

SYMJEPI[®]

(epinephrine) Injection

SAVINGS PROGRAM



Pay **\$0** for your **SYMJEPI[®]**
(epinephrine) Injection*

BIN: 610524
RxPCN: Loyalty
ISSUER: (80840)
GROUP: 50777940
ID NUMBER: 1395692449

RxCrossroads
By McKesson

SYMJEPI[®]
(epinephrine) Injection

*See full offer details at SYMJEPI.com. Not valid for prescriptions paid for by government funded health insurance.

The SYMJEPi Savings Program supports eligible patients with their out-of-pocket expenses

- Patients with commercial insurance for SYMJEPi will pay **\$0** for each SYMJEPi prescription filled
- Patients without insurance coverage for SYMJEPi will save up to **\$100** off each SYMJEPi prescription filled

Offer is not insurance and is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE, or any other similar state-funded or federally funded programs. Patients must visit a participating pharmacy for savings or rebates on their SYMJEPi prescriptions. Maximum benefits may apply.

The actual savings on out-of-pocket costs for SYMJEPi will vary according to quantity, personal healthcare insurance coverage, and adherence to FDA dosing guidelines. For more information about the SYMJEPi Savings Program, please review the Terms and Conditions on reverse side or visit SYMJEPI.com.

Please see full Prescribing Information and Patient Information at SYMJEPI.com

How to use your SYMJEPI® Savings Card

1. Give your SYMJEPI Savings Card to your pharmacist along with a valid SYMJEPI prescription.
2. Patients with commercial insurance for SYMJEPI will pay **\$0** co-pay for a SYMJEPI prescription. Patients without insurance coverage for SYMJEPI will save up to **\$100** off each SYMJEPI prescription filled.
3. Keep the SYMJEPI Savings Card for future use if eligible to continue saving on your SYMJEPI prescription.

TO PATIENT: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the SYMJEPI program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

TO THE PHARMACIST: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription.

- Submit transaction to RxC Acquisition Company d/b/a Rx Crossroads by McKesson using BIN #610524
- This offer may not be used in conjunction with cash discount cards, RelayHealth®eVoucherRx™ Program, or the eRx Network® Voucher on Demand.
- If primary commercial prescription insurance exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the SYMJEPI program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc.
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare and where prohibited by law.
- The LoyaltyScript® card is not valid for use with any other prescription drug discount or cash cards for SYMJEPI. Claims submitted utilizing the program are subject to audit or validation.
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for SYMJEPI program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday).**

US WorldMeds reserves the right to rescind, revoke, or amend this offer at any time.

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US WorldMeds®

ELIGIBILITY CRITERIA: This offer is good for eligible patients purchasing SYMJEPI and may not be used for any other product. Eligible patients with commercial insurance coverage will pay \$0 for each SYMJEPI prescription filled. Patients without insurance coverage of SYMJEPI will save up to \$100 off each SYMJEPI prescription filled. Maximum benefits per claim apply: \$300 maximum for insured, covered patients; \$100 maximum benefit for insured, not covered, and not insured/cash patients. Offer applies to a maximum 6 (2 packs) per claim. Annual maximum benefit is \$1,000. Any additional amounts due are the patient's responsibility. This offer is not insurance and is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE, or any other similar federal or state programs. Offer not valid where prohibited by law, taxed, or restricted. This offer is not transferable and may not be combined with any other offer. Offer must be presented along with a valid prescription for SYMJEPI at the time of purchase. Depending upon the participating pharmacy, the SYMJEPI discount may be provided by McKesson, RelayHealth, or Change Healthcare eRx Network. US WorldMeds reserves the right to change or discontinue this offer at any time without notice. This card is valid through 12/31 of each calendar year. Offer limited to one card per person.

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