



To Redeem: **1.** Take your prescription for **MuGard**, along with this coupon to your participating pharmacy. **2.** Be sure to get the coupon back and keep this coupon for future use. Each coupon is good for up to 3 uses. **3.** By using this coupon you may pay only \$40 per prescription. **4.** You will then receive up to \$610 off your remaining co-pay expense per use. You will be responsible for any additional co-pay expense if it exceeds this amount.

Terms and Conditions: **1.** This offer is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE, Federal or state programs (including any state prescription product programs). **2.** Offer not valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs that reimburse you for the entire cost of your prescription products. **3.** Coupon is limited to 1 per patient for 3 uses and is not transferable. **4.** Offer good only in the U.S. **5.** Offer not valid in Massachusetts. **6.** Offer good only for patients 18 years or older. **7.** AMAG reserves the right to rescind, revoke or amend this offer without notice. **8.** You understand and agree to comply with the terms and conditions of this offer as set forth above. Void if prohibited by law, taxed or restricted.

MOST ELIGIBLE PATIENTS PAY

\$40

OR LESS (ON INITIAL FILL AND UP TO 2 REFILLS)

BIN: 600428 **PCN:** 06780000 **GROUP:** 06780047

ID: XXXXXXXXXXXX



To Pharmacist: This offer will cover up to \$610.00 of the patient's co-pay expense after the patient pays an initial \$40.00 co-pay expense. For reimbursement, please follow the instructions below.

For a Patient Paying Cash: Not eligible for cash paying patients, patient must have commercial insurance.

***For an Insured Patient:** Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim using BIN: 600428/PCN: 06780000.

For pharmacy processing questions, please call 1-877-897-2984.

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

If your insurance does not provide coverage due to Prior Authorization, please call 1-844-635-AMAG.

MuGard full Prescribing Information is available at www.MuGard.com



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