

epinephrine injection, USP auto-injector[†]

Available as

0.15 mg

0.3 mg

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

1. Process this offer along with the patient's valid prescription.
2. Commercially-insured and cash-paying patients may receive up to \$50 off their out-of-pocket cost* for each epinephrine auto-injector[†] two-pack
3. If you have any questions, please feel free to call 1-855-449-4712.

\$50 OFF*

ON YOUR NEXT EPINEPHRINE
INJECTION, USP AUTO-INJECTOR[†]

Epinephrine auto-injector pack available as 0.15 mg and 0.30 mg

[†]Authorized generic of Adrenaclik[®], see below for covered NDC's

BIN: 610020 GROUP: 99992313 ID: 59999998201

*Max benefit of \$50 per pack

 lineage therapeutics

 Impax

This pharmacy offer may be used for all of
your epinephrine auto-injector[†] patients.

BIN: 610020

GROUP: 99992313

ID: 59999998201

The Benefit: Process this offer along with a valid prescription for epinephrine auto-injector. This offer is valid for a maximum savings of \$50 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 1-855-449-4712.

To Pharmacist: For PRIMARY claims, submit a primary claim to PDM under BIN 610020. The patient will receive a maximum of \$50 off their out-of-pocket cost per pack. 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- and Impax-labeled epinephrine auto-injector products:

Epinephrine auto-injector 0.15 mg:	54505-101-02	0115-1695-49
Epinephrine auto-injector 0.30 mg :	54505-102-02	0115-1694-49

For pharmacy processing questions, please call 1-855-449-4712.

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 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 offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit programs 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, Inc. reserves the right to rescind, revoke or amend this offer without notice. By redeeming this offer, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

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

*Max benefit of \$50 per pack

trialcard[®]
US Patent No. 7,925,531

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