

epinephrine injection, USP auto-injector[†]

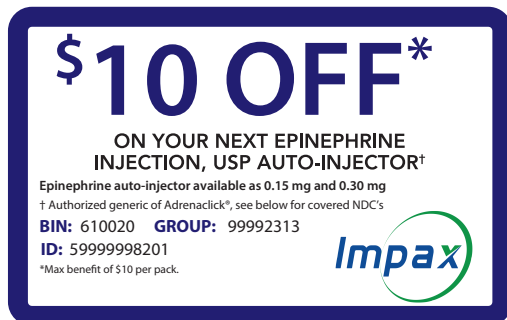
Available as

0.15 mg

0.3 mg

Here's how the Epinephrine Auto-Injector Savings Card works:

1. Present this card to your pharmacist with a valid prescription.
2. Commercially insured patients may receive their epinephrine auto-injector[†] at \$0 cost.* Cash paying patients may receive up to \$10 off per pack of their out-of-pocket cost.*
3. If you have any questions, please feel free to call 1-855-449-4712.



BIN: 610020

GROUP: 99992313

ID: 59999998201

MAIL-IN REBATE

If your pharmacist is unable to provide the co-pay or co-insurance savings at the time you fill your prescription, you may still take advantage of this program if you are eligible.

- A. Complete this form with your name and address.
- B. Circle the product name, date, your name, and amount paid on the original pharmacy receipt. Cash register receipt NOT accepted.
- C. Mail your pharmacy receipt and a copy of this page to:
Epinephrine Auto-Injector Savings Program
2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560
- D. In 10-14 business days, you will receive a check in the mail.

FIRST NAME

LAST NAME

ADDRESS

SUITE/APT #

CITY

STATE

ZIP

SIGNATURE

DATE

By my signature, I certify that I meet the Eligibility Criteria listed on this offer.

To Patient: Present this offer to your pharmacy along with a valid prescription for epinephrine auto-injector. This offer is valid for a maximum savings of \$10 per pack. By using this offer, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions. If you have any questions, regarding this offer, call 1-855-572-8006.

To Pharmacist: For PRIMARY claims, submit a primary claim to PDM under BIN: 610020. Patient will receive a maximum of \$10 off per pack for their out-of-pocket cost. For SECONDARY claims, process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim to PDM under BIN: 610020.

This program covers all Impax labeled Epinephrine auto-injector products:

Epinephrine auto-injector 0.15 mg Two-Pack = 00115-1694-49

Epinephrine auto-injector 0.30 mg Two-Pack = 00115-1695-49

For pharmacy processing questions, please call 1-855-572-8006.

Eligibility Criteria/Terms & Conditions: Patients may not combine this offer with any rebate, coupon, free trial, or similar offer. Patients must present a valid prescription for an eligible drug at a participating pharmacy. This card is not valid for prescriptions submitted for reimbursement to Medicare, Medicaid, other federal or state programs, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. The amount of the rebate cannot exceed the patient's out-of-pocket cost. Void where prohibited by law. This offer is not insurance. Impax Laboratories reserves the right to rescind, revoke or amend this offer without notice.



[†]Authorized generic of Adrenallick® (epinephrine injection, USP) Auto-Injector

*Max benefit of \$10 per pack.