



# Pay As Little As \$5 Per Kit\*

**THIS OFFER IS INVALID FOR PATIENTS WHOSE PRESCRIPTION CLAIMS ARE ELIGIBLE TO BE REIMBURSED, IN WHOLE OR IN PART, BY ANY GOVERNMENTAL PROGRAM.**

## ELIGIBILITY CRITERIA

Qualifying patients with commercial insurance coverage may be eligible to pay as little as \$5 per Glucagon Emergency Kit. Offer is subject to monthly cap of \$125 and separate annual maximum cap of \$1,500. Offer is good for up to 12 months from a card activation/patient qualification. Patients may be able to re-enroll if they continue to qualify.

Qualifying patients with no insurance coverage may be eligible for a \$25.00 cash discount per Glucagon Emergency Kit. Offer is subject to monthly cap of \$125 and separate annual maximum cap of \$1,500. Offer is good for up to 12 months from a card activation/patient qualification. Patients may be able to re-enroll if they continue to qualify.

Offer void where prohibited. Patients who are uninsured are eligible for the Co-pay Assistance Program. **The Co-pay Assistance Program is not valid for patients covered under Medicaid (including Medicaid patients enrolled in a qualified health plan purchased through a health insurance exchange [marketplace] established by a state government or the federal government), Medicare, a Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered) a Medigap plan, an employer-sponsored health plan or prescription drug benefit program for Medicare-eligible retirees, VA, TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan ("Healthcare Reform"), or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program (collectively, "Government Programs").** If you live in Massachusetts, the Card expires on the earlier of: (i) the expiration date of this card 12/31/2022; (ii) the date an AB-rated generic equivalent becomes available; or (iii) December 31, 2022 absent a change in Massachusetts state law. If you live in California, the card expires on the earlier of: (i) the expiration date of this card 12/31/2022 or (ii) the date an FDA approved therapeutically equivalent for Glucagon or over the counter product with

RxBIN: 610524

Group: 50777878

PCN: Loyalty

ID: 1323755221

Expiration Date: 12/31/2022

the same active ingredients becomes available. Available only in the U.S. and Puerto Rico for residents of the U.S. and Puerto Rico.

By accepting this offer, you agree that if you are required to do so under the terms of your insurance coverage for this prescription or are otherwise required to do so by law, you should notify your insurance carrier of your redemption of this Card. This offer is not valid with any other program, discount, incentive, or similar offer involving Glucagon. It is prohibited for any person to sell, purchase, or trade; or to offer to sell, purchase or trade; or to counterfeit this Card. This offer may be terminated, rescinded, revoked or amended by Fresenius Kabi, LLC, at any time without notice. This Card is not health insurance. This Card expires on 12/31/2022.

For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for KabiCare at 833-522-4227 (8:00 AM-8:00 PM EST, Monday-Friday).

Acceptance of this card and your submission of claims for the Glucagon Emergency Kit are subject to the LoyaltyScript® program Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc).