

# V-Go<sup>®</sup> Co-pay Program

## Mail-In Rebate

If your pharmacist or medical supply company is unable to provide the co-pay or coinsurance savings at the time you fill your prescription, you can still take advantage of this program if eligible.

- Complete this form with your name and address.
- Circle the product name, date, your name, and amount paid on the original pharmacy receipt. Cash register receipt NOT accepted.
- Mail this form, your pharmacy receipt, and a copy of your V-Go Card to:

**V-Go \$0/\$75 Co-pay Program**  
2250 Perimeter Park Drive, Suite 300  
Morrisville, North Carolina 27560

- In 10-14 days, you will receive a check in the mail.



**CALL 1-877-898-5051  
TO ACTIVATE.**

**FOR INSURED PATIENTS ONLY**  
(Covered & Not Covered by Rx Benefit)

**Pay \$0 1<sup>st</sup> Rx /  
Pay No More Than \$75 Refills**

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**BIN: 610020 Group: VGOSAVINGS ID: 93657994709**

V-Go 20: 08560-9400-03 V-Go 30: 08560-9400-02 V-Go 40: 08560-9400-01  
See below for Eligibility and Restrictions. \*For Each 30-Day Supply

First Name

Last Name

Address

City

State

ZIP Code

Signature

Date

By my signature, I certify that I meet the Eligibility Criteria listed on this certificate.

**Eligibility and Restrictions:** Uninsured patients not eligible. This offer is valid for commercially-insured and insured not-covered patients only. Void where prohibited or otherwise restricted by law. Card NOT valid for prescriptions that may be reimbursed under a federal or state healthcare program, including Medicare, Medicaid, or any other similar federal or state health care program, including any state pharmacy assistance program. This offer may be restricted, revoked or modified at any time. Patient is responsible for notifying any third party payer about any rebate or discount they receive on their prescription purchase. VOID in any state where rebates are prohibited by law, taxed or otherwise restricted. Insured patients will receive their first 30-day prescription for \$0 and each subsequent 30-day prescription for \$75 or less, subject to a maximum benefit of up to \$396 for the first fill and \$321 for each subsequent fill.

**To the Patient:** Present this card with your V-Go prescription to a participating pharmacy. This offer is valid for commercially-insured and insured not-covered patients only. **By tendering this coupon, I, the Patient, CERTIFY that:** (i) I have read and will comply with the above terms, (ii) I will NOT submit a claim for reimbursement under ANY federal, state or other government programs for this prescription.

**To the Pharmacist:** This offer is valid for commercially-insured and insured not-covered patients only. Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim using BIN: 610020. Please return card to patient for future use. Please see Eligibility and Restrictions above. **By redeeming this coupon I, the Pharmacist, CERTIFY that:** (i) I have received this coupon from an eligible patient, (ii) I have NOT submitted, and will not submit, a claim for reimbursement to the patient or any federal, state, or other governmental payer or to any Medicare Part D Plan and, (iii) my participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that I have as a pharmacy provider.

## Directions to the Pharmacist:

- Process a Coordination of Benefits (COB) transaction using prescription insurance for the primary claim and submit a secondary claim using BIN: 610020
- If primary insurance rejects (and is not covering the product), then bypass the rejection and run the card as a secondary payer by either:
  - Choosing an Other Coverage Code (OCC) of 3 or 4; OR
  - Selecting the option "Coverage exists no payment collected"
- For processing questions call **1-855-236-2128** (Monday – Friday 24 hours / Saturday 8 am – 7 pm EST / Sunday 9 am – 5 pm EST)
- Uninsured patients not eligible