ELIGIBLE PATIENTS

PAY AS LITTLE AS $25*

cardamyst™
(etripamil) nasal spray

COPAY SAVINGS PROGRAM

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GROUP:	WCMST3001
ID:	241010060774
BIN:	610852
PCN:	2001

Milestone PHARMACEUTICALS

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Please present this card to your pharmacy. This card is valid for eligible patients only. One card per patient. *Terms, conditions, and eligibility criteria apply. See reverse for details.

With the CARDAMYST™(etripamil) Savings Card, eligible commercially insured and cash-paying patients can lower their out-of-pocket costs for their prescription. Eligible insured patients may pay as little as $25, and the card pays up to the maximum benefit, $3,298. A valid Prescriber ID# is required on the prescription.

Patients with questions about the CARDAMYST Savings offer should call 877-557-5365.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist instructions for insured patients: Submit the claim to the primary Third Party Payer first, then submit the balance due to **Capital Rx** as a Secondary Payer as a copay-only billing using a valid Other Coverage Code, (e.g. 8, 3). The patient may pay as little as $25, and the card pays up to the maximum benefit, $3,298. Reimbursement will be received from **Capital Rx**.

Pharmacist instructions for a cash-paying patient: Submit this claim to **Capital Rx**. A valid Other Coverage Code (e.g. 0, 1) is required. The card pays up to the maximum allowable benefit, $3,298; the patient is responsible for any remaining balance due after savings offer has been applied. Reimbursement will be received from **Capital Rx**. For any questions regarding **Capital Rx** online processing, please call the Help Desk at 1-844-306-9173.

Restrictions: This offer is valid in the United States and Puerto Rico. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). 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 using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Milestone Pharmaceuticals reserves the right to rescind, revoke, or amend this offer.