



# CO-PAY COUPON

**Taro's Deferiprone  
Tablets (500 mg)**



**BIN: 610020  
GROUP: 99994219  
MEMBER ID: 56247411510**

Please see full **Prescribing Information**, including **Boxed WARNING**.

Terms and Conditions apply. This offer is only available to patients with commercial insurance. The program is not available for patients who are enrolled in Medicare, Medicaid, or any other federal or state health care program. reserves the right to rescind, revoke, or amend this program without notice. For full Terms and Conditions, visit [www.tarocares.com](http://www.tarocares.com)

## **TERMS AND CONDITIONS**

To enroll in the Taro Cares Co-Pay Support Program (this “**Program**”), present the Program coupon along with a valid prescription to any participating pharmacy. By enrolling in the program, you are certifying that you understand these terms and conditions and that you have/will respond truthfully to the questions presented to you for enrollment.

### **Eligibility**

- Eligible commercially insured patients 18 years or older may pay as little as \$0/ per month for a deferiprone prescription.
- Patients must have a valid prescription and commercial, prescription drug insurance coverage.
- The Program is limited to patients residing in the United States, Puerto Rico, Guam, and the Virgin Islands, excluding patients residing in Massachusetts (effective January 1, 2021).
- The program is not open to patients with no prescription drug insurance, patients who have insurance coverage that imposes no co-pay or co-insurance charge (i.e. having insurance that covers the full cost of deferiprone), or who are covered by a government health plan including: Medicare, Medicaid, TRICARE, the Veterans Affairs, the Department of Defense, or have prescription drug coverage under any other federal or state program. In addition, if a patient obtains coverage from such a government program after enrolling in this program, he/she will not be eligible to continue in the Co-Pay Program. Maximum Benefit.
- The Program is subject to a \$5,000 maximum, per-patient annual benefit.

### **Additional Requirements**

- This offer is not transferrable and cannot be combined with any other offer, free trial, prescription savings card, or discount.
- Participation in the Program is not conditioned on any past, present, or future purchase. Patients may not apply for reimbursement and for all or any part of any benefit they receive from their health insurance or any third party and must report to their insurer or health plan administrator, if required, that they have enrolled in this program and are/will receive a financial benefit. The Program coupon is accepted only at participating pharmacies.
- There may be additional terms and conditions that also apply.

### **Legal Notices**

- This Program is not health insurance.
- This Program is void where prohibited or restricted by law. Any sale, purchase, trade, counterfeiting, duplication, or reproduction of this card or offer to do so, is prohibited by law.
- Only certain pharmacies (“Participating Pharmacies”) participate in the Program
- **Term:** This may be canceled or changed, without notice, at any time.
- **Privacy Notice:** Use of Personal Data: Data related to your redemption of the card may be collected, combined with data from other co-pay card redemptions, de-identified, and shared with the Program sponsor (Taro Pharmaceutical Industries, Inc.), for market research, program assessment, and for other lawful purposes.



**PHARMACIST INSTRUCTIONS:** For Commercially Insured Patients: Process a Coordination of Benefits (COB/split bill) claim using the patient’s prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to BIN: 610020. When you use this card, you are certifying that you have not submitted, are not eligible to submit, and will not submit a claim for reimbursement under any federal, state or other governmental funded programs for this prescription. FOR PHARMACY PROCESSING QUESTIONS, PLEASE CALL 1-877-423-4959.