# YOUR ELIGIBLE PATIENTS CAN SAVE* ON THEIR PRESCRIPTIONS FOR BRILINTA

## COMMERCIALLY INSURED PATIENTS

PAY AS LOW AS $5* EACH MONTH

Eligible patients will pay as low as $5 for a 30-day supply, subject to a maximum savings of $200 per 30-day supply*

BIN# 004682 GRP# EC57006512
PCN# CN ID# 415092411478

**Pharmacist Instructions for a Patient with an Eligible Third Party: For Commercially Insured/Covered Patients:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 8. The patient is responsible for the first $5 and the card pays up to the next $200 per 30-day supply; patient's out-of-pocket expenses may vary. Reimbursement will be received from **Change Healthcare**.

## MEDICARE PART D AND MEDICAID PATIENTS

**ONE MONTH FREE***
(up to 60 tablets)

Eligible patients will receive one 30-day supply of BRILINTA (up to 60 tablets) FREE*

BIN# 004682 GRP# EV57006515
PCN# CN ID# 415095611506

Submit this claim to **CHANGE HEALTHCARE**. The information printed below should be used when submitting for reimbursement. No claim for payment can be made to ANY Third-Party Payer for product dispensed pursuant to this offer. Not valid if reproduced.

## CASH-PAYING PATIENTS

Eligible patients will receive up to $100 off each 30-day supply

BIN# 004682 GRP# EC57006514
PCN# CN ID# 415095611495

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **Change Healthcare**. A valid Other Coverage Code (eg, 1) is required. The card will cover up to $100 per 30-day supply. Reimbursement will be received from **Change Healthcare**. Patients enrolled in a state or federally funded prescription insurance program may not use this savings card.

*Subject to eligibility rules below; restrictions apply.

Our Pharmacy Hotline Information

**1-888-462-3705** 8 AM TO 8 PM EST, MONDAY THROUGH FRIDAY (EXCEPT HOLIDAYS)

### Eligibility for Commercially Insured and Cash-Paying Patients

**ELIGIBILITY:** You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state or federally funded prescription insurance program, you may not use this savings card even if you elect to be processed as an uninsured (cash-paying) patient. This offer is not insurance, is restricted to residents of the United States and Puerto Rico, and to patients over 18 years of age.

**TERMS OF USE:** Eligible commercially insured patients with a valid prescription for BRILINTA® (ticagrelor) tablets who present this savings card at participating pharmacies will pay as low as $5 per 30-day supply. $200 maximum savings limit applies; patient's out-of-pocket expense may vary. If you pay cash for your prescription, AstraZeneca will pay up to the first $100, and you will be responsible for any remaining balance, for each monthly prescription. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Nontransferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility and terms of use at any time without notice. This offer is not conditioned on any past, present or future purchase, including refills. Offer must be presented along with a valid prescription at the time of purchase. For additional details about this offer, please visit **www.brilinta.com**. If you have any questions regarding this offer, please call **1-800-422-5604**.

**BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.**

Program managed by ConnectiveRx, on behalf of AstraZeneca. connective Rx

### Eligibility for Free Trial Offer for Medicare or Medicaid Patients

This offer is good for eligible patients purchasing up to a 30-day supply (up to 60 tablets) of BRILINTA® (ticagrelor) tablets and may not be used for any other product. This offer is good for the purchase of BRILINTA® manufactured for AstraZeneca Pharmaceuticals LP and lawfully purchased from an authorized retailer or distributor in the United States or its territories. This offer may be used by eligible patients who participate in Medicaid, Medicare, or similar federal or state programs, or by patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. This offer is not insurance and is not valid for mail order, or for patients under 18 years of age. Offer not valid where prohibited by law, taxed, or restricted. Offer is not transferable, is limited to one per person, and may not be combined with any other offer. Offer must be presented along with a valid prescription for BRILINTA® at the time of purchase.

**Medicaid or Medicare Patients:** You will receive one 30-day prescription free. If you have any questions regarding this offer, please call **1-800-422-5604**. AstraZeneca reserves the right to change or discontinue this offer at any time without notice. No claim for payment can be made to ANY Third-Party Payer for product dispensed pursuant to this offer. Not valid if reproduced.

Program managed by ConnectiveRx, on behalf of AstraZeneca. connective Rx

**Please read accompanying full Prescribing Information, including Boxed WARNINGS, and Medication Guide for BRILINTA 60-mg and 90-mg tablets.**

BRILINTA® ticagrelor tablets

AstraZeneca

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