

# HERE IS YOUR AKYNZEO® SAVINGS CARD



You can use this card immediately for savings on AKYNZEO prescriptions.

Show your pharmacist the card image below with BIN, Group and ID with a valid AKYNZEO prescription to receive your savings.

For a printable version, please visit [www.akynzeo.com/pay-0-savings-program](http://www.akynzeo.com/pay-0-savings-program) on a desktop computer to download a card you can print at home.

If your pharmacist was unable to provide you this savings, you can still take advantage of this offer. For more information on a mail-in rebate please visit [www.akynzeo.com/pay-0-savings-program](http://www.akynzeo.com/pay-0-savings-program).

If you have any questions, please call 1-84HELSINN-U (1-844-357-4668).

## Pay \$0 Savings Program

**BIN:** 610020 **GROUP:** 99992440 **ID:** \_\_\_\_\_membernumber\_\_\_\_\_


Please see reverse side for eligibility criteria and maximum benefit for commercially insured patients

**To Patient:** The \$0 Savings Program provides up to \$1,800 per year to assist with the out-of-pocket costs for AKYNZEO® (netupitant/palonosetron). Present this AKYNZEO Savings Card to the pharmacist along with your prescription to participate in this program. Depending on your insurance plan, you could have additional financial responsibility for any amounts over Helsinn's maximum liability. For cash patients, Helsinn Therapeutics (U.S.), Inc. will pay up to \$150 per prescription for a maximum of \$1,800 per year. You could have additional financial responsibility for any amounts over Helsinn's maximum liability. By using this card you are attesting that you are not enrolled in a state or federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD or TRICARE. For questions, please call 1-84HELSINN-U (1-844-357-4668).


**To Pharmacist:** For Insured Patients: Process a Coordination of Benefits (COB/split bill) claim using your patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDM under BIN: 610020. For commercially insured patients, the card will pay up to \$1,800 per year. Cash Patients: Submit a PRIMARY claim to PDM under BIN: 610020. For cash patients, the card will pay up to \$150 per prescription. For patients with AKYNZEO coverage under medical benefit please call 1-84HELSINN-U (1-844-357-4668) for assistance with processing the savings card benefit.

**For processing questions, please call 1-84HELSINN-U (1-844-357-4668).**

**Eligibility Criteria:** Good toward the purchase of AKYNZEO prescriptions. No substitutions permitted. Save this card to reuse with each prescription. Not available to patients enrolled in state or federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD or TRICARE. Offer available to MA residents through June 30, 2019. For all other patients, this offer will expire October 3, 2019. May not be combined with any other coupon, discount, prescription savings card, free trial or other offer. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this card. Such activities may result in imprisonment of 10 years, fines up to \$25,000, or both. Void outside the USA and where prohibited by law. Helsinn Therapeutics (U.S.), Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the card and complying with any other conditions imposed by insurance carriers on third-party payers. The value of this card is not contingent on any prior or future purchases. The card is solely intended to provide savings on any purchase of AKYNZEO. Use of the card for any one purchase does not obligate the patient to make future purchases of AKYNZEO or any other product.



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