

Pay As Low As \$25 Per Month**For prescriptions paid through third-party insurance****\$99 per month if not covered by insurance*****Safely and Effectively Manages
Chronic Venous Disease*****Vasculera® Savings Card****Pay As Low As \$25 At A Retail Pharmacy****For prescriptions paid through third-party insurance****\$99 if not covered by insurance**

RxBIN#	PCN#	GROUP#	IDENTIFICATION#
610600	AS	585	58500061423

Expires: 12/31/2017

Medicare Patients are Eligible*(See back for details¹)*
Vasculera®
 diosmiplex 630mg

Vasculera is a prescription medical food product for the clinical dietary management of the metabolic processes of chronic venous insufficiency under a physician's supervision.

Full prescribing information available at www.vasculera.com

Questions:**1-888-546-2735 or info@primusrx.com**Visit **www.vasculera.com** for more information & other offers

PATIENT INSTRUCTIONS:

Insured patients pay as low as \$25 co-pay for 30 tablets of Vasculera at a retail pharmacy. If Vasculera is not covered by third party insurance, patients will pay no more than \$99 for 30 tablets of Vasculera at a retail pharmacy. Check vasculera.com, as deeper discounts may be available. Offer based on 30-day supply for a prescription of one tablet per day. Card is not valid for prescriptions that are 100% reimbursed by private insurance plans or other health/pharmacy benefit programs.

If you have questions regarding the product or program please call 1-888-546-2735.

Reimbursement limitations apply. Patient is responsible for all additional costs and expenses after reimbursement limits are reached.

If you are a patient and have questions regarding the program or are asked to pay more than \$99 for 30 tablets of Vasculera, please call 1-888-546-2735.

† Medicare patients are eligible to use this savings card. In order to process the savings card with the pharmacy, you must have the prescription processed using the coupon as your primary insurance and as a 100% cash paying patient. The pharmacy cannot process it through Medicare.

It may take 4 to 8 weeks of daily use to see results from Vasculera. It is important to take this medication as prescribed.

If your insurance does not cover this product, take action at covermymedicalfoods.com.

This card may only be used to reduce your out-of-pocket cost for Vasculera® (diosmiplex) 630 mg (68040-610-14).

Card is good for multiple refills as long as your initial fill is prior to the expiration date.

By using the co-pay & cash savings card (the "Card"), you acknowledge that you currently meet the eligibility criteria and will comply with the terms & conditions described above. This card is not health insurance. This card is accepted only at participating retail pharmacies. Individual prices may vary by retailer. Good only in the U.S. but void where prohibited by law. This program may be rescinded, revoked or amended without notice. Cannot be combined with any other rebate or coupon, free trial or similar offer for the specified prescription(s).

PHARMACIST INSTRUCTIONS:

Each Vasculera coupon card can be used for multiple refills as long as the initial fill is prior to expiration date.

Reimbursement limitations apply. Patient is responsible for all additional costs and expenses after reimbursement limits are reached.

Cash and Medicare Patients: For patients paying 100% cash, process prescription as 100% cash payment using the coupon as patient's primary insurance so that patient pays no more than \$99 per month at a retail pharmacy.

† Medicare & Medicaid patients are eligible to use savings card. While Vasculera is not covered by CMS, patient can be processed using the coupon as the primary insurance and as 100% cash paying patients, so that patient pays no more than \$99 per month at a retail pharmacy.

Insured Patients: Insured patient pay as low as \$25 co-pay for up to a 30 day supply or 30 tablets at a retail pharmacy. Card is not valid for prescriptions that are 100% reimbursed by private insurance plans, other health or pharmacy benefit programs. If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction with a code type of 08. Applicable discounts will be displayed in the transaction response.

Offer good on Vasculera® (diosmiplex) 630 mg (68040-610-14).

Processor requires valid prescriber ID#, patient name and DOB for claim adjudication. Claim must be accompanied by a valid prescription. Product dispensed pursuant to terms of card. Not valid if reproduced or submitted to other payor. It is illegal for any person to sell, purchase, or trade this card. Program is not transferable and may be cancelled anytime without notice. Full prescribing information at www.vasculera.com.

For processing questions, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.