TYMLOS SAVINGS CARD



TYMLOS®
(abaloparatide) injection

RxBin: 601341
RxPCN: OHCP
RxGroup: OH2501021
RxID# G52111997332

*** Please see back of card for Eligibility, Rules and Restrictions.**

Terms and Conditions
TYMLOS® (abaloparatide) Patient Savings Card Program Terms and Conditions

With this TYMLOS Patient Savings Card, eligible commercially insured patients may pay as little as $0 per month in out-of-pocket costs for their TYMLOS prescription. There is an annual cap on the amount of assistance that patients can receive over a per calendar year period.

Patient Instructions: In order to redeem this offer, you must have a valid prescription for TYMLOS. Follow the dosage instructions given by the doctor. By using this offer, you agree that you meet the eligibility criteria and will comply with the Eligibility, Rules, and Restrictions section below each time you use this offer. Patients with questions about the TYMLOS Patient Savings Card 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 Eligibility, Rules, and Restrictions section below.

Pharmacist instructions for a patient with an Eligible Third-Party Payer: 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 BIN 601341. The patient will be responsible for any remaining amount above the per calendar year cap. Valid Other Coverage Code required. Pharmacists with questions, please call 1-800-364-4767.

Eligibility, Rules, and Restrictions: Patients must be 18 years or older, and have a valid prescription for TYMLOS. There is an annual cap on the amount of assistance that patients can receive over a calendar-year period. This program is available only for prescriptions covered by commercial or private health insurance. This program is not available for prescriptions covered by state or federal government-funded healthcare programs, such as Medicare (including Part D), Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, and Veterans Administration. The patient understands that if they begin to receive drug benefits under any such government-funded program, they can no longer use this offer. The patient also agrees to follow any health insurance plan requirements, including telling their plan how much co-pay support they get from this program.
By redeeming this offer, the patient agrees that this program is intended solely for the benefit of the patient. Some insurance plans have established programs referred to as "accumulator adjustment" or "co-pay maximizer" programs that attempt to dilute the impact of the assistance available under this program. An accumulator adjustment program is one in which payments made by the patient that are subsidized by manufacturer assistance do not count toward the patient's deductibles and other out-of-pocket cost sharing limitations. Co-pay maximizers are programs in which the amount of the patient's out-of-pocket costs is increased to reflect the availability of support offered by a manufacturer assistance program. In those situations, the TYMLOS Patient Savings Card program terms may change at any time without notice in order to ensure the program remains focused on helping patients.

This offer is not transferable and is limited to one offer per person. Patients may not seek payment for the value of this offer from a third-party, such as a flexible spending account. This offer is only valid in the United States and is not valid in any state where it is prohibited by law. This card is not health insurance. The program may change or end at any time without notice. This offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer.

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