



Co-Pay Assistance Program Terms and Conditions

The Co-Pay Assistance Program (“Program”) is subject to the following terms and conditions:

- The Program is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare (including Part D), Medigap, VA, DoD, Tricare or other federal or state healthcare programs (including any state prescription drug assistance programs)
- The Program is not valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs which reimburse you for the entire cost of your prescription drugs
- No claim for reimbursement of the out-of-pocket expense amount covered by the Program shall be submitted to any third-party payer, whether public or private
- The savings received under this Program must be deducted from any reimbursement request submitted to the patient’s insurance plan, either directly or on behalf of the patient
- This Program is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plans or other health or pharmacy benefit programs
- The Program is not valid for Massachusetts residents whose prescriptions are covered, in whole or in part, by third-party insurance
- This Program is not valid where prohibited by law
- This Program is void where use is prohibited by your insurance provider
- The Program cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription
- This Program is valid only in the U.S., including Puerto Rico and other U.S. territories
- Albireo reserves the right to rescind, revoke, or amend the Program at any time without notice
- The selling, purchasing, trading, or counterfeiting of any benefit provided under the program is prohibited
- If your insurance situation changes you must notify the Program immediately at 1-855-ALBIREO.
- The maximum amount of Co-Pay assistance under the Program is \$20,000.00 per calendar year