



Co-Pay Program

More help accessing treatment

Eligible patients pay as little as (“PALA”) \$5 per monthly prescription with no monthly cap and an annual maximum cap of \$6000 per calendar year*

*Terms & Conditions apply. See Eligibility and Restrictions

Eligibility and Restrictions:

- Patient must be enrolled in, and must seek reimbursement from or submit a claim for reimbursement to, a commercial insurance plan. The SKYTROFA prescription being filled must be covered by the patient’s commercial insurance plan
- Offer not valid for patients enrolled in Medicaid, Medicare, Medigap, VA, DOD, TRICARE, or any similar federal or state health care program
- Offer excludes full cash-paying patients and may not be redeemed for cash



For full program terms and conditions and eligibility criteria, visit [Skytrofahcp.com](https://www.skytrofahcp.com) or scan the QR code



To begin enrollment or learn about A·S·A·P, please **contact a Nurse Advocate** or call

1-844-442-7236

A·S·A·P
ASCENDIS SIGNATURE
ACCESS PROGRAM[™]

The Ascendis Signature Access Program[™] (A·S·A·P) offers a range of support services for you and your patients. A·S·A·P provides a dedicated Nurse Advocate to be your single point of contact for any questions or assistance you may need, including enrollment in the SKYTROFA[®] Co-Pay Program