in this Program. Maximum benefit limitations and other restrictions apply. This offer is subject to change or discontinuation without notice. This is not health insurance. For questions regarding eligibility or benefits, or to discontinue participation, call **1-833-838-0775.**

Not valid if reproduced. Void where prohibited by law. Validus reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Program managed by ConnectiveRx on behalf of Validus Pharmaceuticals LLC.

ConnectiveRx

Please scan the QR code to view Full Prescribing Information

IMPORTANT SAFETY INFORMATION

INDICATIONS AND USAGE

LOPRESSOR is a beta-adrenergic blocker indicated in adult patients:

• For the treatment of hypertension, to lower blood pressure. Lowering blood pressure reduces the risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarctions.

• In the long-term treatment of angina pectoris.

• In the treatment of hemodynamically stable patients with definite or suspected myocardial infarction, to reduce the risk of cardiovascular mortality when used in conjunction with intravenous metoprolol therapy

CONTRAINDICATIONS

LOPRESSOR is contraindicated in severe bradycardia, second- or third-degree heart block, cardiogenic shock, systolic blood pressure <100, decompensated heart failure, sick sinus syndrome (unless a permanent pacemaker is in place), and in patients who are hypersensitive to any component of this product.

WARNINGS AND PRECAUTIONS

Abrupt Cessation of Therapy

Abrupt cessation of LOPRESSOR can cause exacerbations of angina pectoris and in some cases, myocardial infarction. Taper the dose over a period of 1–2 weeks and monitor closely particularly in patients with ischemic heart disease. If angina markedly worsens or acute coronary ischemia develops, promptly reinstate LOPRESSOR, and take measures appropriate for the management of unstable angina. Warn patients not to interrupt therapy without their physician's advice. Because coronary artery disease is common and may be unrecognized, avoid abruptly discontinuing LOPRESSOR in patients treated only for hypertension. .

Heart Failure

LOPRESSOR may temporarily worsen cardiac failure during up-titration. If such symptoms occur, increase diuretics and restore clinical stability before advancing the dose of LOPRESSOR. Dose reduction or temporary discontinuation may be needed, but such episodes do not preclude subsequent successful titration of LOPRESSOR.

Bronchospastic Disease

Patients with bronchospastic disease, in general, should not receive beta-blockers, including LOPRESSOR. Because of its relative beta$_1$ cardio-selectivity, however, LOPRESSOR may be used in patients with bronchospastic disease who do not respond to, or cannot tolerate, other antihypertensive treatment.

Pheochromocytoma

If LOPRESSOR is used in the setting of pheochromocytoma, it should be given in combination with an alpha blocker, and only after the alpha blocker has been initiated

Major Surgery

Avoid initiation of a high-dose regimen of beta-blocker therapy in patients undergoing non-cardiac surgery, since such use in patients with cardiovascular risk factors has been associated with bradycardia, hypotension, stroke and death. Chronically administered beta-blocking therapy should not be routinely withdrawn prior to major surgery, however, the impaired ability of the heart to respond to reflex adrenergic stimuli may increase the risks of general anesthesia and surgical procedures.

Hypoglycemia

Beta-blockers may prevent early warning signs of hypoglycemia, such as tachycardia, and increase the risk for severe or prolonged hypoglycemia at any time during treatment, especially in patients with diabetes mellitus or children and patients who are fasting (i.e., surgery, not eating regularly, or are vomiting). If severe hypoglycemia occurs, patients should be instructed to seek emergency treatment.

Thyrotoxicosis

Beta adrenergic blockade may mask certain clinical signs of hyperthyroidism, such as tachycardia. Abrupt withdrawal of beta-blockade may precipitate a thyroid storm.

Risk of Anaphylactic Reaction

While taking beta-blockers, patients with a history of severe anaphylactic reaction to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reactions.

Peripheral Vascular Disease

Lopressor can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease.

See Full Prescribing Information for additional warnings and precautions associated with LOPRESSOR.

LOP-003-25

ADVERSE REACTIONS

The following adverse reactions are described elsewhere in the labeling:

- Worsening angina or myocardial infarction
- worsening heart failure
- worsening AV block

See Full Prescribing Information for additional adverse reactions associated with LOPRESSOR

DRUG INTERACTIONS

Catecholamine Depleting Drugs

Catecholamine depleting drugs (e.g., reserpine, MAO inhibitors) can increase the risk of bradycardia or hypotension, which may produce vertigo, syncope, or postural hypotension.

Epinephrine

While taking beta-blockers, patients with a history of severe anaphylactic reactions to various allergens may exhibit increased sensitivity to repeated exposure and may not respond adequately to usual doses of epinephrine used for treating allergic reactions.

CYP2D6 Inhibitors

Strong CYP2D6 inhibitors—such as quinidine, fluoxetine, paroxetine, and propafenone—have been shown to double plasma concentrations of metoprolol. Although data on moderate or weak inhibitors are lacking, they may also elevate metoprolol levels. Increased plasma concentrations can reduce the cardioselectivity of metoprolol. If co-administration is unavoidable, patients should be monitored closely.

Negative Chronotropes

Digitalis glycosides, clonidine, diltiazem, and verapamil reduce the heart rate by slowing atrioventricular conduction. When used with beta-blockers, the risk of bradycardia may increase *See Full Prescribing Information for additional potential drug interactions associated with LOPRESSOR.*

USE IN SPECIFIC POPULATIONS

Pregnancy

If high blood pressure or a heart attack is not treated during pregnancy, it can be harmful to both the mother and baby. Metoprolol can pass through the placenta, so babies born to mothers taking this medication may be at risk for low blood pressure, low blood sugar, a slow heart rate, and trouble breathing. Babies should be closely monitored after birth if the mother took metoprolol during pregnancy.

Lactation

No adverse reactions of metoprolol on the breastfed infant have been identified. There is no information regarding the effects of metoprolol on milk production.

Females and males of reproductive potential

Based on the published literature, metoprolol may cause erectile dysfunction and inhibit sperm motility.

Pediatric Use

Pediatric use of LOPRESSOR has not been studied.

Geriatric Use

In general, use a low initial starting dose in elderly patients given their greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

Hepatic Impairment

LOPRESSOR has not been studied in patients with hepatic impairment.

Renal Impairment

The systemic availability and half-life of metoprolol in patients with renal failure do not differ to a clinically significant degree from those in normal subjects. No reduction in dosage is needed in patients with chronic renal failure.

OVERDOSAGE

Overdosage of LOPRESSOR may lead to severe bradycardia, hypotension, and cardiogenic shock. Clinical presentation can also include atrioventricular block, heart failure, bronchospasm, hypoxia, impairment of consciousness/coma, nausea and vomiting.

LOPRESSOR is available as a 10 mg/mL oral solution.

To report SUSPECTED ADVERSE REACTIONS, contact Validus Pharmaceuticals LLC at 1-866-982-5438 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see Full Prescribing Information at https://liquid.lopressor.us.com/

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