COPAY SAVINGS PROGRAM

for Vigabatrin Tablets USP, 500 mg

patients pay as little as



Commercially insured patients may pay as little as \$0 out-of-pocket on up to 12 uses of Padagis Vigabatrin Tablets USP, 500 mg prescriptions, with a maximum benefit of up to \$600 per prescription fill.*

NDC 00574-0201-01

Using this Padagis coupon is easy. Present it along with your prescription to the pharmacist to receive savings.

BIN# 600426

PCN# 54

GRP#

EC11407001

ID# 49776180080 Offer available to commercially insured patients only

NDC 00574-0201-01

*Eligible patients will pay as little as \$0/month out of pocket on up to 12 uses/year. Maximum benefit of \$600/prescription fill. Please see Terms and Conditions below.



Please read the Prescribing Information including Boxed Warning for Vigabatrin Tablets USP, 500 mg.

TERMS AND CONDITIONS

Patient Instructions: This offer is available to commercially insured patients only. Offer not valid for Non-Insured/Cash-Paying patients or where Vigabatrin Tablets, USP, 500mg is not covered by the primary insurance. In order to redeem this offer you must have a valid prescription for Vigabatrin Tablets USP, 500mg and you may not be enrolled in a state or federally funded prescription benefit program, including, but not limited to, Medicare, Medicaid, Veterans Affairs (VA), Department of Defense (DOD), or TRICARE. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section. Patients with questions about the offer should call 1-866.513.0752.

Pharmacist: When you apply 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 and will not seek reimbursement from health insurance or any third party for any part of the benefit the patient receives through this program. 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.

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 amount and a valid Other Coverage Code. The card

pays up to \$600/prescription fill on up to 12 uses per calendar year (maximum of \$7,200 per year). The patient is responsible for any remaining balance. Reimbursement will be received from Change Healthcare. For any guestions regarding Change Healthcare online processing, please call the Help Desk at 1-800-433-4893

Restrictions: This offer is valid only for residents of the United States, except for residents in Massachusetts and California. This offer is available to commercially insured patients only. Offer not valid for Non-Insured/Cash-Paying patients or where Vigabatrin Tablets, USP, 500mg is not covered by the primary insurance. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, VA, Tricare or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program or is Medicare eligible and enrolled in employer-sponsored group waiver health plans or government-subsidized prescription drug benefit programs for retirees, the patient cannot use this offer. By using this offer, the patient and pharmacist certify that they will comply with any terms or requirements imposed on patients or providers by the health insurance to notify the health insurance plan of the existence and/or value of this offer It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. This is not insurance. Program managed by ConnectiveRx on behalf Padagis US LLC. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

