

PRESCRIPTION DISCOUNT CARD

ADIPEX-P® 
(phentermine HCl) 37.5 mg

Dear Patient:

Present this card along with your prescription for up to 60 tablets or capsules of ADIPEX-P® and you will receive ADIPEX-P® at a special discounted price—ask your pharmacist how much you will pay depending on the number dispensed (*Example: Pay no more than \$49.99* for 30 tablets or capsules*). **Be sure to retain this card for your next prescription.** By redeeming this offer, you certify that you are eligible for this offer in accordance with the Terms & Limitations section. Please note that this offer cannot be redeemed by patients with insurance coverage for ADIPEX-P® or for patients eligible for Medicare, Medicaid, or other public payment programs.

ADIPEX-P® 
(phentermine HCl) 37.5 mg



BIN#
610600

PCN
AS

Group#
880

ID#
88100079235

AlphaScrip
INCORPORATED

Expires: 12/31/2017

PHARMACIST:

For assistance in processing this claim, please call the AlphaScrip Pharmacy Help Desk at 877.274.3244.

Submit a primary claim (Coverage Code 0 or 01) to AlphaScrip (BIN 610600; PCN: AS) using the Group # and ID.

Patient out-of-pocket expense will be reduced depending upon the quantity dispensed (*Example: Pay no more than \$49.99* for 30 tablets or capsules*).

Discount available for up to 60 tablets or capsules of ADIPEX-P® CIV (phentermine HCl) 37.5mg. This offer cannot be redeemed by patients with insurance coverage for ADIPEX-P®—cash pay submitted claims only.

For assistance in processing this claim, please call the AlphaScrip Pharmacy Help Desk at 877.274.3244.

Pharmacist Certification & Agreement

This offer must be accompanied by a valid prescription for ADIPEX-P® (phentermine HCl) 37.5 mg. By accepting and redeeming this offer, the pharmacist certifies that (1) ADIPEX-P® has been dispensed to a patient eligible for this offer in accordance with the Terms and Limitations below; and (2) participation in this program complies with all applicable laws and contractual or other obligations as a pharmacy provider. Pharmacist agrees to accept the reimbursement offered under this offer and not charge the patient any amounts over and above the patient cash obligation specified.

Terms and Limitations

Offer expires 12/31/2017. Valid only in the United States at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. Offer must be accompanied by a valid prescription for ADIPEX-P®. Void in Massachusetts and where prohibited by law. No substitutions permitted. Offer not valid for patients with insurance coverage for ADIPEX-P®, or for patients eligible for ADIPEX-P® under Medicare (including Medicare Advantage or Part D Prescription Drug Plans), Medicaid, or other public payment programs (e.g., TRICARE, or any state program). Offer cannot be combined with any other voucher, certificate, coupon, rebate, or similar offer. It is illegal for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade or to counterfeit this offer. This is not an insurance program. Offer not extended on prescriptions for patients using mail-order or institution-based pharmacies to fill their prescriptions, or who are filling their prescriptions at nonparticipating pharmacies. Patient is limited to five card uses per month. Cash value of this coupon is 1/100 of a cent.

Teva reserves the right to rescind, revoke, or amend this offer without notice.

By redeeming this offer, patients and pharmacists understand and agree to comply with these terms and conditions.



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