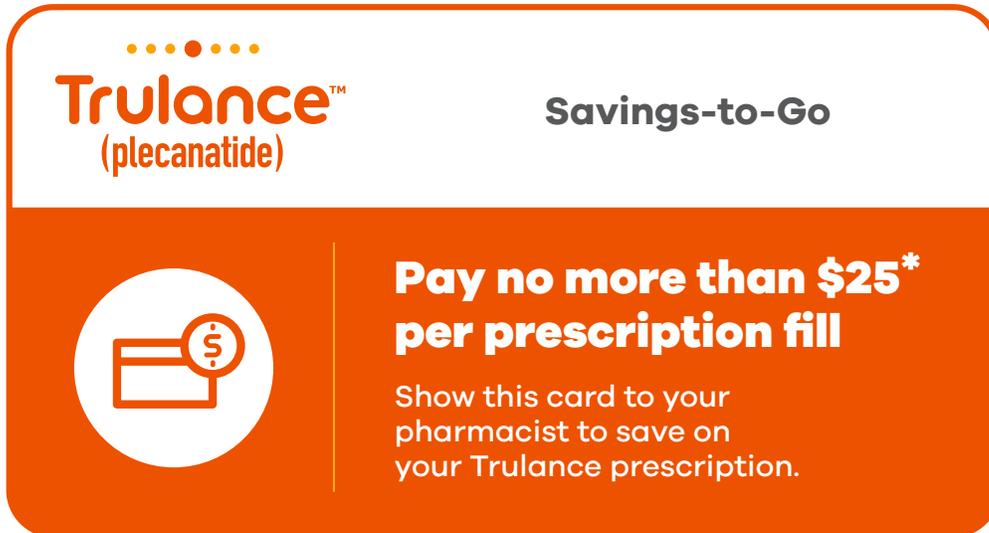


Trulance Savings-to-Go

Show this card to your pharmacist
to help save on your Trulance prescription



BIN	Group	ID
610020	99992541	XXXXXXXXXX

If you have questions about the program, please call XXX-XXX-XXXX.

Terms and conditions

*By using the Trulance Savings Card, you acknowledge that you currently meet the eligibility criteria and will comply with the following terms and conditions: The Card is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare (including Medicare Part D), or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma de Salud"]). The Card is not valid for prescriptions that are eligible to be reimbursed by private indemnity or HMO insurance plans or other health or pharmacy benefit programs which reimburse you for the entire cost of your prescription drugs. Must be 18 years of age or older and under the age of 65 to participate in the program. Commercially insured patients may pay as little as \$25 per prescription fill of Trulance, for up to 12 offers per year. To qualify for this offer, the patient's out-of-pocket expense must be a minimum of \$25 per prescription. Patients that do not have commercial insurance may receive up to \$100 savings per 30-day supply. Maximum savings limit applies; patient out-of-pocket expense may vary. You must deduct the value received under this program from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf. Cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. The Card will be accepted only at participating pharmacies. This Card is not health insurance. Offer good only in the US and Puerto Rico. The Card is limited to 1 per person during this offering period and is not transferable. Synergy reserves the right to rescind, revoke, or amend the program without notice. This offer will expire December 31, 2020. If you are a healthcare professional licensed in Vermont, or a licensed healthcare professional who regularly practices in Vermont, Synergy corporate policy prohibits you from downloading, printing, or accepting the savings card.

Please also see Medication Guide within the full Prescribing Information.

SYNERGY
PHARMACEUTICALS

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