

This information is intended for US consumers only

Print and take this offer* to your pharmacy (take the entire page)

All eligible patients get ONE MONTH FREE*

(30-day supply; up to 60 tablets)

**Commercially insured
or cash-paying patients**

pskw
Emgion
Therapy First Plus
BIN# 004682
PCN# CN
GRP# EC57006234
ID# 413440004095

**Medicare or Medicaid
patients**

pskw
Emgion
Patient Choice
BIN# 004682
PCN# CN
GRP# EV57006235
ID# 413440004095

*Subject to eligibility rules; restrictions apply.

Please read the accompanying
Medication Guide and full
Prescribing Information, including
Boxed WARNINGS for BRILINTA.



One month FREE*



Savings on refills*

(eligible commercially insured patients)

With the Free Trial Offer,* all eligible patients will get one 30-day supply of BRILINTA (up to 60 tablets) FREE.* Plus, eligible commercially insured patients may pay only \$18 per 30-day supply with the Savings Card.*

- **Commercially insured patients:** Eligible patients can save on out-of-pocket costs that exceed \$18 (up to a \$75 savings limit) on each 30-day supply, up to a year*
- **Cash-paying patients:** Eligible patients can save up to \$75 off each 30-day supply, up to a year*

The Savings Card offer is not valid for patients whose prescriptions are purchased under Medicare or Medicaid, or similar government-sponsored programs.

If you fill your prescriptions through mail order, request a rebate form at **1-888-512-7454**.

*Subject to eligibility rules below; restrictions apply.



**SAVE
on refills***

pskw
Emgion
Therapy First Plus
BIN# 004682
PCN# CN
GRP# EC57006233
ID# 413440004095

*Subject to eligibility rules on back; restrictions apply.



Please read the accompanying Medication Guide and full
Prescribing Information, including Boxed WARNINGS for BRILINTA.

Eligibility for Free Trial Offer: 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 may also be used by eligible patients who have commercial insurance or pay cash for their prescriptions. 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.

Commercially Insured or Cash-Paying Patients: If you have commercial insurance, you will receive 100% off your copay for one 30-day prescription; if you pay cash for your prescriptions, you will receive one 30-day prescription free.

If you have any questions regarding this offer, please call **1-888-512-7454**. AstraZeneca reserves the right to change or discontinue this offer at any time without notice.

Pharmacist Instructions for a Medicare or Medicaid Patient: For reimbursement, please submit to **Patient Choice**. The information printed on this offer 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.

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 with patient responsibility amount and a valid Other Coverage Code (eg, 8). The patient is responsible for \$0. 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. The patient is responsible for \$0. 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**.

Eligibility for Savings Card: This offer is good for eligible patients purchasing at least 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 is not insurance and is not valid for mail order or for prescriptions purchased under Medicaid, Medicare, or similar federal or state programs, or for patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees, 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.

If you have commercial insurance for your prescriptions and your copay is more than \$18, you will pay the first \$18 per 30-day supply and receive up to \$75 in savings per 30-day supply. If you pay cash for your prescriptions, you will receive up to \$75 in savings on your out-of-pocket costs per 30-day supply. This offer is good for a 30-day supply (up to 12 fills), a 60-day supply (up to 6 fills), or a 90-day supply (up to 4 fills). If you have any questions regarding this offer, please call **1-888-512-7454**. AstraZeneca reserves the right to change or discontinue this offer at any time without notice.

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 with patient responsibility amount and a valid Other Coverage Code (eg, 8). The patient is responsible for the first \$18 on a 30-day supply, \$36 on 60-day supply, or \$54 on 90-day supply and the card will cover up to \$75 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. The card will cover up to \$75 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.

Please read Medication Guide and full Prescribing Information, including Boxed WARNINGS for BRILINTA, at www.BRILINTAPI.com

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit 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 (ET), 7 days a week, including holidays.**

If you cannot afford your medication, AstraZeneca may be able to help.
For more information, please visit **AstraZeneca-US.com**

