



Co-pay Assistance Program*

For patients with commercial insurance coverage for MuGard®

Most eligible patients pay \$40 or less for MuGard†



- AMAG Assist
- Contact AMAG Assist at 1-844-635-AMAG (2624) for more information
- More information and co-pay coupons can be found at www.mugard.com

* Restrictions apply. Offer is valid for prescriptions that are not reimbursed under a federal or state healthcare program, including Medicare, Medicaid, or any other similar federal or state healthcare program, including any state pharmacy assistance program. May not be combined with any other rebate, coupon, free trial, or similar offers. Void in any state where prohibited by law, taxed, or otherwise restricted.

† Offer is good for up to 3 prescriptions of MuGard per co-pay assistance card (up to six 8-oz bottles per prescription). For each prescription, patient pays the first \$40, and AMAG Pharmaceuticals®, Inc. pays up to \$610 of the remaining co-pay or coinsurance. Patient is responsible for any remaining co-pay balance above \$650. If co-pay assistance is needed for additional prescriptions, patients may request additional co-pay assistance cards from their healthcare professional.

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AMAG Pharmaceuticals®, Inc.
1100 Winter Street
Waltham, MA 02451