

SAVINGS OFFER FOR **BONSITY® (teriparatide injection)**



SAVINGS PROGRAM **No Activation Required.**

Commercially insured patients only.
Limitations apply.
\$12,000 annual maximum benefit.

BIN# 600426
PCN# 54
GRP# ECALVOGEN
ID# ALVOGEN

Pay as little as \$0

Pharmacist and Beneficiary:
When you use this card, you
are certifying that you have not
submitted, and will not submit,
a claim for reimbursement
under any federal, state, or
other governmental programs
for this prescription.

*Restrictions apply.
See Terms and Conditions.



1

PRINT

this page, take a screenshot of the Copay Card,
or visit bonsity.com

2

PRESENT

the information at your local pharmacy,
along with your BONSITY prescription

3

Commercially insured patients
with coverage

PAY AS LITTLE AS \$0*

***Terms and Conditions:**

Eligible patients can pay as little as \$0 and receive up to \$12,000 off the patient's co-pay or out of pocket expenses annually of BONSITY (teriparatide injection). Maximum monthly benefit applies. A valid Prescriber ID# is required on the prescription.

Patient Instructions:

In order to redeem this offer you must have a valid prescription for BONSITY (teriparatide injection). 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 terms and conditions described in the Restrictions section below. Patients with questions about this offer should call **833-330-0806**.

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, (e.g., **8**). The patient is responsible for the first \$0 and the card pays up to the next \$12,000. 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 **800-433-4893**.

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.

Visit bonsity.com for Full [Prescribing Information](#), including [Medication Guide](#), and [User Manual](#).

RESTRICTIONS

- This offer is valid in the United States.
- Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs).
- Cash Discount Cards and other non-insurance plans are not valid as primary under this offer.
- If the patient is eligible for drug benefits under any such program, the patient cannot use this offer.
- It is illegal to (or offer to) sell, purchase, or trade this offer.
- Not valid if reproduced.
- By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer.
- This offer is not transferable and is limited to one offer per person.
- Void where prohibited by law.
- Program managed by ConnectiveRx on behalf of Alvogen, Inc.
- The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

Start using your BONSITY copay card today



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