

# Comprehensive patient support for Xatmep® (methotrexate) Oral Solution, from office to pharmacy

Introducing Azurity Solutions, a patient support program offering guidance on medication, access, and co-pays to help eligible patients get their Azurity medications

\$5  
co-pay

Available for as little as \$5\* for commercially insured patients

CoverMyMeds®

- ✓ A third-party online resource for prior authorizations
- ✓ 100% free to use, secure, and paperless
- ✓ Third-party support for electronic prior authorizations used by participating plans

Prior Authorization Hotline

- ✓ Dedicated expert hotline: 844-472-2032
- ✓ Available live to facilitate patient insurance decisions
- ✓ Third-party support for prior authorizations, insurance verification, and more

Bridge Drug Program†

- ✓ Covers the gap when insurance approval takes more than 48 hours
- ✓ Up to 30 days of medication at no cost

Paperless Co-pay Support

- ✓ Patients with commercial insurance may be eligible for a discounted co-pay‡
- ✓ Savings are instant: no cards or coupons
- ✓ 70,000+ participating pharmacies‡

Patient Assistance Program†

- ✓ A safety net for uninsured patients
- ✓ Need-based financial support

Trio of offerings to manage the prior authorization process and expedite insurance decisions for patients

Support to help minimize out-of-pocket costs and achieve seamless patient savings

Additional financial assistance for eligible patients without prescription insurance

Scan Me



Patient support, simplified.

To learn more, please visit [azuritysolutions.com](https://azuritysolutions.com) or scan the QR code.



## \*Eligibility Restrictions, Terms, and Conditions

By participating in this savings program, participants understand and agree that the information provided, as well as nonpersonally identifiable information obtained from the pharmacy, will be shared with the manufacturer and with any companies working with the manufacturer. Participants also affirm that they will not submit, and have not had submitted on their behalf, a claim for reimbursement or coverage for items purchased with this card under Medicaid, Medicare, TRICARE, or any other federal or state government healthcare program, or where prohibited by state law.

- Offer applies to out-of-pocket expenses (co-pay) greater than \$5. Out-of-pocket expenses greater than \$5 will be covered up to \$230 per prescription. If your total out-of-pocket cost exceeds \$230, you will be responsible for a \$5 co-pay plus any additional amount over \$230. If your co-pay is already \$5 or less, this offer does not apply.
- Offer applies only to Xatmep® patients and associated refills.
- This offer is not valid for prescriptions paid in part or in full by any federally or state-funded program, including but not limited to Medicaid, Medicare, Department of Veterans Affairs, Department of Defense, or TRICARE, and where prohibited by law.
- For questions about eVoucherRx™, please call: 800-388-2316 Relay Pharmacy HelpDesk/Customer Support.
- For questions about Voucher on Demand™, please call: 866-379-6389 eRx Network, LLC Help Desk/Customer Support.
- This savings program cannot be combined with any other coupon, certificate, voucher, or similar offer.
- Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. Void where taxed, restricted, or prohibited by law.
- Offer not extended to clubs, groups, or organizations.
- Participation in this program must comply with all applicable laws and contractual or other obligations as a pharmacy provider.
- This is not an insurance program.
- Participating patients and pharmacists understand and agree to comply with the Terms and Conditions of this offer as set forth herein.
- Any step-edits or prior authorizations required by the insurance plan still apply.
- Azurity Pharmaceuticals, Inc. reserves the right to modify or cancel this program at any time.
- eVoucherRx™ and Voucher on Demand™ are not extended on prescriptions for patients:
  - who are cash-paying customers.
  - using institution-based pharmacies to fill their prescriptions, or who are recipients of federal or state government health care.
  - who are filling their prescriptions at nonparticipating pharmacies.

†For eligible patients.

‡Approximate combined number of participating pharmacies in eVoucherRx™ by RelayHealth and Voucher on Demand™ by eRx Network, LLC programs.

eVoucherRx™ is a trademark of RelayHealth.

Voucher on Demand™ is a trademark of eRx Network, LLC.