




Betaine Anhydrous for Oral Solution

Pay as little as **\$0** for commercially insured patients*

**Betaine Anhydrous
for Oral Solution**

RX Bin:	610600
PCN:	AS
RxGroup:	394
ID #:	39402517441



OAKRUM
PHARMA

*See terms and conditions below.

Print and present this card with your prescription to the pharmacist.

* The Oakrum Pharma Copay Program (the "Program") will provide reimbursement for eligible, commercially insured patients' cost-sharing obligations (including deductibles, copayments, coinsurance, or amounts in excess of out-of-pocket maximums) for Betaine Anhydrous for Oral Solution (the "Product"), subject to maximum per fill and annual limitations specified by the Program and as may be adjusted from time to time in the sole discretion of the Program. The amount of reimbursement may vary, including based on an eligible patient's insurance coverage. Patients may pay as little as \$0 per fill of the Product after application of Program reimbursement. Patients remain responsible for any remaining costs for the Product after application of Program reimbursement or reaching the maximum per fill or annual limitations.

Patient Eligibility Requirements and Limitations:

- Under the current maximum benefit, patient pays no more than zero (\$0) dollars up to a maximum of fifty (\$50) off per 30-day prescription, subject to an annual maximum benefit of five hundred dollars (\$500) per eligible patient.
- The patient must have a valid prescription for an approved use of the Product.
- The patient must be a resident of the United States or Puerto Rico.
- The patient must have commercial insurance.
- The patient must not have prescription drug coverage for the Product, in whole or in part, under any federal or state health program that is a "federal healthcare program" as defined under 42 U.S.C. § 1320a-7b(f), including but not limited to Medicare, Medicaid, TRICARE, the Indian Health Service, the Department of Veterans Affairs Health Benefit Program, state Children's Health Insurance Programs under the Title XIX or Title XXI of the Social Security Act, state block grant programs under Title V or Title XX of the Social Security Act, or state pharmaceutical assistance programs.
- This Program is not available for patients within a deductible or similar cost sharing periods under such federal healthcare programs.
- Uninsured and cash-paying patients are not eligible.

Pharmacists requiring assistance with processing can call our pharmacy help desk at **1-877-274-3244**.

Additional Terms and Conditions:

- **The Program does not constitute insurance.**
- The availability of benefits under the Program does not constitute any guarantee of coverage under any prescription benefit insurance or program.
- The benefits under this Program may not be combined with any third-party rebate, coupon, or offer.
- By submitting a request for benefits under the Program or by participating in the Program, the healthcare provider acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for benefits provided under the Program to the patient or any third-party plan or program, including any commercial or government assistance program; and (2) will advise the patient that he or she may not submit a claim to any third-party plan or program but should report his or her receipt of benefits to the patient's insurer if required by his or her plan.
- By submitting a request for benefits under the Program or by participating in the Program, the patient acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for benefits provided under the Program to any third-party plan or program, including any commercial or government assistance program; and (2) will report his or her receipt of benefits to his or her insurer if required by his or her plan.
- Patients and/or their healthcare providers must submit complete information and/or documentation required under the Program and attest to the truthfulness and accuracy of the information and/or documentation.
- By submitting a request for benefits under the Program or by participating in the Program, each of the patient and healthcare provider acknowledges, understands and agrees to the benefit, eligibility, and other program limitations, terms and conditions as set forth herein.
- The availability of benefits under the Program is not conditioned on any past, present, or future purchase, including any potential future refills of Product.
- The copay card has no cash value.
- Offer void where prohibited by law, taxed, or restricted.
- OAKRUM Pharma has sole discretion to determine Program eligibility.
- OAKRUM Pharma reserves the right to amend, modify, or terminate Program benefits and eligibility criteria at any time and without notice.