INSTANT SAVINGS - UP TO \$25 OFF*

YOUR NEXT PRESCRIPTION OR REFILL OF LEVITRA (6 or more tablets).

RxBIN: 610524 RxGRP: 50776569 **RxPCN: Loyalty** Issuer: (80840) Member ID: 364797115

LEVITRA

(VARDENAFIL HCI)

*Subject to eligibility. Restrictions apply.

Offer limited to 1 coupon per person per purchase.

Expiration Date: 12/31/2013

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 \$25. 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 MUST NOT be Medicare eligible and enrolled in an employersponsored health plan or employer-sponsored prescription drug benefit plan for retirees (ie, you are eligible for Medicare Part D but receive a prescription drug benefit through a former employer).

Not valid in Massachusetts if AB-rated generic drug is available for the product. 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. Only original accepted—not valid if reproduced. One per purchase. May not be used with any other discount or offer. Offer good only in USA. Not valid in Puerto Rico. Void where prohibited by law, taxed, or restricted.

GlaxoSmithKline (GSK), Bayer and McKesson (on GSK's behalf) reserve the right to rescind, revoke, or amend this coupon without notice.

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) if I am Medicare eligible, I am not enrolled in an employer-sponsored health plan for retirees or a Medicare Part D Plan.

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

- Present this coupon and, if applicable, your insurance card with your prescription for LEVITRA (6 or more tablets) at any participating pharmacy.
- You will receive up to \$25 off your out-of-pocket cost (the amount you pay after the insurance deductions, if any).
- 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.
- If you use a mail-order pharmacy, please contact your pharmacy provider to ensure that this offer will be accepted.

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

TO THE PHARMACIST: Please submit the amount of co-pay authorized by the patient's primary insurance as a secondary transaction to McKesson Corporation.

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.



If you don't have prescription coverage



