

ENVARUSUS XR® 30-Day Free Trial Voucher

Eligibility Criteria and Terms and Conditions

Eligibility Criteria

- Patient has not previously filled a prescription for ENVARUSUS XR®.
- Patient must have a valid 30-day prescription for ENVARUSUS XR® for an FDA-approved indication.
- Patient must be 18 years or older to redeem the voucher. For patients who are 17 years of age, the patient's parent or legal guardian may complete the attestation and redeem the voucher on behalf of the patient.
- Patient is a resident of the United States, Puerto Rico, or a U.S. Territory.

Terms and Conditions

- Voucher is valid for a 30-day supply of ENVARUSUS XR®.
- Only new patients may use this voucher. By redeeming this voucher, you* certify that you are not currently using ENVARUSUS XR®. This offer is non-transferable.
- An original voucher and a valid prescription must be presented to the pharmacy.
- The voucher will be accepted only at participating pharmacies.
- You must not submit any claim for reimbursement for product dispensed pursuant to this voucher to any third-party payor, including Medicare, Medicaid, or any other federal or state health care program. You cannot apply the value of the free product received through this voucher toward any government insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP). Additionally, pharmacists and prescribers cannot seek reimbursement for the free trial of ENVARUSUS XR® from health insurance or any third party, including state or federally funded programs.
- This voucher is not valid where prohibited by law.
- This voucher cannot be combined with any other savings, free trial, or similar offer for the specified prescription. No substitutions are permitted.

- This voucher is not health insurance.
- Offer good only in the U.S. and Puerto Rico; this offer is void where restricted or prohibited by law.
- This voucher may not be sold, purchased, traded, or counterfeited. Reproductions of this voucher are void.
- This offer is not conditioned on any past, present, or future purchase, including refills and no purchase is necessary.
- Patients have no obligation to continue to use ENVARSUS XR®.
- Veloxis reserves the right to amend the eligibility criteria and/or rescind, revoke or amend this offer without notice.
- Offer expires thirty (30) days from issuance.

* For parents or legal guardians reviewing the terms and conditions and completing the attestation on behalf of a 17-year-old patient, note that the terms and conditions apply to the patient.

Pharmacist Instructions: For reimbursement, please submit to BIN: 600428/PCN: 06780000. The information printed on the front of the card should be used when submitting for reimbursement. For questions, please call the Help Desk at **1-855-672-4103**.

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