

# HOW TO RECEIVE THE REBATE FOR MAIL-ORDER PRESCRIPTIONS FOR YOUR BRILINTA 60-MG OR 90-MG TABLETS

**You may pay as little as \$18 per 90-day supply for as long as your doctor prescribes it,\*** if you have commercial insurance and if you receive your prescriptions through mail order.

**Commercially insured patients<sup>†</sup>:** Eligible patients can save on out-of-pocket costs that exceed \$18 (up to a \$300 savings limit) on each 90-day supply.\* Per calendar year, this mail order benefit is subject to a \$1200 annual program benefit, or 4 uses, whichever comes first. Patients who remain eligible are automatically reenrolled.\*

**Cash-paying patients:** Eligible patients can save up to \$300 off each 90-day supply.\* Per calendar year, this mail order benefit is subject to a \$1200 annual program benefit, or 4 uses, whichever comes first. Patients who remain eligible are automatically reenrolled.\*

\*Individual out-of-pocket costs may vary. Subject to eligibility rules below; 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<sup>®</sup>.

## FOLLOW THESE SIMPLE STEPS



Fill a prescription through your mail-order pharmacy for a 90-day supply of BRILINTA.



Fill out and sign the form on the next page.



Mail the completed form **along with the Mail-Order Pharmacy Receipt** (either the original or a copy) that came with your 90-day supply of BRILINTA. Forms submitted without the receipt are not valid and will not be eligible for reimbursement.

### The Mail-Order Pharmacy Receipt should include

- Patient’s name and address
- Rx number, fill date, drug name, NDC number
- Mail-order pharmacy name
- Quantity and price

Please allow at least 6 to 8 weeks to process your refund. You will receive a refund of up to \$300 if your co-pay is more than \$18.\* Reimbursement forms must be received within one year of the fill date shown on the Mail-Order Pharmacy Receipt.

**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 rebate form 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.

**TERMS OF USE:** This offer is good for eligible patients purchasing a 90-day supply (up to 180 tablets) of BRILINTA<sup>®</sup> (ticagrelor) tablets through a mail-order pharmacy and may not be used for any other product. If you have commercial insurance for your prescriptions and your co-pay is more than \$18 for a 90-day supply, you will pay the first \$18 and receive up to \$300 in savings from AstraZeneca. If you pay cash for your prescriptions, you will receive up to \$300 in savings from AstraZeneca for a 90-day supply. This offer is good for a 90-day supply. Per calendar year, this mail order benefit is subject to a \$1200 annual program benefit, or 4 uses, whichever comes first. Patients who remain eligible are automatically reenrolled. 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 REBATE FORM, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

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

**Please read the accompanying 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)**



# MAIL-ORDER REBATE FORM FOR BRILINTA

## TO AVOID DELAYS

- Be sure to send in both this completed form and your Mail-Order Pharmacy Receipt (the original or a copy).
- Print neatly if you are filling out this form by hand.

## FILL OUT THIS SECTION

Patient's full name \_\_\_\_\_ Date of birth mm / dd / yy

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail (optional) \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

"I, \_\_\_\_\_, certify that the information provided for this reimbursement request is accurate to the best of my knowledge, and the co-payment or out-of-pocket expenses requested for reimbursement were actually incurred."

"I, \_\_\_\_\_, certify that my prescription was not purchased under Medicaid, Medicare, or a similar federal or state insurance program; and that I am not Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees."

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail your completed form and original or photocopied Mail-Order Pharmacy Receipt to**

AZ Claims Processing Dept  
PO Box 7017  
Bedminster, NJ 07921-7017

**Please read the accompanying 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)**

*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)

**pskw**

**GRP#** EC57006181

**ID#** 413296296838

**BRILINTA**<sup>®</sup>  
ticagrelor tablets