

Together With Tymlos

SAVINGS CARD

PAY AS LITTLE AS
\$4
A MONTH*

TYMLOS[®]
(abaloparatide) injection

OpusHealth™

RxBIN: 601341
RxPCN: OHCP
RxGroup: OH2501021
RxID# G52100897014

*Eligible commercially insured patients with coverage for TYMLOS may pay as low as \$4 per month in out-of-pocket costs for their TYMLOS prescription, with a maximum annual savings of \$6,000. Please see back of card for Eligibility, Rules, and Restrictions.

Please see the accompanying full Prescribing Information, including Boxed Warning.

With the TYMLOS[®] (abaloparatide) injection Pharmacy Savings Card, eligible commercially insured patients with coverage for TYMLOS may pay as low as \$4 per month in out-of-pocket costs for their TYMLOS prescription, with a maximum annual savings of \$6,000. A valid Prescriber ID# is required on the prescription.

Patient Instructions: In order to redeem this offer you must have a valid prescription for TYMLOS. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the Eligibility, Rules, and Restrictions section below. Patients with questions about the TYMLOS Savings offer should call 1-855-243-6222.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist instructions for a patient with an Eligible Third Party: This card must be accompanied by a valid prescription for TYMLOS. Submit the claim to the primary Third Party Payer first, then submit the balance as a secondary transaction to OPUS Health. The patient is responsible for the first \$4 each month and the card will cover the remainder of the out-of-pocket costs up to \$6,000 for the remainder of the calendar year. The patient will be responsible for any remaining amount (greater than \$6,004). Valid Other Coverage Code required. Pharmacists with questions, please call OPUS Health at 1-800-364-4767.

Eligibility, Rules, and Restrictions: Patients must be female and 18 years or older, and have a valid prescription for TYMLOS. Offer not valid for prescriptions covered in whole or in part by Medicaid, a Medicare drug benefit plan, Tricare, or other federal or state healthcare programs (such as medical assistance programs). If the patient is receiving, or begins to receive drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that she does not have active drug benefits under any such program and that she will comply with any terms of her health insurance contract requiring notification to her payer of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. This offer is only valid in the United States, and is not valid in any state where prohibited by law. This card is not health insurance. This card is the property of Radius Health, Inc and IQVIA and must be returned upon request. Both parties retain the right to rescind, revoke, or amend this offer without notice.

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