

Check your eligibility and visit www.canasasavings.com
or call **1-844-800-9881** to activate your card.

CANASA® SAVINGS PROGRAM FOR ELIGIBLE PATIENTS

PAY AS LITTLE AS \$35*

on your prescription

This card must be activated before use.
Visit www.canasasavings.com
or call **1-844-800-9881**.

Emdeon
Therapy First Plus

BIN# 004682
PCN# CN
GRP# EC48011006
ID# 08849578216

Canasa®
(mesalamine, USP) **1000 mg**
Suppositories

*Maximum savings limit applies; patient out-of-pocket expense may vary.
Please see below for Program Terms, Conditions, and Eligibility Criteria.

Program Terms, Conditions, and Eligibility Criteria: 1. This offer is valid only for patients 18 years of age or older and is good for use only with a valid prescription for CANASA® (mesalamine) 1000 mg suppositories at the time the prescription is filled by the pharmacist and dispensed to the patient. 2. Depending on your insurance coverage, eligible patients may pay as little as \$35 per prescription fill for up to twelve (12) prescription fills. Check with your pharmacist for your copay discount. Maximum savings limit applies; patient out-of-pocket expense may vary. 3. This card is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance 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. This offer is not valid for cash-paying patients. 4. Each card is valid for up to twelve (12) prescription fills. Offer applies only to prescriptions filled before the program expires on 12/31/16. 5. Allergan reserves the right to rescind, revoke, or amend this offer without notice. 6. Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. 7. Void if prohibited by law, taxed, or restricted. 8. This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. 9. This card has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. 10. This offer is not health insurance. 11. This card expires December 31, 2016. 12. **By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.**

For questions about the program, including savings on mail-order prescriptions, please call **1-855-706-8716**.

Pharmacist Instructions for a Patient with an Eligible Third Party Payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus**, as a Secondary Payer, as a copay only billing using a valid Other Coverage Code (eg, 8). If you receive a rejection due to PA, step-edit, or NDC block, submit Other Coverage Code of 03 (secondary claim). The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Reimbursement will be received from **Therapy First Plus**. For any questions regarding **Therapy First Plus** online processing, call the Help Desk at **1-800-422-5604**.

Program managed by PSKW, LLC on behalf of Actavis Pharma, Inc., an Allergan affiliate.



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