



# REMODULIN<sup>®</sup> Co-Pay Assistance Program

Most eligible patients pay as little as a  
**\$0.00 co-pay per month for REMODULIN\***

## REMODULIN Co-Pay Assistance Program ID Number

Most eligible patients pay as little as a \$0.00 co-pay per month for Remodulin\*

**Claims processor: CHANGE HEALTHCARE**  
**BIN #: 600426      Group #: EC39403001**  
**RxPCN #: 54      Cardholder ID #:**

For more information about support programs for Remodulin,  
call ASSIST (Access Solutions and Support Team) at  
**1-877-UNITHER (1-877-864-8437)**  
or visit [UTASSIST.com](http://UTASSIST.com)

\*Under this co-pay assistance program, most eligible patients pay a \$0.00 co-pay for each prescription of Remodulin and may receive up to \$8,000.00 maximum per calendar year toward their co-pay.



Eligible patients will pay a minimum of \$0.00 per use and receive up to \$8,000.00 off the patient's co-pay per year for Remodulin<sup>®</sup> (treprostinil). A valid Prescriber ID# is required on the prescription.

**Patient Instructions:** In order to redeem this offer you must have a valid prescription for Remodulin. 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 Remodulin offer should call 1-877-UNITHER (1-877-864-8437).

**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.

**Restrictions:** This offer is valid in the United States and Puerto Rico. 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). 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. Offer not valid in MA. Certain restrictions

may apply in CA. It is illegal to (or offer to) sell, purchase, or trade this offer. 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 CHANGE HEALTHCARE on behalf of United Therapeutics Corporation. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

**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. 9). The patient is responsible for the first \$0.00 and 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 \$0.00 and 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 1-800-433-4933.

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## The Remodulin Co-Pay Assistance Program will automatically pay the difference up to the maximum calendar year program benefit.

- This program is only valid for the cost of the drug (Remodulin) and not applicable to any related supplies or other medical expenses associated with administering the product.
- The patient will be responsible for any remaining balance that is not covered by their initial \$0.00 co-pay and the maximum program benefit.
- Not available for Massachusetts residents and for California certain restrictions apply.
- The annual maximum benefit is \$8,000.00 for Remodulin during a calendar year.

## Patient Terms and Conditions

By using the Remodulin Co-Pay Assistance Program you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- The Program is valid only for patients with commercial (also known as private) insurance who are taking the medication for an FDA approved indication.
- Patients using Medicare, Medicaid, or any other state or federal government program to pay for their medications are not eligible. Patients who start utilizing government coverage during the term of the Program will no longer be eligible.
- Eligible patients must be a resident of the US or Puerto Rico.
- The Program is subject to additional state law restrictions. Patients residing in select states may not be eligible for the Program.
- This Program is only valid for cost of the drug and not applicable to any related supplies or other medical expenses associated with administering the product.
- This Program is not conditioned on any past, present or future purchase, including refills.
- Void where prohibited, taxed or restricted by law.
- The patient confirms that this Program is consistent with patient's insurance. The patient is responsible for reporting the receipt of all Program benefits as required by the insurance company.
- This Program is not insurance and is not intended to substitute for insurance.
- Limit 1 (one) Program ID number per patient.
- This ID number is non-transferable and has no value.
- Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the Patient through this offer.
- United Therapeutics Corporation reserves the right to modify or terminate this program at any time without notice.
- By enrolling in the Program, you agree that your personal information may be used by United Therapeutics Corporation and its affiliates to send you information about United Therapeutics Corporation products, programs, support and services related to your condition and contact you in connection with your participation in the Program and as provided in our Privacy Policy. United Therapeutics Corporation respects the privacy of your personal information and you may unsubscribe from our programs at any time by calling ASSIST at 1-877-UNITHER (877-864-8437).