

ENVARUSUS XR[®] Co-pay Card

Eligibility Criteria and Terms and Conditions

Eligibility Criteria

- Patient must have commercial insurance that includes commercial prescription drug insurance coverage for ENVARUSUS XR. Offer is not valid for cash-paying patients.
- Patient is not eligible to use this card if they are enrolled in a state or federally funded prescription insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veteran Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico.
- Patient must have a valid prescription for ENVARUSUS XR[®] for an approved indication.
- Patient must be 18 years or older to redeem the co-pay card. For patients who are 17 years of age, the patient's parent or legal guardian may complete the attestation and redeem the co-pay card on behalf of the patient.

Terms and Conditions

- With this card, eligible patients will pay a \$0 co-pay per eligible monthly prescription, subject to a maximum amount of \$8,550 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year. The amount of any benefit is the difference between your* co-pay and \$0. After the annual maximum of \$8,550 per product is reached, you will be responsible for the remaining monthly out-of-pocket costs.
- This co-pay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your commercial insurance plan or other private health or pharmacy benefit programs.
- You must deduct the value of this co-pay card from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf.

- You are responsible for reporting use of the co-pay card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the co-pay card, as may be required. You may not use the co-pay card if your insurer or health plan prohibits use of manufacturer co-pay cards.
- This co-pay card is not valid where prohibited by law.
- This co-pay card cannot be combined with any other savings, free trial, or similar offer for the specified prescription.
- This co-pay card will be accepted only at participating pharmacies.
- This co-pay card is not health insurance.
- Offer good only in the U.S. and Puerto Rico.
- This co-pay card is limited to 1 per person during this offering period and is not transferable. Where a parent or legal guardian applies on behalf of a patient, the co-pay card is issued to the patient.
- No other purchase is necessary.
- Data related to your redemption of the co-pay card may be collected, analyzed, and shared with Veloxis for market research and other purposes related to assessing Veloxis' programs. Data shared with Veloxis will be aggregated and de-identified; it will be combined with data related to other co-pay card redemptions and will not identify you.
- Veloxis reserves the right to rescind, revoke, or amend this offer without notice.
- Offer expires 12/31/2024.

* 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.

Consumers with questions, please call **1-855-591-9134**.