



Save up to **\$60** off your next prescription of **DIASTAT** (diazepam rectal gel)

Eligible patients[†] to pay first \$5 of their co-pay or retail cost of the prescription before the \$60 benefit is applied.

This program is brought to you as a service by Valeant Pharmaceuticals North America LLC. Take this coupon and present it along with a signed prescription from your doctor to a participating pharmacy and you will save up to \$60* off your next prescription of DIASTAT or DIASTAT AcuDial if you are eligible.†

Be sure to follow all dosing instructions provided by your Healthcare Provider.

| <u>BIN #</u> | <u>PCN</u> | <u>Group</u> | <u>ID</u> | <u>Expires</u> |
|--------------|------------|--------------|-------------|----------------|
| 610600 | AS | 141 | 14100005967 | 12/31/2015 |

To the Pharmacist: This coupon is part of a Valeant Pharmaceuticals North America LLC program for DIASTAT or DIASTAT AcuDial.

- This coupon is valid for reimbursement at retail pharmacies only.
- This coupon must be accompanied by a prescription. This coupon is valid for DIASTAT or DIASTAT AcuDial only.
- This coupon is good for up to \$60* off the copayment of or cash price paid for a DIASTAT or DIASTAT AcuDial prescription fill and up to 5 refills. Eligible patients[†] to pay first \$5 of their co-pay or retail cost of the prescription before the \$60 benefit is applied.
- Submit your claim as follows:
 - For Insured Customers:** Use your customer's prescription for the primary claim. For the secondary claim, submit an "Other Coverage Code 8" (copay billing) transaction to AlphaScrip using BIN 610600 and the ID.
 - For Cash-Paying Customers:** Submit a primary claim to AlphaScrip using BIN 610600 and the ID.
- For processing questions, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.

The user of this coupon acknowledges and agrees that: (1) use of the coupon is not inconsistent with the terms of his/her health insurance plan; (2) s/he will not seek reimbursement from his/her health insurance plan for any amount paid by the coupon; and (3) s/he will report use of the coupon to his/her health insurance plan if required by the terms of the plan.

†Offer restrictions and eligibility requirements: Offer is not valid for prescriptions being fully or partially reimbursed under Medicaid, a Medicare drug benefit plan, or other federal or state programs (such as medical assistance programs). The patient is responsible for reporting receipt of this offer to any health insurer, health plan, or third-party payer as may be required. By using this card, you agree that you will not submit a claim for the prescription to a government payer. If any part of your prescription is paid for by a nongovernmental third-party payer, you attest to having disclosed this offer to your third-party payer. The use of this card is subject to applicable state and federal law.

To the Patient

If your pharmacy is unable to process this coupon, please mail a copy of this coupon along with a copy of your pharmacy receipt indicating your purchase of DIASTAT or DIASTAT AcuDial and the amount paid to:

DIASTAT Rebate
P.O. Box 15980
Phoenix, AZ 85060-5980
Please allow 4-6 weeks to receive your rebate.

Please see Indication and Important Safety Information on the next page. [Click here](#) for full Prescribing Information.



Indication

Diazepam rectal gel is a gel formation of diazepam intended for rectal administration in the management of selected, refractory, patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity for patients 2 years and older.

Important Safety Information

Diazepam Rectal Gel is a Schedule IV controlled drug substance and should be administered no more frequently than every 5 days and no more than 5 times a month.

Diazepam Rectal gel is contraindicated in patients with acute narrow angle glaucoma.

Diazepam rectal gel should only be administered by caregivers who, in the opinion of the prescribing physician, (1) can identify the difference between cluster of seizures (and/or the events that precipitate the onset of seizures) from ordinary seizure activity, (2) are judged to be able to use product as instructed, (3) understand which seizures may or may not be treated with diazepam rectal gel, and (4) monitor the effect of diazepam rectal gel and know when to seek professional medical help.

Patients must be cautioned that diazepam rectal gel causes Central Nervous System (CNS) depression. Patients need to be advised against operating machinery, driving a motor vehicle, or riding a bike until they no longer feel the effects of the medication. Diazepam should not be used with alcohol or other CNS products that cause respiratory or CNS depressant effects. Prolonged CNS depression has been observed in neonates treated with diazepam; therefore diazepam rectal gel is not recommended for use in children under 6 months of age.

Because of general concerns about benzodiazepines, diazepam rectal gel should be used in pregnant women only after the physician considers the risk to the fetus.

Tonic status epilepticus has been precipitated in patients treated with IV diazepam for petit mal status or petit mal variant status.

Diazepam rectal gel should be used with caution in patients with compromised respiratory function, in patients with kidney or liver disease, in the elderly, and in nursing women. Although diazepam rectal gel is indicated only intermittently, the potential for synergistic CNS depressant effects and drug interactions should be considered.

The most frequent adverse event reported with the use of diazepam rectal gel in clinical trials was somnolence (23%). Less frequent adverse events reported ($\leq 5\%$) were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, in coordination, asthma, rash, abdominal pain, nervousness and rhinitis.

[Click here](#) for full Prescribing Information.

You are encouraged to report adverse side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



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NU/DIA/14/0001