

# APRISO SAVINGS CARD

## Using your APRISO Savings Card:

1. Give your prescription for APRISO along with this printed page to your pharmacist.
2. Keep this coupon in order to receive a discount each month off APRISO.
3. For questions regarding your eligibility or benefits, call 1-855-740-3034.
4. If your pharmacy is unable to process this coupon, please mail a copy of this page with your pharmacy receipt indicating your purchase of APRISO to:

**APRISO Savings Card**  
**6501 Weston Parkway**  
**Suite 370**  
**Cary, NC 27513**

**APRISO SAVINGS PROGRAM**

**\$0\*** CO-PAY ON YOUR FIRST PRESCRIPTION OF APRISO

**\$10\*** PAY NO MORE THAN FOR ALL FUTURE APRISO PRESCRIPTIONS

\*Maximum benefit of \$110 off the first use.

\*Maximum benefit of \$100 off each subsequent use.

**BIN:** 610020 **Group:** 99992236 **ID:** XXXXXXXXXX

Card is valid for one use per month. Offer expires 12/31/2013.

See reverse side of APRISO Card for eligibility criteria. For help processing this card, call 1-855-740-3034.

**apriso**  
(mesalamine) 0.375g  
EXTENDED-RELEASE CAPSULES

**apriso**  
(mesalamine) 0.375g  
EXTENDED-RELEASE CAPSULES

**BIN:** 610020  
**Group:** 99992236  
**ID:** XXXXXXXXXX  
**Expires:** 12/31/2013

**BIN:** 610020

**Group:** 99992236

**ID:** 47559107406

**Expiration:** 12/31/2013

## To Pharmacist:

**For Insured Patients:** Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDM under BIN: 610020.

**For Uninsured Patients:** Submit claim to PDM under BIN: 610020.

**For pharmacy processing questions, please call 1-855-740-3034.**

(Monday - Friday 24 hours, Saturday 8:00 AM - 7:00 PM EST, Sunday 9:00 AM - 5:00 PM EST)

## Eligibility Criteria:

- Patient pays \$0 for the initial use, with a maximum benefit of \$110.
- For each subsequent use, the patient pays the initial \$10, with a maximum benefit of \$100.
- This card is valid for one use per month until 12/31/2013.
- This offer is not valid if your prescription plan is paid/partially paid by Medicaid, Medicare, Federal or State government programs. Not valid if reproduced or submitted to the other payer.
- Salix Pharmaceuticals reserves the right to rescind, revoke or amend this offer without notice.
- Offer good only in the USA. Void where prohibited by law.