

Vigabatrin Oral Solution Savings Card

Exclusively for Amneal-labeled
Vigabatrin for Oral Solution, USP
NDC: 69238-1425-05

Here's how the Vigabatrin Oral Solution Savings Card works:

1. Present this card or BIN, Group and ID numbers to your pharmacist along with a valid prescription.
2. Eligible commercially insured patients may receive up to \$75* off their out-of-pocket cost for their monthly Amneal Vigabatrin Oral Solution prescription.
3. If you have any questions, call 855-825-1678.

Save up to **\$75***
for each prescription
of Amneal Vigabatrin for Oral Solution

BIN: 610020

GROUP: 99994244

ID: 62557220610

*Max benefit of \$75 per monthly prescription fill.
See Eligibility and Terms below.



To Patient: Commercially insured patients can use this savings card to reduce out-of-pocket expenses on eligible prescriptions filled with Amneal Vigabatrin Oral Solution. Mention this offer to your pharmacy along with a valid vigabatrin oral solution prescription for an FDA-approved use. This offer is valid for a maximum savings of \$75 per monthly prescription fill, and \$900 per calendar year. By using this offer, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions set forth below.

To Pharmacist: Offer valid for SECONDARY claims only. Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim to PDM under BIN: 610020. Patient will receive a maximum of \$75 off per monthly prescription fill for their out-of-pocket cost.

For pharmacy processing questions, please call 855-825-1678.

Eligibility Criteria/Terms & Conditions: Card is only available for residents of the US and Puerto Rico who have commercial health insurance with co-pay/co-insurance on each prescription fill per product. Patients may not combine this offer with any rebate, coupon, free trial, or similar offer. Patients must present a valid prescription for an eligible drug at a participating pharmacy. Federal and state laws and other factors may prevent or otherwise restrict eligibility. This offer is not valid in California or Massachusetts. This card is not valid for prescriptions submitted for reimbursement to Medicare, Medicaid, TRICARE, or other federal- or state-funded programs, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. The amount of the rebate cannot exceed the patient's out-of-pocket cost. Void where prohibited by law. This offer is not insurance. Amneal Pharmaceuticals LLC reserves the right to rescind, revoke or amend this offer without notice.

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 or contact Amneal at 877-835-5472.

Note: Prescribing and dispensing this product is subject to an FDA-approved Risk Evaluation and Mitigation Strategy (REMS). Visit vigabatrinREMS.com or call 866-244-8175 for REMS-related information.



Please see accompanying full Prescribing Information including Boxed Warning or visit amneal.com/vigabatrin.

