

Emtricitabine and Tenofovir Disoproxil Fumarate Copay Savings

Exclusively for Amneal-labeled Emtricitabine and Tenofovir Disoproxil Fumarate Tablets:

- NDC: 69238-2092-03 100mg/150mg
- NDC: 69238-2093-03 133mg/200mg
- NDC: 69238-2094-03 167mg/250mg

Pay as little as **\$0***
for each prescription

of Amneal Emtricitabine and Tenofovir Disoproxil Fumarate Tablets (100mg/150mg, 133mg/200mg, & 167mg/250mg)

BIN: 610020 GROUP: 99994244
ID: 62557220610

*Max benefit of \$500 per monthly prescription fill.
See Eligibility and Terms below.

Here's how the Emtricitabine and Tenofovir Disoproxil Fumarate Tablets Copay Card works:

1. Present this card or BIN, Group and ID numbers to your pharmacist along with a valid prescription.
2. Eligible, commercially insured patients may receive their Amneal Emtricitabine and Tenofovir Disoproxil Fumarate Tablets monthly prescription for \$0*.
3. If you have any questions, please feel free to call 1-844-248-1015.

To Patient: Commercially insured patients can use this copay card to reduce out-of-pocket expenses on eligible prescriptions filled with Amneal Emtricitabine and Tenofovir Disoproxil Fumarate Tablets (see strengths listed above). Mention this offer to your pharmacy along with a valid emtricitabine and tenofovir disoproxil fumarate prescription for an FDA-approved use. This offer is valid for a maximum savings of \$500 per monthly prescription fill, and \$6,000 per calendar year. This offer is not valid for Emtricitabine and Tenofovir Disoproxil Fumarate Tablets 200mg/300mg. By using this offer, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions set forth below.

To Pharmacist: Offer valid for SECONDARY claims only. 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. Patient will receive a maximum of \$500 off per monthly prescription fill for their out-of-pocket cost.

For pharmacy processing questions, please call 1-844-248-1015.

Eligibility Criteria/Terms & Conditions: Copay card is only available for residents of the US and Puerto Rico who have commercial health insurance with co-pay/co-insurance on each prescription fill per product. 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. Federal and state laws and other factors may prevent or otherwise restrict eligibility. This offer is not valid in California or Massachusetts. This card is not valid for prescriptions submitted for reimbursement to Medicare, Medicaid, TRICARE, or other federal- or state-funded programs, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program 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. Amneal Pharmaceuticals LLC reserves the right to rescind, revoke or amend this offer without notice.

*Max benefit of \$500 per monthly prescription fill and \$6,000 per calendar year



Please see accompanying full Prescribing Information or visit amneal.com/emtricitabine.

