

## Hemady® Patient Savings Program



### Eligibility Requirements:

Patients may be eligible based on the general eligibility criteria below:

- Insured by commercial insurance that does not cover the full cost of Hemady® prescription, that is, there is a copay obligation for Hemady®; or
- Insured by commercial insurance that does not cover Hemady®, that is, patients must pay out-of-pocket for the full cost of Hemady®;
- Not insured through a state or federal healthcare program, including but not limited to Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), or Department of Defense (DOD) programs; and
- Residents of the United States or its territories.

### Terms and Conditions:

The Hemady® Copay Program provides up to a maximum prescription benefit and/or maximum annual program benefit to assist with the out-of-pocket costs for Hemady®. Offer must be redeemed subject to a valid prescription for Hemady®. No substitutions permitted. Not available to patients enrolled in state or federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD, or TRICARE, and where prohibited by law. Offer only available to patients with private, commercial insurance. Not valid for prescriptions reimbursed in full by any third-party payer. Save this information for reuse with each prescription. May not be combined with any other discount or offer. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this card. Void outside the USA and its territories, and where prohibited by law. Edenbridge Pharmaceuticals, LLC reserves the right to rescind, revoke, or amend this offer at any time without notice. You must be 18 years or older to use this card. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the program and complying with any other conditions imposed by insurance carriers, third-party payers, and applicable law on the redemption. The value of this program is not contingent on any prior or future purchases. This card may not be accepted at all pharmacies. This card is not an insurance program and is not intended to substitute for insurance. This offer is not valid for cash-paying uninsured patients. No membership fees.

**For questions about this Copay Program, please call 866-651-4128.**