



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

Easy, affordable access to Teriparatide Injection

PRESENT THIS CARD TO YOUR PHARMACIST
ALONG WITH A VALID PRESCRIPTION FOR
TERIPARATIDE INJECTION



Dear Patient: The Teriparatide Injection Co-pay Card is being provided to you by Prasco, LLC to cover the portion of your Teriparatide Injection prescription co-pay up to a maximum of \$250 per month if eligible.

See terms and conditions below.

- This offer covers up to a maximum of \$6,500. You may only use this card for a maximum of 26 prescription fills.* Each refill must be filled at least 25 days after the last fill date to qualify.
- Please present this card along with your prescription to your pharmacy. Remind the pharmacist to return this card so you can reuse it for remaining qualifying refills, if applicable.
- For further information or questions, please call 1-888-302-0886.

Pharmacist Instructions for a Patient with an Eligible Third Party with Coverage for the Product:

- Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB [Coordination of Benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient will pay \$0. Up to \$250 off per fill. Reimbursement will be received from **CHANGE HEALTHCARE**
- Valid Other Coverage Code required
- Only commercially insured patients whose primary insurance covers Teriparatide are eligible for savings.
- Reimbursement will be received from **CHANGE HEALTHCARE**. Cannot exceed 24 months of therapy (for a maximum of 26 prescription fills during such period).*

For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-433-4893.

***You should not take Teriparatide Injection for more than 2 years of your lifetime.**

Teriparatide Injection Savings Program Terms and Conditions:

Patients must have primary commercial insurance coverage for Teriparatide Injection. Cash discount cards and other non-insurance plans are invalid as primary insurance under this offer. Offer subject to a monthly cap of \$250 and a separate maximum benefit for the life of the program of \$6,500. Patient is responsible for payment of any excess co-payment if patient exceeds the monthly cap or total-program cap, as applicable. This offer may not be redeemed for cash. Offer is invalid in Massachusetts, California, and where otherwise prohibited by law. **Offer is invalid for (i) cash paying patients, (ii) patients without commercial drug insurance, and (iii) patients whose prescription claims for Teriparatide Injection are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DOD, VA, TRICARE/CHAMPUS, or any State Patient or Pharmaceutical Assistance Program.** Available only in the US and Puerto Rico for residents of the US 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 will notify your insurance carrier of your redemption of this card. Offer nontransferable and cannot be combined or utilized with any other program, discount, discount card, incentive, or similar offer involving Teriparatide Injection. It is prohibited for any person to (i) sell, purchase, or trade, (ii) offer to sell, purchase, or trade, or (iii) counterfeit this card. Prasco, LLC may terminate, rescind, revoke, or amend this offer at any time without notice. Program managed by Prasco, LLC.

This card is not health insurance.

Please see [Full Prescribing Information](#) and [Medication Guide](#), including Boxed Warning. See Full User Manual that accompanies the Teriparatide Injection Delivery Device.

