



Co-Pay Program for SKYTROFA®

Pay as little as (“PALA”) \$5 per monthly prescription with a maximum cap of \$6000 per calendar year.*

***Terms and Conditions apply. 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.
- Patient is not eligible if he/she participates in or seeks reimbursement or submits a claim for reimbursement to any federal or state health care program with prescription drug coverage, such as Medicaid, Medicare, Medigap, VA, DOD, TRICARE, or any similar federal or state health care program (each a Government Program).
- Offer excludes full cash-paying patients and 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 herein and will not seek reimbursement for any benefit received through this offer. Eligibility and Restrictions, and Offer Details may change from time to time, and for the most recent version, please visit this webpage. Re-confirmation of information may be requested periodically to ensure accuracy of data and compliance with terms.
- This offer is valid in the United States, Puerto Rico, Guam, and the Virgin Islands and may be redeemed at participating pharmacies. Availability of the Savings Offer in Massachusetts will be dependent upon state law in effect at the time patient presents the Savings Offer when paying for the covered medications.
- This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law.
- Cash Discount Cards and other non-insurance plans are not valid as primary insurance under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. This Savings Card cannot be combined with any coupon, certificate, voucher, or similar offer.
- Patient is responsible for complying with any insurance carrier co-payment disclosure requirements, including disclosing any savings received from this program. It is illegal to (or offer to) sell, purchase, or trade this offer.
- The Co-Pay Program is intended to provide financial assistance for patients using the medication for its approved indications.
- Ascendis Pharma reserves the right to rescind, revoke or amend this offer without notice at any time.

