

Pay as \$5*
little as

for Teva's generic version of
Letairis[®]
(ambrisentan) Tablets



You must present this offer and your primary insurance card to the pharmacist along with your prescription.

*Commercially Insured Patients may pay as little as \$5 out-of-pocket for Teva's Ambrisentan Tablets. This offer is not available to non-insured/cash-paying patients, nor patients eligible for prescription coverage by any state or federally funded healthcare programs. Please see full Terms and Conditions below.

SAVINGS OFFER TERMS AND 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 for the entire cost of prescription drugs. This card 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, the patient and the pharmacist acknowledge that the patient is eligible, and the patient and pharmacist 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 may not be used with any other discount, coupon or offer. **This offer expires on 12/31/2019. This program is managed by ConnectiveRx on behalf of Teva Pharmaceuticals USA, Inc. Teva reserves the right to limit, change or discontinue this offer at any time without notice.** If you have any questions regarding your eligibility or benefits, please call 855-824-9299.

Valid only for Teva's Ambrisentan Tablets, National Drug Code #00591-2405-30 and 00591-2406-30

For the Pharmacist

BIN 600426

GRP EC74024001

PCN 54

ID 49387781427

Expires: 12/31/2019

To the Patient: This offer is for eligible **Commercially Insured Patients only.** Patients pay as little as \$5 out-of-pocket for Teva's Ambrisentan Tablets. This offer must be presented along with your prescription for Ambrisentan Tablets and your primary insurance card to participate in this program. **Offer not valid for Non-Insured/Cash-Paying Patients or where Ambrisentan is not covered by the primary insurance.**

To the Pharmacist: By redeeming this offer, the Pharmacist certifies that Teva's Ambrisentan Tablets is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and the Pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.

For Commercially-Insured Patients, please submit this claim to the primary Third-Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB (coordination of benefits) with patient responsibility and a valid Other Coverage Code (e.g. 8). Reimbursement will be received from CHANGE HEALTHCARE. For questions about processing, please call **800-433-4893.**

Please see accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

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