



Teriparatide Injection

20 mcg per dose. Each single-patient-use pen will deliver 28 subcutaneous doses.

TERIPARATIDE INJECTION: PRESCRIPTION SAVINGS PROGRAM

For eligible commercial patients, your co-pay could be as low as \$0 per month. Annual savings up to \$12,000. Use a participating pharmacy to save on Teriparatide Injection prescriptions.*



Alvogen
Teriparatide Injection

Savings Program
Pay as little as \$0

Annual savings up to \$12,000

eVoucherRx™ Program As a participant in the eVoucherRx™ Program, powered by RelayHealth, Alvogen has made it possible to extend prescription savings to you. This paperless eVoucherRx™ Program does not require any activation and the savings will be automatically applied to eligible patients at participating pharmacies. Prescription savings are made simple for you, your physician, and your pharmacist!

Present your eligible prescription for Alvogen's Teriparatide Injection to a participating pharmacy.

***For participating pharmacy locations, visit <https://evoucherrx.relayhealth.com/storelookup>**

Terms and Conditions:

Patients must have commercial drug insurance. Subject to a monthly cap of wholesale acquisition cost, plus usual and customary charges, and a separate maximum annual benefit of \$12,000. Invalid for patients without commercial drug insurance or those whose prescription claims are eligible to be reimbursed, in whole or in part, by Medicare Part D, Medicaid, TRICARE or any other state or federal program. Void where prohibited by law and subject to change, or discontinue without notice. Available only in the U.S. and Puerto Rico for residents of the U.S. and Puerto Rico. Cannot be combined or utilized with any other pro-

gram, discount card, cash discount card, coupon, incentive, or similar savings program involving teriparatide injection. Expires on 12/31/2020, if not terminated, rescinded, revoked or amended earlier by Alvogen, which Alvogen may do at any time without notice.

If you live in Massachusetts, this offer expires on the earlier of: (i) the date an AB rated generic equivalent becomes available; or (ii) December 31, 2020 absent a change in Massachusetts state law. If you live in California, the offer expires on the earlier of (i) the expiration date of this card (December 31, 2020) or (ii) the date an FDA-approved therapeutically

equivalent or over-the-counter product with the same active ingredients becomes available. By accepting this offer, you agree that if you are required to do so under the terms of your insurance coverage for this prescription or are otherwise required to do so by law, you should notify your insurance carrier of your redemption of this offer. This offer cannot be combined or utilized with any other program, discount card, cash discount card, coupon, incentive, or similar offer involving teriparatide injection. This offer expires on 12/31/2020, if not terminated, rescinded, revoked or amended earlier by Alvogen, which Alvogen may do at any time without notice.

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