

PAY THE FIRST \$10 PER TABLET GSK PAYS UP TO \$150*

*Subject to eligibility; restrictions apply. LEVITRA available by prescription only.

LEVITRA[®] (VARDENAFIL HCI)

To Healthcare Professional: If you are a healthcare professional who resides outside the state of Vermont but regularly practices in Vermont, please do not download, print, or otherwise accept coupons or vouchers for GSK products. Please visit www.GSKforyou.com for details.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

ELIGIBILITY: Patients may be eligible for this offer if they have commercial insurance and insurance does not cover the full cost of the prescription or if they are not insured and are responsible for the cost of their prescriptions. Government beneficiaries; patients who are enrolled in any federal healthcare program, including patients enrolled in Medicare (Part D or otherwise), Medicaid, Medigap, Veterans Affairs (VA) or Department of Defense (DOD) programs, or TRICARE; patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government prescription drug benefit program for retirees; or patients enrolled in any similar federal or state programs, including state pharmaceutical assistance programs, are NOT eligible for this offer. Further, patients CANNOT use this coupon if they are Medicare eligible. For coupon eligibility purposes, all those 65 or older will be considered Medicare eligible. If patients are government beneficiaries or Medicare eligible, they may not use this savings card even if they elect to be processed as an uninsured (cash-paying) patient. **This offer is not health insurance** and is restricted to residents of the United States, Puerto Rico, and US territories. Void where prohibited by law, taxed, or restricted. Not valid in Massachusetts or California if an AB-rated generic drug is available for the product.

TERMS OF USE: Eligible patients with a valid prescription for LEVITRA who present this savings card at participating pharmacies will pay the first \$10 per tablet and receive up to \$150 off each prescription of LEVITRA applied to your out-of-pocket cost. This offer is good for up to 12 uses and each prescription or refill counts as one use. Patient is responsible for applicable taxes and remaining out-of-pocket costs, if any. This offer is limited to one per person and is nontransferable and cannot be combined with any other coupon, free trial, or similar offer. No substitutions are permitted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the amount received by the patient through this

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Prescription Processing Information:

BIN#: *%\$) & PCN#: %\$%
GRP#: 50777546 ID#: 1232490059
Offer Expires: 12/31/2018

- Present this coupon and, if applicable, your insurance card with your prescription for LEVITRA at any participating pharmacy.
- After you pay the first \$10 per tablet, you will receive up to \$150 off each prescription of LEVITRA applied to your out-of-pocket cost (the amount you pay after insurance deductions, if any). Any remaining out-of-pocket cost is at the customer's expense.
- Offer is valid for up to 12 uses, and each prescription or refill is counted as 1 use.
- In order to receive 12 uses, the first use must occur before 1/31/2018.
- This coupon may not be used by government beneficiaries, including those eligible for or enrolled in Medicare. For coupon eligibility purposes, Medicare-eligible patients include all those age 65 or older (see complete eligibility requirements below for information).
- This coupon is nontransferable. Duplicates of this uniquely coded coupon are invalid and not redeemable at the pharmacy.
- **This coupon is not health insurance.**
- If you use a mail-order pharmacy, please contact your pharmacy provider to ensure this offer will be accepted.

offer. Offer must be presented along with a valid prescription for LEVITRA at the time of purchase. Your acceptance of this offer must be consistent with the terms of any drug benefit plan provided to you by your health insurer. You agree to report your use of this coupon to your health insurer if required.

GSK or McKesson (on GSK's behalf) reserves the right to rescind, revoke, or amend this offer at any time without notice. This offer may not be sold, purchased, traded, or counterfeited. Duplicates of this uniquely coded offer are invalid and not redeemable at the pharmacy. This offer is not conditioned on any past, present, or future purchase, including refills. This offer expires on 12/31/2018.

PHARMACIST INSTRUCTIONS:

For Insured Patients: For reimbursement, submit the claim to the patient's primary third-party payer first, and then submit the balance due to McKesson.

For Cash-Paying Patients: For reimbursement, submit this claim to McKesson.

Reimbursement will be received from McKesson.

To the Pharmacist: BY REDEEMING THIS OFFER, I, the Pharmacist, UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS.

To the Patient: BY REDEEMING THIS OFFER, I, the Patient, UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

For pharmacy processing assistance or questions, please call the Help Desk at
1-866-747-1170.

HOURS OF OPERATION:

Monday – Friday 8:00 AM – 9:00 PM ET,
Saturday 9:30 AM – 6:00 PM ET, excluding holidays

GSK for you

If you don't have prescription coverage and can't afford your medicines, visit GSKforyou.com or call **1-866-GSK-FOR-U (1-866-475-3678)**