

Save \$ **25**\*  
up to

for the Teva generic of  
**Gleevec**<sup>®</sup>  
(imatinib mesylate) Tablets



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

\*Commercially insured patients may save up to \$25 per fill. Program allows for up to 13 uses per patient. This offer is not available to patients eligible for prescription coverage by any state or federally funded healthcare programs. Maximum reimbursement limits apply and patient out-of-pocket expenses may vary.

#### **TERMS, CONDITIONS, AND ELIGIBILITY REQUIREMENTS FOR TEVA'S IMATINIB MESYLATE TABLETS COPAY SAVINGS PROGRAM**

**To the Patient:** You must present this offer and your primary insurance card to the pharmacist along with your prescription to participate in this program.

**Offer valid only for the following National Drug Codes:**

100 mg - 00093-7629-98

400 mg - 00093-7630-56

**Insured Patients:** For commercially insured patients, you may save up to \$25 per fill for Imatinib Mesylate Tablets prescriptions. Teva will pay up to \$25 of your copayment or other cost-sharing obligation per fill. Maximum reimbursement limits apply and patient out-of-pocket expenses may vary.

**Insured/Not Covered:** For commercially insured patients whose insurance does not cover Imatinib Mesylate Tablets, you may save up to \$25 for your Imatinib Mesylate Tablets prescription. Teva will pay any remaining balance up to \$25.

This offer is not valid for patients eligible to have prescriptions paid for in part or in full by any state or federally funded healthcare programs, including but not limited to, Medicare or Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse you for the entire cost of your 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 (e.g., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). By redeeming this offer, you certify that you are an eligible patient and you understand and agree to comply with the terms and conditions of this offer.

Void if copied, transferred, purchased, altered, or traded, and where prohibited, taxed, and restricted by law. Void in the State of California. Offer not valid for patients under 1 year of age. This is not an insurance program and is not intended to substitute for insurance.

*For the Pharmacist*

**BIN 600426**

**GRP EC74011002**

**PCN 54**

**ID 49022019180**

**Expires: December 31, 2019**

This offer is restricted to residents of the United States and Puerto Rico. This offer may be changed or discontinued at any time without notice. This offer is limited to 1 per customer and may not be used with any other discount, coupon, or savings offer. This offer expires on December 31, 2019. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, please call the Imatinib Mesylate Tablets Copay Savings Program at 844-546-8639.

**To the Pharmacist:** When you use this offer you are certifying that you are dispensing Imatinib Mesylate Tablets to a patient eligible for this offer in compliance with the terms and conditions, and 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.

**Pharmacy Instructions for Insured Patients:** 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 amount and a valid Other Coverage Code, (e.g. 8). The patient pay amount submitted will be reduced by up to \$25 and reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacy Instructions for Insured/Not Covered Patients:** If the patient has commercial insurance but you receive a "not covered" response because Imatinib Mesylate Tablets are not on the patient's formulary or is subject to prior authorization or step therapy and the patient has not met the criteria, continue the claim adjudication process and run the claim as secondary payer COB. Submit the claim from the primary Third Party Payer to **CHANGE HEALTHCARE** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and process using Other Coverage Code (e.g. 3). The patient pay amount submitted will be reduced by up to \$25 and reimbursement will be received from **CHANGE HEALTHCARE**.

Valid Other Coverage Code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 800-433-4893. Medicaid or any other public payment programs are not eligible.