

## GRANIX Patient Savings Program Terms & Conditions

**Terms and Conditions:** Patients are not eligible if prescriptions are paid for in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse patients for the entire cost of prescription drugs. This offer is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By redeeming this offer, patients acknowledge that they are eligible and understand and agree to comply with the terms and conditions of this offer.

Void if copied, transferred, purchased, altered or traded and where prohibited and restricted by law. This is not an insurance program. This offer is restricted to residents of the United States and valid only at participating pharmacies. No substitutions permitted. **Offer expires December 31, 2020.** Program managed by ConnectiveRx on behalf of Teva Pharmaceuticals. For questions regarding processing, please call the Help Desk at 1-800-422-5604. For questions regarding eligibility or benefits, please call 1-844-218-0443. **Teva Pharmaceuticals reserves the right to rescind, revoke, or amend this offer at any time without notice.** This offer is limited to one per customer and may not be used with any other discount, coupon or offer.

**To the Patient:** This offer is for **Commercially Insured Patients only.** Patients may receive savings up to \$14,000 on prescriptions of GRANIX per calendar year. Maximum reimbursement limits apply and patient out-of-pocket expenses may vary. Patient must present their primary insurance card to the pharmacist along with their GRANIX prescription to participate in this offer. Patients may opt out at any time. **Non-Insured/Cash-Paying Patients are not eligible for this offer.**

**To the Pharmacist:** When you apply this offer, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. Void where prohibited by law. Pharmacists should no longer apply the program benefits when patients opt out of the program. **For Commercially Insured Patients,** please submit this claim to Therapy First Plus. A valid Other Coverage Code (e.g., 8) is required. The patient is responsible for the first \$0 and the program pays up to \$14,000 in savings per calendar year. Reimbursement will be received from Therapy First Plus.