



Commercially insured patients may be eligible for GRANIX financial assistance.

1. Print out this savings card.
2. Fill your prescription at the pharmacy, and bring your savings card.
3. See Terms and Conditions below for additional information.

Pharmacist is required to provide a copy of and review the accompanying GRANIX Patient Savings Program Terms and Conditions with the patient prior to redeeming this offer.

GRANIX® (TBO-FILGRASTIM) Injection Patient Savings Program.

Terms and Conditions:

- » Subject to program limitations and terms and conditions, the GRANIX Patient Savings program is available to patients who have a valid GRANIX prescription and who have commercial insurance coverage for GRANIX. No substitutions permitted. Patients with commercial insurance coverage that does not provide formulary coverage for GRANIX are NOT eligible for the Patient Savings program. The Patient Savings program does not cover GRANIX dispensed or administered under commercial insurance as adjudicated under a medical plan.
- » **Patients enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medigap, Medicaid, VA, DOD, TRICARE, Puerto Rico Government Health Insurance Plan, and Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for the Patient Savings program.**
- » Uninsured and cash-paying patients are NOT eligible for the Patient Savings program.
- » Eligible Patients may pay as little as \$0 on each fill. Annual benefit limits per individual apply and out of pocket expenses may vary. Patients are responsible for all amounts that exceed these Patient Savings program benefit limits. If the prior authorization is approved by the commercial insurer, then the patient remains eligible for the Patient Savings program. If the prior authorization is denied by the commercial insurer, then the patient is no longer eligible for the Patient Savings program and may not receive any additional Patient Savings program benefits. If your insurance coverage changes or if you have any questions regarding your eligibility or benefits, please call **1-833-817-0177**.
- » Teva has the right to reduce or eliminate patient benefit amounts, based on factors determined solely by Teva, including depending on the terms of a patient's prescription drug plan and to ensure all program funds are used for the benefit of the patient.
- » Data related to a patient's receipt of Patient Savings program benefits may be collected, analyzed, and shared with Cephalon, Inc., a wholly-owned subsidiary of Teva Pharmaceutical Industries Ltd. and its affiliates ("Teva"), for market research and other purposes (including with the patient's treating physician towards helping to verify or coordinate insurance coverage or otherwise obtain payment for the patient's treatment with GRANIX) related to assessing the Patient Savings program. Data shared with Teva will be aggregated and de-identified, meaning it will not identify patients.
- » The Patient Savings program is restricted to residents of the United States and United States territories. Patients residing in or receiving treatment in certain states may not be eligible.

GRANIX® (TBO-FILGRASTIM) Injection Financial assistance for GRANIX

Commercially insured patients may be eligible for GRANIX financial assistance

BIN	610852
PCN	2001
Group	77770224
Member ID	29262348211
EXPIRES:	12/31/2025

Please see GRANIX [Full Prescribing Information](#).

» Additional Limitations. The Copay Card is intended for the benefit of patients, not their insurance plans, pharmacy benefit managers, or other third parties (“Plan Administrators”). Patients whose commercial insurance plans or plan sponsors implement the following types of programs may not be eligible for the Copay Card, or have a reduced annual maximum Copay Card benefit:

- » Programs that do not apply Copay Card payments to satisfy patient out-of-pocket cost sharing amounts (e.g., accumulator programs); or
- » Programs that require the patient’s use of the Copay Card as a condition of the plan waiving some or all of otherwise applicable patient out-of-pocket cost sharing amounts (e.g., maximizer programs).

If you believe your commercial insurance plan may have such programs in place, please call 1-833-817-0177.

Plan Administrators are prohibited from applying for, or assisting with, the enrollment of patients for Copay Card benefits. The patient, or his/her legal representative, must personally enroll in the Copay Card in order to be eligible for benefits.

- » **The Patient Savings program is not health insurance.** Patients may not seek reimbursement for the value received from the Patient Savings program from any third-party payers, including a flexible spending account or healthcare savings account. Participating in this program means that you are ensuring you comply with any required disclosure regarding your participation in the Patient Savings program of your insurance carrier or pharmacy benefit manager.
- » The Patient Savings program is void if copied, transferred, purchased, altered or traded, and where prohibited and restricted by law. The Patient Savings program is not available to residents of Massachusetts. The Patient Savings program is not transferable. No substitutions are permitted. The Patient Savings program may not be sold, purchased, traded, or counterfeited. Void if reproduced. The Patient Savings program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer. Teva reserves the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Patient Savings program at any time without notice. **If you have any questions regarding this Patient Savings program, your eligibility or benefits or if you wish to discontinue your participation, call 1-833-817-0177.**
- » These Terms and Conditions are valid for GRANIX dispensed between 10/1/2024 and 12/31/2025.
Expiration Date: 12/31/2025.

To the Pharmacist:

- » By redeeming this Patient Savings program, you are certifying that you understand and agree to comply with the Terms and Conditions above.
- » When you apply this offer, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.
- » Submit claim to **CapRx**. If primary coverage exists, input offer information as secondary coverage and transmit using the COB segment of the NCPDP transaction. For questions, please call the CapRx Help Desk at **1-833-817-0177**.

To the Patient:

- » By redeeming this Patient Savings program, you are certifying that you understand and agree to comply with the Terms and Conditions above.

Please see [GRANIX Full Prescribing Information](#).