

This information is intended for US consumers only

BRING THIS OFFER TO YOUR PHARMACY with your prescription for BRILINTA

If you are unsure about your health insurance, please talk to your pharmacist.

COMMERCIALY INSURED PATIENTS

BRILINTA FOR \$5*

*Subject to eligibility on back; restrictions apply.

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



Powered by: **CHANGE HEALTHCARE**

BIN# 004682	GRP# EC57006540
PCN# CN	ID# 415361056697

Commercially Insured Patients

PAY JUST \$5*

A MONTH FOR BRILINTA.

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 REDEEMING THIS CARD, ASTRAZENECA AND THIRD PARTIES WORKING ON BEHALF OF ASTRAZENECA MAY RECEIVE INFORMATION SUCH AS THE DATE YOU FILLED THE PRESCRIPTION, THE QUANTITY OF MEDICATION DISPENSED BY YOUR PHARMACIST, AND YOUR SAVINGS UNDER THE PROGRAM. ASTRAZENECA, OR THIRD PARTIES WORKING ON OUR BEHALF, WILL NOT SELL OR RENT PERSONAL HEALTH INFORMATION, PLEASE SEE [HTTPS://WWW.GLOBALPRIVACY.ASTRAZENECA.COM/](https://www.globalprivacy.astrazeneca.com/) FOR THE AZ PRIVACY NOTICE FOR HOW PERSONAL INFORMATION IS PROCESSED.

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

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**.

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.

Valid Other Coverage Code required. For any questions regarding Change Healthcare online processing, please call the Help Desk 1-800-422-5604.

You may report side effects related to AstraZeneca products by clicking [here](#). If you have questions or would like additional information, please [click here](#) or call **1-888-512-7454, 7 AM to 9 PM, Eastern Time, 365 days a year**. If you cannot afford your medication, AstraZeneca may be able to help. For more information, please visit AstraZeneca-US.com

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