

Patient Acceptance of the Velsipity Extended Care Cash Pay Discount Program Patient Terms and Conditions

By agreeing to participate in the VELSIPITY[®] Extended Care Cash Pay Discount Program (this “Program”), you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- Individuals are not eligible for this Program if they are enrolled in any federal healthcare program (as defined in 42 U.S.C. § 1320a-7b(f)), including Medicare, Medicaid, TRICARE, any state prescription drug assistance program, and the Government Health Insurance Plan available in Puerto Rico (formerly known as “La Reforma de Salud”)
- Individuals must be:
 - a resident of Michigan (MI) and Massachusetts (MA)
 - a resident of Minnesota (MN) and Rhode Island (RI) who is or was enrolled in the VELSIPITY Interim Care Program (the “ICP”) and will be exhausting the ICP benefits (1) with no change in insurance coverage for VELSIPITY[®], or (2) was denied insurance coverage for VELSIPITY[®]
 - enrolled in the ICP and have exhausted the two (2)-year interim care lifetime maximum with no change in insurance coverage for VELSIPITY[®] or received a final determination from their insurance company denying coverage for VELSIPITY[®]
- Individuals must have a valid prescription for VELSIPITY[®] and be enrolled in the VelsipityForMe patient support program.

Offer is not health insurance and is only available to patients diagnosed with an FDA-approved indication for VELSIPITY[®]. This VELSIPITY[®] Extended Care Cash Pay Discount Program is applicable to all VELSIPITY[®] formulations. No claim for reimbursement for any product dispensed pursuant to this Program may be submitted to any third-party payer. Product is available in 30-day supply only. Refills are subject to limitations. For enrollment into the Program and continued eligibility, you must be experiencing a delay in, or have been denied, coverage for VELSIPITY[®] by your commercial insurance plan. To confirm continued eligibility, a periodic benefits investigation will be conducted, and an updated prescription is required annually. If, at any time during the patient’s VELSIPITY[®] Extended Care Cash Pay Discount Program enrollment, there is a change in the patient’s insurance coverage for VELSIPITY[®], Pfizer may terminate the patient’s enrollment in the Program. Pfizer reserves the right to modify, rescind, or discontinue this Program at any time for any reason and without notification. The VELSIPITY[®] Extended Care Cash Pay Discount Program product will only be dispensed by the designated pharmacy. Eligible patients may receive a maximum of up to 11 prescription refills per calendar year or enrollment in the Program for 18 months in total, which is the lifetime maximum per patient. Eligible patients shall pay \$5 per 30-day supply. Offer is valid only in the U.S. and Puerto Rico. This program cannot be combined with any other savings, free trial, or similar offer for the specified prescription. No other purchase is necessary. Prescription must be provided by a healthcare provider licensed in the U.S. or Puerto Rico. Program is not available where prohibited by law. Data related to your redemption of the offer may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer’s programs. Additional eligibility criteria may apply. Contact VelsipityForMe at 1-800-350-3080 for details.

By signing and dating below, I attest to reading, understanding, and agreeing with the Program terms as stated in this form.

SIGN X

Patient or patient representative signature

Print patient or patient representative name

Date

Please fax the completed form to VelsipityForMe at 1-646-862-9655.