2014 GlaxoSmithKline (GSK) SAVINGS OFFER
PAY THE FIRST $10, GSK PAYS UP TO $50*

OFF YOUR NEXT PRESCRIPTION OR REFILL OF LEVITRA (6 OR MORE TABLETS)

*Subject to eligibility. Restrictions apply.

Offer limited to 1 per person, per purchase.

- **Present this coupon and, if applicable, your insurance card with your prescription for LEVITRA at any participating pharmacy.**
- After you pay the first $10, you will receive up to $50 off your next 6 or more tablet supply of LEVITRA applied to your out-of-pocket cost (the amount you pay after the insurance deductions, if any) within 2014. Any remaining out-of-pocket cost is at the customer's expense. Good for up to 1 use.
- This coupon may not be used by government beneficiaries (see complete eligibility requirements for complete information).
- This coupon is nontransferable. Duplicates of this uniquely coded coupon are invalid and not redeemable at the pharmacy.
- **This card is not health insurance.**
- If you use a mail-order pharmacy, please contact your pharmacy provider to ensure that this offer will be accepted.

LEVITRA®
(VARDENAFIL HCI)

LEVITRA is available in 2.5-mg, 5-mg, 10-mg, and 20-mg tablets.

Expiration Date: 12/31/2014

ELIGIBILITY REQUIREMENTS

TO THE PATIENT: This coupon can be used whether or not you have insurance for the amount of your out-of-pocket expense for this prescription, up to a maximum of $50 after you pay the first $10. Any remaining out-of-pocket cost is at the customer's expense. This coupon must be accompanied by a valid, signed prescription. You are NOT eligible to use this coupon if you are a government beneficiary. You are a government beneficiary if this prescription is covered by or will be submitted for reimbursement under any federal healthcare program, including Medicaid, Medicare (Part D or otherwise), or any similar federal or state programs, including any state pharmaceutical assistance program. Further, you CANNOT use this coupon if you are Medicare eligible. For coupon eligibility purposes, all those 65 or older will be considered Medicare eligible. Your acceptance of this offer must be consistent with 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.

By redeeming this coupon, I, the Patient, certify that: (i) I have read and will comply with program rules and requirements, (ii) I have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription, and (iii) I am not Medicare eligible.

Mail-order: If you use a mail-order pharmacy, please contact your pharmacy provider to ensure this offer will be accepted.

TO THE PATIENT AND PHARMACIST: Offer good only in USA, including Puerto Rico. Void where prohibited by law, taxed, or restricted. Not valid in Massachusetts if an AB-rated generic drug is available for the product. One per purchase. May not be used with any other discount or offer. GlaxoSmithKline (GSK), Bayer and McKesson (on GSK's behalf) reserve the right to rescind, revoke, or amend this coupon without notice. This coupon is nontransferable. Duplicates of this uniquely coded coupon are invalid and not redeemable at the pharmacy.

This coupon is the property of GlaxoSmithKline and must be returned upon request.

TO THE PHARMACIST: Please submit the amount of co-pay authorized by the patient's primary insurance as a secondary transaction to McKesson. By redeeming this coupon, I certify that: (i) I have received this coupon from an eligible patient, (ii) I have dispensed the product as indicated, (iii) I have not submitted, and will not submit, a claim for reimbursement to the patient or any federal, state, or other governmental payer or to any Medicare Part D Plan, (iv) I have not retained or provided to any person or entity any portion of the amount being made available to the patient, and (v) I will otherwise comply with the terms hereof. I further certify that my participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that I have as a pharmacy provider. It is a violation of federal law to buy, sell, or counterfeit this coupon.

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.

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.

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)

Prescription Processing Information:

RxBIN: 610524	RxGroup: 50776795	Member ID: 200247792	RxPCN: 1016	Issuer: (80840)

Bayer HealthCare Pharmaceuticals

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GlaxoSmithKline

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