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 will receive their epinephrine auto-injector at $0 cost.*
3. Cash paying patients will receive up to $300 off their out-of-pocket cost.*
4. If you have any questions, please feel free to call 1-855-449-4712.

$0 COPAY*

ON YOUR NEXT EPINEPHRINE INJECTION, USP AUTO-INJECTOR†

Epinephrine auto-injector available as 0.15 mg and 0.30 mg

† Authorized generic of Adrenaclick®, see below for covered NDC's

BIN: 610020 **GROUP:** 99992266 **ID:** 99838833506

*Max benefit of $100 per pack on up to three (3) auto-injector packs.

lineage therapeutics

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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 can still take advantage of this program if 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
14001 Weston Parkway, Suite 103, Cary, NC 27513

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 $100 per pack (limit of 3 packs). 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 $300 off 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 Lineage labeled Epinephrine auto-injector products:

Epinephrine auto-injector 0.15 mg = 54505-101-02
Epinephrine auto-injector 0.30 mg = 54505-102-02
Epinephrine auto-injector 0.15mg 54505-101-01
Epinephrine auto-injector 0.30mg 54505-102-01

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 offer is not valid for prescriptions that may be reimbursed in whole or in part under a federal or state healthcare program including but not limited to Medicare, Medicaid or any other state or federal healthcare program or in states where prohibited by law. The amount of the rebate cannot exceed the patient's out-of-pocket cost. Not valid if the offer is reproduced. Void where prohibited by law. This offer is not insurance. Lineage Therapeutics Inc. reserves the right to rescind, revoke or amend this offer without notice.

†Authorized generic of Adrenaclick® (epinephrine injection, USP auto-injector)
*Max benefit of $100 per pack on up to three (3) auto-injector packs.

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trialcard
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