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.

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. 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. This offer is not insurance and is restricted to residents of the United States and Puerto Rico.

TERMS OF USE: Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and a valid prescription for BRILINTA® (ticagrelor) tablets who present this savings card at participating pharmacies may pay as low as $5 for each 30-, 60-, or 90-day supply, subject to a maximum savings of $200 per 30, $400 per 60, or $600 per 90-day supply. Patient out-of-pocket expenses may vary. If you are insured and your insurance does not cover or has a managed care restriction on your prescription (step-edit, prior authorization, or NDC block), patient out-of-pocket expenses may vary based on the day supply. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed or restricted. Card savings are not valid for: Massachusetts residents if an AB-rated generic equivalent is available; California residents if an FDA-approved therapeutic equivalent is available. Other state restrictions may apply. 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, including flexible spending account or healthcare savings account.

Maximum Savings Limit, Total Program Benefit, Benefits May Change, End or Vary: The program provides up to a **Maximum Savings Limit** of assistance to reduce a patient's out-of-pocket medication costs that AstraZeneca will provide per patient for each use, which must be applied to the patient's out-of-pocket costs (co-pay, deductible, or co-insurance). **Total Program Benefit** amounts are unilaterally determined by AstraZeneca in its sole discretion and will not exceed the Maximum Savings Limit. The Total Program Benefit may be *less than* the Maximum Savings Limit, depending on the terms of a patient's plan, and *may vary among individual patients covered by different plans*, based on factors determined solely by AstraZeneca, to ensure all program funds are used for the benefit of the patient. Each patient is responsible for costs above the Patient Total Program Benefit amounts.

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. Maximum savings limit applies. For additional details on this offer, please visit www.brilinta.com. If you have any questions regarding this offer, please call 1-800-422-5604.

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. This may reduce the eligible patient's out-of-pocket costs to as low as $5 for up to a 30-day supply, subject to a maximum savings limit; patient out-of-pocket expenses may vary. Reimbursement will be received from **Change Healthcare**.

Pharmacist Instructions for a Cash-Paying Patient: Submit the claim to the primary Third-Party Payer first; if the primary claim submission shows a managed-care restriction (step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. Subject to a maximum savings limit for the program; patients' out-of-pocket expenses may vary.

Reimbursement will be received from **Change Healthcare**.

For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604.

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.

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

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BRILINTA® ticagrelor tablets