VIBATIV®
(telavancin) for injection

# Co-Pay Program

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(telavancin) for injection

## Pharmacy Benefit Card

**$0 Co-Pay for most commercially insured patients per therapy day on Vibativ®**

Patient is responsible for the first $0 and any co-pay amount above their maximum savings benefit of $135. Maximum annual benefit $1,200.

**Processor: Drexi**
**BIN #: 017290**
**RxPCN #: 55101202**
**Group #: E1300**
**Person Code: 01**
**Cardholder ID: 1001001**

Present the above savings card to pharmacist. Terms and conditions apply, see back of offer for more details. For more information, please visit https://info.vibativ.com/co-pay-card.

## Or to submit a Medical Benefit Claim, please scan the QR Code below.

**Please visit www.vibativ.com for full prescribing information, including boxed warning.**

## Terms & Conditions

By using this coupon, you and your pharmacist understand and agree to comply with these terms and conditions. You also consent to the use and disclosure of necessary information by a third-party vendor for the purpose of administering and fulfilling this coupon. Coupon not valid for prescriptions reimbursed in whole or in part under Medicaid, Medicare (including Medicare Advantage and Part D prescription drug plans), or any other federal or state program (including state pharmaceutical assistance programs) or where prohibited, taxed, or otherwise restricted. This coupon is not insurance. Offer may not be combined with any other rebate, coupon, free trial or similar offer. Coupon has no cash value. No cash back. It is a violation of Federal law for a Pharmacy, Physician, or employee of Cumberland Pharmaceuticals to knowingly violate this program's business rules and may instigate an immediate claims reversal. The selling, purchasing, trading or counterfeiting of this coupon is prohibited by law. Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. This coupon may be used for each new or retherapy day prescription. Cumberland Pharmaceuticals reserves the right to rescind, revoke or amend this offer without notice.

## Pharmacist Instructions

Please dispense Vibativ at up to $135 off the patient's out-of-pocket expense per therapy day. Patient is responsible for the first $0 and any co-pay amount above their maximum savings benefit of $135. Maximum annual benefit $1,200. Cumberland Pharmaceuticals and/or Pharmacy Benefit Manager reserve the right to audit and review all records and documentation relating to the redemption of this coupon and the dispensing of this product. This claim may be submitted electronically using the numbers on the front of the voucher. Submit all claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 8); or in some cases, using Coordination of Benefits processing, depending on your pharmacy's software requirements. You will be reimbursed per your contracted rate directly from PBM. Pharmacy or customer mail-in claims may be sent to DREXI, 2700 North Central Avenue, Ste. 1110, Phoenix, AZ 85004 for prompt reimbursement. All mail-in claims should include a duplicate pharmacy label or receipt (cash register receipts not accepted) along with a copy of the front of the customer savings card. For expedited processing, Fax voucher and Rx receipt to 1-480-444-1449.

**Restore patient's profile to Primary PBM, if appropriate, after claim submission. Call the Drexi help desk at 1-844-728-3479 for processing questions.**

CUMBERLAND® PHARMACEUTICALS