

ZOLADEX SAVINGS PROGRAM

Zoladex[®] (goserelin implant)

Commercially Insured Patients:

As little as

\$0*

CO-PAY

Cash Paying Patients:

Up to

\$300* OFF

each one month supply

See inside for details on how to enroll in the ZOLADEX Savings program for co-pay savings and reimbursement assistance



Not actual card.

*For eligible commercially insured patients, the co-pay card is subject to an annual limit. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TRICARE, or where prohibited by law. Additional terms and conditions apply.



Health Care Provider:

Enroll your eligible patient if they will be receiving in-office treatment.

4 Easy Steps To Enroll

- 1 Your HCP will visit <https://www.activatethecard.com/7526> or call 1-844-864-3014 to enroll you in the ZOLADEX Savings program.
- 2 You receive an injection treatment with ZOLADEX.
- 3 Your HCP submits a claim to your insurance company. Your insurance company then sends an explanation of benefits (EOB) to your HCP.
- 4 Your HCP submits the EOB and Claims Form to the ZOLADEX Savings program; a check or electronic transfer is then issued directly to your HCP for covering your out of pocket responsibility.*



Documents can be submitted via
Fax at (833) 420-3591 or
online at <https://www.patientrebateonline.com/>

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ZOLADEX SAVINGS PROGRAM TWO WAYS TO SAVE on Treatment



ZOLADEX Savings Card



ZOLADEX Reimbursement Assistance



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ZOLADEX Savings Card



ZOLADEX Reimbursement Assistance



Patient:

How to Enroll in the ZOLADEX Savings Program.

- Visit <https://www.activatedthecard.com/7526> or call 1-844-864-3014 to activate your ZOLADEX Savings Card.
- You must present this card to the pharmacist along with your prescription. If you received ZOLADEX as part of an in-office treatment from your health care provider and the office or the pharmacy are unable to accept your activated ZOLADEX Savings Card, please see instructions on back on how to receive direct reimbursement.

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the ZOLADEX Savings Card program at 1-844-864-3014 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TRICARE, or where prohibited by law; and you will otherwise comply with the terms above.

To the Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription.

- Submit transaction to McKesson Corporation using BIN #610524
- If primary commercial prescription insurance exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the ZOLADEX Savings Card program are subject to the LoyaltyScript[®] program Terms and Conditions posted at www.mckesson.com/mprstnc
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TRICARE and where prohibited by law. Additional terms and conditions apply.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript[®] for ZOLADEX Savings Card program at 1-844-864-3014 (8:00 AM-8:00 PM EST, Monday-Friday).

TerSera Therapeutics LLC reserves the right to rescind, revoke or amend this offer at any time.



Patient:

How to request direct reimbursement.

It takes just a few steps to request reimbursement for your ZOLADEX prescription co-pay when you receive in-office treatment from your health care provider, or the pharmacy is unable to accept your activated ZOLADEX Savings Card.

- ① Visit <https://www.activatedthecard.com/7526> to download the Direct Member Reimbursement (DMR) form or call 1-844-864-3014 to speak to an agent and request a form.
- ② Complete the DMR form, enclose in an envelope along with the following items, and mail to address provided on form.
 - ✓ A photocopy of your activated ZOLADEX Savings Card
 - ✓ Your insurance provider's Explanation of Benefits (EOB)
 - ✓ Proof of payment
- ③ If you are eligible, your reimbursement will be sent to you in the mail within 2-4 weeks

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For more information, please visit
www.zoladex.com/savings-support

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