



THE *neffy* CO-PAY SAVINGS PROGRAM



RxBIN : 601341
RxPCN : OHCP
RxGRP : OHAR0101
RxID : V92100136188

Pay as little as

\$25

IF ELIGIBLE*

*Subject to eligibility rules and program Terms and Conditions, see neffy.com/terms.

Show this to the pharmacist when you pick up your prescription

Before using this card, you agree and certify that you are:

- 18+ years old
- Living in the United States
- Not covered by government insurance

Please see full Terms and Conditions on back side

Terms & Conditions

By using this co-pay card, you must meet the eligibility requirements to get **neffy** and agree to comply with the terms and conditions below.

PATIENT eligibility:

- This offer is for eligible commercially insured patients only.
- Offer is good only in the United States at participating pharmacies and cannot be redeemed at government-subsidized clinics.
- Patients are not eligible if prescriptions are paid for in part or full by any state or federally funded programs (including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE) or by private health benefit programs which reimburse for the entire cost of prescription drugs.
- Not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer).
- Offer is not extended on prescriptions for patients that are cash-paying customers or use mail-order or fill their prescriptions at a nonparticipating pharmacy.
- Cash Discount Cards and other non-insurance plans are not valid as primary under this offer; if the patient is eligible for drug benefits under any such program, the patient cannot use this offer.
- By redeeming this offer, the patient and the pharmacist acknowledge that the patient is eligible, and the patient and pharmacist understand and agree to comply with the Terms and Conditions of this offer.

Coupon offer:

- Patients pay as little as \$25 out-of-pocket for **neffy**. ARS Pharmaceuticals Operations, Inc. ("ARS") will pay the remaining co-payment or cost-sharing obligation per fill.
- Applies to out-of-pocket expenses of more than \$25 for **neffy**. Out-of-pocket co-pay expenses greater than \$25 will be covered up to a maximum benefit per qualified prescription.
- ARS reserves the right to rescind, revoke, or amend the programs at any time without notice. This is not an insurance program. Void where taxed, restricted, or prohibited by law.

FOR PHARMACISTS:

By redeeming this offer, the Pharmacist certifies that **neffy** is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and the Pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.

Questions? Give us a call at 1-877-MY-NEFFY (1-877-696-3339).

Learn more at neffy.com



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