ERYTHROMYCIN ETHYLSUCCINATE PRODUCT COPAY SAVINGS COUPON

SAVE UP TO $80 ON YOUR PRESCRIPTION COPAY

Carnegie Pharmaceuticals LLC is pleased to offer copay savings of up to $80 per prescription for your Erythromycin Ethylsuccinate product prescription.

How to Use: Please submit this coupon along with a copy of the pharmacy receipt for your copay along with either a photo of the bottle label or a copy of your prescription via email to customerservice@carnegiepharma.com or by mailing to Carnegie Pharmaceuticals LLC, Attention: Copay Savings, 600 Delran Parkway, Delran, NJ 08075.

Required Information

Name of the Product: _____
Patient Name: _____
Patient Address: _____
Prescriber Name: _____
Prescriber Address: _____
Patient Contact Number: _____
Patient Email Address: _____

Eligible products:

- 80005015218 – EES® Erythromycin Ethylsuccinate OS 200mg/5mL – 100mL
- 80005015334 – EES® Erythromycin Ethylsuccinate OS 200mg/5mL – 200mL
- 80005015518 – ERYPED® Erythromycin Ethylsuccinate OS 400mg/5mL – 100mL
- 80005016108 – EES 400® Erythromycin Ethylsuccinate 400mg Tablets USP

Coupons also available on our website at www.carnegiepharma.com

Carnegie Erythromycin Ethylsuccinate Product Copay Savings Coupon

Eligibility Criteria Terms and Conditions

With the Carnegie Erythromycin Ethylsuccinate Product Copay Savings Coupon, patients may be reimbursed up to $80 per prescription subject to a maximum aggregate amount of $960 per 12-month period while this copay savings coupon program remains in effect. Valid prescription and proof of copay payment are required. Carnegie Pharmaceuticals LLC reserves the right to amend or end this copay savings coupon program at any time without notice.

Eligibility Requirements: This copay savings coupon can be redeemed only by patients or patient guardians who are 18 years of age or older and who are residents of the U.S. or Puerto Rico. Patients must have commercial prescription drug insurance. This copay savings coupon is not valid for uninsured patients and patients who are covered in whole or in part by any state or federally funded healthcare program, including, but not limited to, any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TRICARE; not valid if the patient is Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; and not valid if the patient's insurance plan is paying the entire cost of this prescription. This copay savings coupon is void outside the U.S. or Puerto Rico or in any state or jurisdiction where prohibited by law, taxed, or restricted. This copay savings coupon is not valid for residents of Massachusetts and California.

This copay savings coupon program is not health insurance. The copay savings coupon program is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket costs. Cannot be combined with any other rebate/coupon, cash discount card, free trial, or similar offer for the specified prescription. This copay savings coupon program is not valid for product dispensed by a 340B covered entity that purchased the product at discounted pricing under the 340B drug pricing program. This copay savings coupon program is not valid if the patient's commercial health insurance plan or pharmacy benefit manager uses a copay adjustment program (often termed "maximizer" or "accumulator" program) that restricts any form of copay assistance from being counted toward the patient's cost-sharing limits.

NOTICE: Data related to your use of this copay savings coupon program may be collected and analyzed by Carnegie Pharmaceuticals LLC for the sole purpose of administering and tracking the use of this copay savings coupon program and will not be shared with any third-party.

Use of this copay savings coupon program must be consistent with the terms of any drug benefit provided by a commercial health insurer, health plan or private third-party payer. Patients must not have submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Patients are responsible for reporting the receipt of copay savings to any commercial insurer, health plan, or third-party payer who pays for or reimburses any part of the prescription filled, as may be required. Patients should not use this copay savings coupon program if their health plan prohibits use of manufacturer copay savings coupon programs. Patients should withdraw from this copay savings coupon program should they begin to receive prescription benefits from any government-funded program.