

BRIXADI Copay Savings Program Terms and Conditions

To receive benefits under the BRIXADI Copay Savings Program the patient must be determined eligible and be actively enrolled in the Copay Savings Program.

Patient Eligibility Requirements:

- Patient must be prescribed BRIXADI.
- Patient must have private commercial insurance that covers BRIXADI.
- Program participants must be 18 years of age or older.
- The Copay Program is not valid for patients whose prescription claims are covered in whole or in part by a state or federal government program, including, but not limited to: Medicaid, Medicare, Veterans Affairs (VA), Department of Defense (DoD), TRICARE, or other federal and state patient or pharmaceutical assistance program.
- This program is not valid for uninsured or cash-paying patients.
- Patient's private insurance has not prohibited coupons/copay assistance for BRIXADI.
- Patient must be a resident of the U.S., Puerto Rico, or U.S. Territories.
- Patient agrees to report the receipt of Copay Program benefits to any insurer or other third party who pays for or reimburses any part of the prescription filled using the Card, as may be required by such insurer or third party.

Program Terms and Conditions:

- This copay offer is not health insurance.
- This copay offer is void where prohibited by law.
- This copay offer may not be used with any other coupon, discount, savings card, free trial, or other offer for the specified prescription.
- Program offer is non-transferable and limited to 1 per person during this offering period and is not transferable.
- The copay offer is valid for the patient's out-of-pocket cost for BRIXADI only. It is not valid for any other out-of-pocket costs such as office visit charges or costs for administration of BRIXADI.
- Claims for BRIXADI must be submitted by the provider to patient's private health insurance separately from other services and products.

Effective January 1, 2025, the maximum annual benefit amount is \$20,496.

Braeburn reserves the right to rescind, revoke, or amend this offer without notice.

Data related to your redemption of the copay may be collected, analyzed, and shared with Braeburn Inc. for market research and other purposes related to assessing Braeburn's programs. Data shared with Braeburn Inc. will be aggregated and de-identified; it will be combined with data related to other program redemptions and will not identify you.

Program managed by TrialCard on behalf of Braeburn Inc. Patients may call BraeburnByYourSide at 877-279-7367 to opt out of the program.