

# **XDEMVY Savings Card**

## **Terms and Conditions**

- This Program is not valid for prescriptions eligible to be paid, in whole or in part, by Medicaid, Medicare (including Medicare Part D), VA, DoD, TRICARE, or other federal or state programs (including any medical or state prescription drug assistance programs)
- This Program only applies to residents of the United States, Puerto Rico, Guam, and US Virgin Islands who have a valid prescription for XDEMVY for an FDA-approved indication. This Program is not valid where prohibited by law, taxed, or restricted
- This Program does not constitute health insurance, and does not cover or provide support for supplies, procedures, or any physician-related services associated with XDEMVY. General, non-product specific copay, coinsurance, or insurance deductibles are not covered
- Tarsus Pharmaceuticals reserves the right to rescind, revoke, terminate, or amend the Program at any time without notice
- No claim for reimbursement for any amount covered by the Program shall be submitted to any third-party payer, whether public or private. This offer is not conditioned on any past, present, or future purchase, including refills
- The Program Savings Card is non-transferable, limited to one per person, and cannot be combined with any other rebate/coupon, free trial, or similar offer. Any savings provided by the copay Program may vary depending on patients' out of pocket costs
- Copay assistance is subject to a per prescription limit. You may contact 866-846-3092 for additional information
- Offer has no cash value

## **Program Eligibility Criteria**

- This program operates outside of any third-party insurance. Neither the patient nor the pharmacy or anyone else acting on the patient's behalf may submit any claim for reimbursement for product dispensed pursuant to this program to any third-party payer, including Medicare, Medicaid, or any other federal or state health care program. Out-of-pocket expenses incurred when using this program cannot be applied toward any government insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP). The manufacturer, or its affiliates, reserves the right to rescind, revoke, or amend this program at any time without notice
- Eligibility applies to commercial, government, and uninsured patients that are deemed to be functionally under-insured or not covered by their insurance plan
- Patients must have a valid prescription
- On-label patients only
- Not available where prohibited by law
- Patient must reside in the United States
- This program cannot be combined with any other savings or similar offer for the specified prescription