

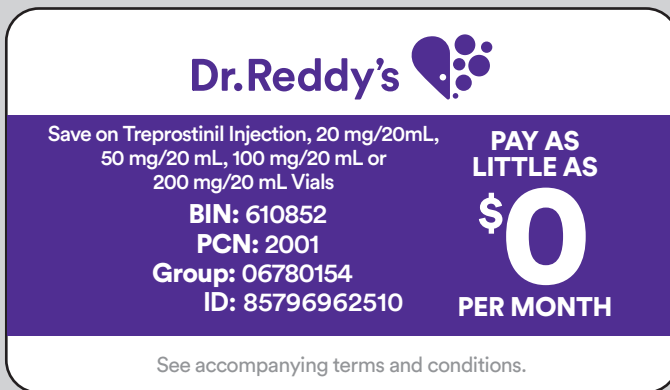
# COPAY SAVINGS PROGRAM

## for Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials

Commercially insured patients may pay as little as \$0 out-of-pocket on Dr. Reddy's Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials prescriptions. Maximum program limits apply.\*

### Using your Dr. Reddy's savings card is easy:

- 1 Download the digital savings card and present it at your pharmacy.
- 2 Ask your pharmacist to fill your existing prescription with Dr. Reddy's Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials.



For pharmacy processing questions, please call

**1-877-442-7398**

Monday–Friday 24 hours,  
Saturday 8 AM–7 PM EST,  
Sunday 9 AM–5 PM EST

Please read the [Prescribing Information](#) for Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials

\*Commercially insured patients may pay as little as \$0 out-of-pocket per fill. Maximum program assistance per prescription and maximum annual benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. This offer is not available to patients eligible for prescription coverage by any state or federally funded healthcare programs. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

Please read the [Terms, Conditions and Eligibility Requirements](#) for Dr. Reddy's for Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials COPAY SAVINGS PROGRAM on page 2.

**Good  
Health  
Can't  
Wait.**

## Terms, Conditions, and Eligibility Requirements for Dr. Reddy's Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials COPAY SAVINGS PROGRAM

**To the Patient:** You must present this offer and your primary insurance card to the pharmacist along with your prescription to participate in this program.

Offer valid only for the following National Drug Codes:			
1 mg/mL	Treprostinil Injection 20 mg/20 mL	43598-649-11	28 count
2.5 mg/mL	Treprostinil Injection 50 mg/20 mL	43598-646-11	28 count
5 mg/mL	Treprostinil Injection 100 mg/20 mL	43598-647-11	28 count
10 mg/mL	Treprostinil Injection 200 mg/20 mL	43598-648-11	28 count

This offer is not valid for patients eligible to have prescriptions paid for in part or in full by any state or federally funded healthcare programs, including but not limited to, Medicare or Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse you for the entire cost of your prescription drugs. This card is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (e.g., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). By redeeming this offer, you certify that you are an eligible patient and you understand and agree to comply with the terms and conditions of this offer.

Proof of purchase may be required. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the program.

Void if copied, transferred, purchased, altered, or traded, and where prohibited, taxed, and restricted by law. Void in the State of California and Massachusetts. This is not an insurance program and is not intended to substitute for insurance.

This offer is restricted to residents of the United States and Puerto Rico. This offer may be changed or discontinued at any time without notice. This offer may not be used with any other discount, coupon, or savings offer. If you have any questions regarding your eligibility or benefits, please call the Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials Copay Savings Program at 1-877-442-7398.

**Insured Patients:** For commercially insured patients, you may pay a copay as low as \$0 for your out-of-pocket per prescription fill for Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials prescriptions. Maximum program assistance per prescription and maximum annual benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

**Insured/Not Covered Patients:** For commercially insured patients whose insurance does not cover. Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials. Maximum program assistance per prescription and annual maximum benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

**To the Pharmacist:** When you use this offer you are certifying that you are dispensing Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials to a patient eligible for this offer in compliance with the terms and conditions, and you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. Void where prohibited by law.

**Pharmacy Instructions for Insured Patients:** Submit this claim to the patient's prescription insurance first, then submit a secondary claim to CapitalRx under BIN 610852/PCN 2001 as a Secondary Payor COB [coordination of benefits] using Other Coverage Code 8.

**Pharmacy Instructions for Insured/Not Covered Patients:** If the patient has commercial insurance but you receive a "not covered" response because Treprostinil Injection, 20 mg/20mL, 50 mg/20 mL, 100 mg/20 mL or 200 mg/20 mL Vials is not on the patient's formulary or is subject to prior authorization or step therapy and the patient has not met the criteria, continue the claim adjudication process and run the claim as secondary payer COB. Submit the claim from the primary Payer to CapitalRX as a Secondary Payer COB [coordination of benefits] using Other Coverage Code 3.