

# Save up to \$30 per carton\*

**teva** | **epinephrine**  
injection USP (auto-injectors)  
0.15 mg | 0.3 mg

Expires: **9/30/2019**

**BIN 600426**

**GRP EC74017001**

**PCN 54**

**ID 59272625264**

You must present this offer and your primary insurance card to the pharmacist along with your prescription.

\* Commercially insured patients may save up to \$30 out of pocket per carton, up to a maximum of three (3) cartons per prescription. This offer is not available to non-insured/cash-paying patients, nor patients eligible for prescription coverage by any state or federally funded healthcare programs. Maximum reimbursement limits apply. Patient out-of-pocket expenses may vary.

## SAVINGS OFFER TERMS, CONDITIONS, AND ELIGIBILITY REQUIREMENTS

**Terms and Conditions:** Only commercially insured patients are eligible for this offer. Patients are not eligible for this offer if they are eligible to have prescriptions paid for in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse for the entire cost of prescription drugs. This card is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., patients who are eligible for Medicare Part D but who receive a prescription drug benefit through a former employer). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By redeeming this card, the patient (for a minor, the patient's parent or guardian) acknowledges that the patient is eligible and understands and agrees to comply with the terms and conditions of this offer.

Void if copied, transferred, purchased, altered, or traded and where prohibited and restricted by law. This is not an insurance program. This offer is restricted to residents of the United States and Puerto Rico. This offer may be changed or discontinued at any time without notice. This offer is limited to one per customer and may not be used with any other discount, coupon, or offer. **This offer expires on September 30, 2019. This program is managed by ConnectiveRx on behalf of Teva Pharmaceuticals USA, Inc. The parties reserve the right to change or discontinue this offer at any time without notice.** If you have any questions regarding your eligibility or benefits, please call 1-833-210-5451.

**To the Patient:** This card must be presented to the Pharmacist along with your Epinephrine Auto-Injector 2-Pack prescription to participate in this program.

## Offer valid only for the following National Drug Codes:

0.15 mg/0.3 mL - 00093-5985-27 (2-Pack)

0.3 mg/0.3 mL - 00093-5986-27 (2-Pack)

**Commercially Insured Patients:** Commercially insured patients with coverage for the Epinephrine Auto-Injector 2-Pack may save as much as \$30 on out-of-pocket expenses for each Epinephrine Auto-Injector 2-Pack carton, up to a maximum of three (3) cartons per prescription. Teva will pay up to \$30 per carton of your co-payment or cost-sharing obligation per fill. Maximum reimbursement limits apply and patient out-of-pocket expenses may vary.

**Cash-Paying Patients: Non-Insured/Cash-Paying Patients are not eligible for this offer.**

**To the Pharmacist:** By redeeming this offer, the Pharmacist certifies that the Epinephrine Auto-Injector 2-Pack is being dispensed to a patient eligible for this offer in compliance with these terms and conditions, and the Pharmacist has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. Void where prohibited by law.

**Pharmacy Instructions for Commercially Insured Patients:** Submit this claim to **Change Healthcare**. A valid Other Coverage Code (**e.g. 8**) is required. For each Epinephrine Auto-Injector 2-Pack carton, Teva will pay \$30 per carton, up to a maximum of three (3) cartons per prescription. Payment will be received from **Change Healthcare**.

**Pharmacy Instructions for Uninsured Cash-Paying Patients: Cash-Paying Patients are not eligible for this offer.**

Valid Other Coverage Code required. For questions regarding processing, please call the Help Desk at 1-800-433-4893.