

Naloxone Rebate Instructions

On March 2, 2015, the Ohio Attorney General and Amphastar Pharmaceuticals Inc. entered into an agreement in which the drug manufacturer agreed to provide a \$6 rebate for each Amphastar naloxone syringe purchased by certain Ohio public entities for the next year. This agreement has been renewed for an additional year. A copy of the agreement can be found at www.OhioAttorneyGeneral.gov/AmphastarRebateAgreement. As part of the deal, the Ohio Attorney General has agreed to process all of the rebate requests. Please review the following instructions to submit your certified rebate request to our office.

Eligibility

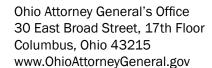
- Non-federal, Ohio government agencies are eligible to receive rebate payments. This includes state agencies, Project DAWN community programs, law enforcement agencies, and county or local government agencies.
- Entities that purchase naloxone manufactured by Amphastar from a wholesale distributor or other third party are also eligible for the rebate.
- In the event that one eligible public entity purchases syringes and then sells them to another public entity, the last purchaser is eligible to receive the rebate.
- Only purchases of Amphastar-manufactured naloxone syringes made between April 1, 2021, and March 31, 2023, are eligible for the rebate payment.
- Rebate requests can only be submitted for Amphastar-manufactured naloxone syringes; the additional components of a naloxone kit (e.g., nasal aspirator) are not a part of the agreement.

Submission Requirements

- Please submit our office's rebate request form along with a copy of your sales receipt or order confirmation sheet for the naloxone syringes purchased.
- Documentation must include the following information:
 - Name of entity making the purchase
 - Purchase date
 - Number of naloxone syringes purchased
 - Item or National Drug Code number to verify the syringes are Amphastar syringes
 - Price paid
- Ensure the date of purchase falls within the dates listed on the rebate request form, or your request will not be processed.
- A separate rebate request must be submitted at the end of each calendar quarter for the Amphastar manufactured naloxone syringes purchased during that calendar quarter.
- A rebate request must be received within 30 days following the end of each calendar quarter (due dates are April 30, July 30, Oct. 30, and Jan. 30).
- Please email your rebate request to NaloxoneRebate@OhioAttorneyGeneral.gov or fax it to 866-329-3660.

Rebate Reimbursement Information

The Ohio Attorney General will submit one certified request to Amphastar within 60 days following the end of a calendar quarter (May 30, Aug. 29, Nov. 29, and March 1). Amphastar will issue a payment for the entire amount to the Ohio Attorney General, who will then in turn disburse payments to the public entities in a timely manner.





Naloxone Rebate Request Form

Name:				
First	Last		Title	
Agency:				
Address:				
	City		State	ZIP code
Phone:		Email:		
certify on behalf of	Agency	that the attached invoices represent purchases of		
Amphastar naloxone syringes by		between	and	l
	Agency		Date	Date
is not seeking a rebate for syringes that have been Agency				
resold to another public entity where	that other public entity	is eligible for reimb	oursement.	
Total number of Amphast	tar Naloxone syringes red	qusted for reimbur	sement.	
Signature			Date	

For more information or any questions about the rebate program, please contact $\underline{NaloxoneRebate@OhioAttorneyGeneral.gov}.$