

Otrexup Co-Pay Assistance Program

- 1** Present this card with a valid prescription to your pharmacist
- 2** Receive co-pay assistance up to \$250 each time you fill your prescription
Terms and conditions apply. Applicable to eligible patients with commercial insurance.
- 3** For any rejections, please ask the pharmacist to reprocess using
BIN# 637765
PCN# CRX
GRP# 99998002
ID# 19562400601
- 4** If your pharmacist has questions while processing the co-pay card, please have him/her call 1-877-853-1312. A Support Specialist will be there to answer the questions. Patients with co-pay card questions may call 1-877-853-1312.



FOR PATIENTS: Present this co-pay assistance card with your valid prescription for Otrexup to your participating pharmacy. Insured patients may receive up to \$250 off of each 30-day prescription for Otrexup filled. Eligible patients may use co-pay assistance card each time a prescription is filled, for up to 13 fills. This offer is non-transferable. By using this card, you acknowledge that you meet the eligibility criteria* and will comply with the terms and conditions. **If you have questions pertaining to the use of this Otrexup co-pay assistance card, please call 1-877-853-1312.**

FOR PHARMACISTS: Submit the claim to the primary Third-Party Payer first, then submit the balance due as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g., 8, 3). The patient pay amount submitted will be reduced by up to \$250.00 on each 30-day prescription for Otrexup.

Please see the eligibility restrictions below:

***ELIGIBILITY RESTRICTIONS:** Offer only valid for patients with commercial prescription insurance. Maximum benefit of up to \$250 for each 30-day prescription filled. Offer not valid for prescriptions reimbursed under any federal or state healthcare program, including Medicare, Medicaid, or any state medical assistance programs. Offer void where prohibited by law, taxed, or restricted. Offer only valid in the USA. Otter Pharmaceuticals reserves the right to rescind, revoke, or amend this offer at any time without notice. By using this co-pay assistance card, you demonstrate that you understand and agree to comply with the terms and conditions of this offer as put forth on this co-pay assistance card.

Please see Full Prescribing Information, including **BOXED WARNING** and Patient Information at www.otrexup.com/PI.