

Together With Tymlos

SAVINGS CARD

TYMLOSTM
(abaloparatide) injection

If your commercial insurance covers TYMLOS, you may be eligible to pay as little as \$4 for a 30-day supply*

Powered by:

CHANGE HEALTHCARE

BIN# 004682

PCN# CN

GRP# EC36601005

ID# 29042913276

*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 TYMLOSTM (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 1-844-492-9897.

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: 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, (eg, 8). 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). Reimbursement will be received from **CHANGE HEALTHCARE**. Valid Other Coverage Code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-422-5604.

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 or submitted for reimbursement under Medicaid, a Medicare drug benefit plan, Tricare, or other federal or state healthcare programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that she is ineligible for prescription 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. **Program expires 12/31/2018.** This offer is not transferable and is limited to one offer per person. Not valid if reproduced. This offer is valid only in the United States and its territories, and is void where prohibited by law. Program managed by ConnectiveRx on behalf of Radius Health, Inc. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time.

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