For patients prescribed ZOMACTON[™] [somatropin (rDNA origin)] for Injection

ZOMACCESS

Savings support every step of the way

ZOMAccess provides a range of financial assistance programs for eligible patients

ZOMACCESS Financial Program Options for Eligible Patients^{*}

Affordable access to help patients start and stay on therapy

Financial assistance up to \$500 per month for eligible patients with commercial insurance⁺

• Pay as low as \$0 per prescription¹

Financial assistance for "covered benefit, nonformulary" patients⁺

- Patients prescribed ZOMACTON[™] will have co-pay or co-insurance equal to preferred formulary option under their commercial plan
- Reduces concerns about periodic formulary changes

Affordable access for cash-paying patients

• Significant savings from the first milligram prescribed

Interim Drug Program

• Ensures patients obtain treatment during the active medical appeals process

Patient Assistance Program

• Allows patients who meet certain financial eligibility criteria to receive ZOMACTON™ at no cost

Ferring is committed to patients throughout their course of therapy.

To find out if your patients are eligible for any of these ZOMAccess financial program options, call the ZoGo Support Center at:

1-844-944-ZOGO (9646)

*Terms and Conditions: The ZOMACTON[™] ZOMAccess Program can be used to reduce the amount of patients' out-of-pocket expenses for uninsured or commercially insured patients, up to specified limits. Restrictions apply. This program does not constitute an insurance program. For full Terms and Conditions, call the ZoGo Support Program at 1-844-944-ZOGO (9646).

Eligibility for the ZOMAccess Program is limited to patients, or their legal guardians 18 years of age or older, who are residents of the United States. Not valid for patients who are covered by any state or federally funded healthcare program, including but not limited to, Medicare (Part D or otherwise), Medicaid, Medigap, CHAMPUS, TRICARE, and any state pharmaceutical assistance program; patients who are Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; or patients whose insurance plan is paying the entire cost of this prescription. Certain ZOMAccess offers are not valid for Massachusetts residents. Please see the full program Terms and Conditions for more details.

No other purchase is necessary. The financial assistance provided through the ZOMAccess Program is not health insurance, and the patient is responsible for complying with any obligations as may be required by his/her insurance provider. This offer can be used only by eligible residents of the United States at participating pharmacies in the United States. By choosing to process a claim to a third party payer in connection with this offer, the pharmacy hereby represents, warrants, and acknowledges to Ferring that it will comply with the Terms and Conditions of this program, as set forth herein, that Ferring is not interfering with any legal obligation that the retail pharmacy may have to any third party and that processing the claim is not otherwise in violation of applicable law. Patient, guardian, prescriber, pharmacy, and any other person using or administering financial assistance through the ZOMAccess Program agree not to seek reimbursement for any part of the benefit received by the patient through the offer.

Void outside of the US and its territories or where prohibited by law, taxed, or restricted. The amount of the benefit cannot exceed the patient's out-of-pocket expenses and cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. Ferring reserves the right to rescind, revoke, or amend this program at any time without notice. Data related to patient use of the savings program may be collected, analyzed, and shared with Ferring for market research and other purposes related to assessing savings programs. By participating in the ZOMAccess Program, you are certifying that you understand and agree to comply with the Terms and Conditions of this program as set forth above.

This offer expires December 31, 2017.

[†] Individual out-of-pocket costs for eligible patients may vary based upon a variety of factors, including their specific insurance plan requirements. Call the ZoGo Support Program at 1-844-944-ZOGO (9646) for additional details.
1. Data on file, Ferring Pharmaceuticals.

ZOMACCESS

Helping patients gain access to ZOMACTON™



