

This information is intended for US consumers only

## Bring this offer to your pharmacy with your prescription for BRILINTA 60-mg or 90-mg tablets

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

### COMMERCIALLY INSURED PATIENTS

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PAY AS LITTLE AS  
**\$18\*** FOR A  
**3-MONTH SUPPLY**  
ON EACH AND EVERY REFILL

\*Subject to eligibility rules on back; restrictions apply.

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

**BRILINTA®**  
ticagrelor tablets

Emdeon  
Therapy First Plus

BIN# 004682  
PCN# CN  
GRP# EL57006482  
ID# 414616090530

### PAY AS LITTLE AS \$18 FOR EACH AND EVERY 3-MONTH SUPPLY\* OFFER VALID FOR 30-, 60- OR 90-DAY PRESCRIPTIONS

**Commercially insured patients<sup>†</sup>:** Most eligible patients will pay as little as \$18 for a 30-day supply, a 60-day supply or a 90-day supply, subject to a maximum savings of \$100 per 30-day supply.\* Per calendar year, your card is subject to a \$1200 annual program benefit, or 12 uses (and each 30-day supply counts as 1 use), whichever comes first.\*

**Cash-paying patients:** Cash-paying patients will receive up to \$100 in savings on out-of-pocket costs per 30-day supply.\* Per calendar year, your card is subject to a \$1200 annual program benefit, or 12 uses (and each 30-day supply counts as 1 use), whichever comes first.\* If you fill your prescriptions through mail order, request a rebate form at **1-888-512-7454**.

**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 and is restricted to residents of the United States and Puerto Rico and patients over 18 years of age or older. This offer is valid for retail prescriptions only.

**Terms of Use:** Eligible commercially insured patients with a valid prescription for BRILINTA® (ticagrelor) tablets who present this offer at participating pharmacies will pay \$18 for a 30-day supply, a 60-day supply, or a 90-day supply, subject to a maximum savings of \$100 per 30-day supply. Cash-paying patients will receive up to \$100 in savings on out-of-pocket costs per 30-day supply. Per calendar year, your card is subject to a \$1200 annual program benefit, or 12 uses (and each 30-day supply counts as 1 use), whichever comes first. Patients who remain eligible are automatically reenrolled. This offer is good for a 30-day supply, 60-day supply, or 90-day supply. Other restrictions may apply. Patient is responsible for applicable taxes, if any. If you have any questions regarding this offer, please call **1-888-512-7454**.

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 for BRILINTA at the time of purchase.

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:** Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (**eg, 8**). The patient is responsible for the first \$18 per 30-, 60-, or 90-day supply; the card will cover up to the next \$100 of their copay per 30-day supply. Reimbursement will be received from **Therapy First Plus**.

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (**eg, 1**) is required. This card will cover up to \$100 per 30-day supply. Reimbursement will be received from **Therapy First Plus**.

**Valid Other Coverage Code Required:** For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at **1-800-422-5604**.

Program managed by PSKW, LLC, on behalf of AstraZeneca.

\*Subject to eligibility rules above; restrictions apply.

<sup>†</sup>"Patients" means covered lives (Commercial, Commercial [BCBS], Employer, Municipal Plan, PBM, Union) at Tiers 1-7 in the US, as calculated by Fingertip Formulary®.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.FDA.gov/medwatch](http://www.FDA.gov/medwatch) or call 1-800-FDA-1088.

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](http://AstraZeneca-US.com)

**Please read Medication Guide and full Prescribing Information, including Boxed WARNINGS for BRILINTA 60-mg and 90-mg tablets, at [www.BRILINTAPI.com](http://www.BRILINTAPI.com)**

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