

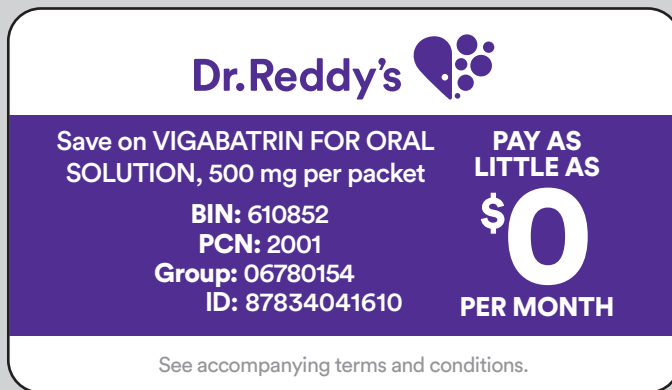
COPAY SAVINGS PROGRAM

for VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet

Commercially insured patients may pay as little as \$0 out-of-pocket on Dr. Reddy's VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet. Maximum program limits apply.*

Using your Dr. Reddy's savings card is easy:

- 1 Download the digital savings card and present it at your pharmacy.
- 2 Ask your pharmacist to fill your existing prescription with Dr. Reddy's VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet



For pharmacy processing questions, please call

1-877-442-7398

Monday–Friday 24 hours,
Saturday 8 AM–7 PM EST,
Sunday 9 AM–5 PM EST

*Commercially insured patients may pay as little as \$0 out-of-pocket per fill. Maximum program assistance per prescription and maximum annual benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. This offer is not available to patients eligible for prescription coverage by any state or federally funded healthcare programs. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

WARNING: PERMANENT VISION LOSS

See full prescribing information for complete boxed warning.

Vigabatrin can cause permanent bilateral concentric visual field constriction, including tunnel vision that can result in disability. In some cases, vigabatrin may also decrease visual acuity (5.1).

Risk increases with increasing dose and cumulative exposure, but there is no dose or exposure to vigabatrin known to be free of risk of vision loss (5.1).

Risk of new and worsening vision loss continues as long as vigabatrin is used, and possibly after discontinuing vigabatrin for oral solution (5.1).

Baseline and periodic vision assessment is recommended for patients on vigabatrin. However, this assessment cannot always prevent vision damage (5.1).

Vigabatrin for oral solution is available only through a restricted program called the Vigabatrin REMS Program (5.2).

**Good
Health
Can't
Wait.**

Please read full Prescribing Information, including boxed warning, for VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet.

Please read the Terms, Conditions, and Eligibility Requirements for Dr. Reddy's VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet COPAY SAVINGS PROGRAM below.

Terms, Conditions, and Eligibility Requirements for Dr. Reddy's VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet COPAY SAVINGS PROGRAM

To the Patient: You must present this offer and your primary insurance card to the pharmacist along with your prescription to participate in this program.

| Offer valid only for the following National Drug Codes: | | | |
|---|---|---------------|----------|
| 500 mg | VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet | 43598-0697-50 | 50 count |

This offer is not valid for patients eligible to have prescriptions paid for in part or in full by any state or federally funded healthcare programs, including but not limited to, Medicare or Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse you for the entire cost of your prescription drugs. This card is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (e.g., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). By redeeming this offer, you certify that you are an eligible patient and you understand and agree to comply with the terms and conditions of this offer.

Proof of purchase may be required. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the program.

Void if copied, transferred, purchased, altered, or traded, and where prohibited, taxed, and restricted by law. Void in the State of California and Massachusetts. This is not an insurance program and is not intended to substitute for insurance.

This offer is restricted to residents of the United States and Puerto Rico. This offer may be changed or discontinued at any time without notice. This offer may not be used with any other discount, coupon, or savings offer. If you have any questions regarding your eligibility or benefits, please call the VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet Copay Savings Program at 1-877-442-7398.

Insured Patients: For commercially insured patients, you may pay a copay as low as \$0 for your out-of-pocket per prescription fill for VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet prescriptions. Maximum program assistance per prescription and maximum annual benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

To the Pharmacist: When you use this offer you are certifying that you are dispensing VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet to a patient eligible for this offer in compliance with the terms and conditions, and you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. Void where prohibited by law.

Pharmacy Instructions for Insured Patients: Submit this claim to the patient's prescription insurance first, then submit a secondary claim to CapitalRx under BIN 610852/PCN 2001 as a Secondary Payor COB [coordination of benefits] using Other Coverage Code 8.

Pharmacy Instructions for Insured/Not Covered Patients: If the patient has commercial insurance but you receive a "not covered" response because VIGABATRIN FOR ORAL SOLUTION, 500 mg per packet is not on the patient's formulary or is subject to prior authorization or step therapy and the patient has not met the criteria, continue the claim adjudication process and run the claim as secondary payer COB. Submit the claim from the primary Payer to CapitalRX as a Secondary Payer COB [coordination of benefits] using Other Coverage Code 3.