

Pay as little as \$30 for up to a 90 day fill.*

LODOCO[®]
(colchicine) tablets

Lodoco Savings Card

PAY AS LITTLE AS \$30 FOR UP TO A 90-DAY FILL*

BIN# 600426 GRP# EC45601001
PCN# 54 ID# 39867642586

Powered By: CHANGE HEALTHCARE

Maximum savings limit applies; patient out of pocket expense may vary. Offer is valid for commercially insured and cash paying patients. Please see back of card for program terms, conditions and eligibility criteria.

 AGEPHA PHARMA

LODOCO[®]
(colchicine) tablets

Bring this savings cards to the pharmacy with your prescription and provide it to the pharmacist.

***Restrictions apply. Patients with Federal or State prescription coverage, such as Medicare or Medicaid, are not eligible.**

Eligible patients will pay a minimum of \$30 and receive up to \$420 off the patient's co-pay or out of pocket expenses per 90-day supply of LODOCO tablets. Cash Patients pay as little as \$170 and receive up to \$325 off the patients co-pay or out of pocket expenses per 30 day supply of LODOCO tablets. Unlimited uses up to annual max benefit. A valid Prescriber ID# is required on the prescription.

Patient Instructions: In order to redeem this offer you must have a valid prescription for LODOCO. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below. Patients with questions about the LODOCO Savings offer should call 1-866-228-4004

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist instructions for a patient with an Eligible Third Party

Submit the claim to the primary Third Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient is responsible for the first \$30.00 and the card pays up to the next \$120.00. Reimbursement will be received from CHANGE HEALTHCARE.

Pharmacist instructions for a cash paying patient

Submit this claim to CHANGE HEALTHCARE. A valid Other Coverage Code (e.g. 1) is required. The patient is responsible for the first \$170.00 and the card pays up to the next \$325.00. Reimbursement will be received from CHANGE HEALTHCARE.

Valid Other Coverage Code required. For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-800-433-4893.

Restrictions: This offer is valid in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer. Offer not valid for patients under 18 years of age. It is illegal to (or offer to) sell, purchase, or trade this offer. Program does not expire. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Agepha Pharma. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk **1-800-433-4893**.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.