

## ERMEZA™ (levothyroxine sodium) oral solution Savings Card Terms and Conditions

With this Savings Card, you may pay as little as \$0 for the first monthly prescription fill of ERMEZA (levothyroxine sodium) oral solution and \$20 on each monthly refill of ERMEZA, while this program remains in effect. This offer can be used for up to a total of 12 30-day fills per calendar year. Activate a new Savings Card each calendar year while this program remains in effect. No other purchase is necessary. Valid prescription with Prescriber ID# is required. Mylan Specialty L.P., a Viatrix Company, reserves the right to amend or end this program at any time without notice.

If you are a commercially insured patient, this Savings Card may be used to reduce the amount of your out-of-pocket costs for ERMEZA up to a maximum of \$219 per 30-day prescription for the first fill, and then for subsequent fills, up to a maximum of \$219 per 30-day prescription after you pay the first \$20 per 30-day prescription. Savings may vary depending upon your out-of-pocket costs associated with the prescription but in no event will exceed \$2,628 per calendar year, while this program remains in effect.

If you are an uninsured patient, this Savings Card may be used to reduce the amount of your out-of-pocket costs for ERMEZA up to a maximum of \$145 per 30-day prescription for the first fill, and then for subsequent fills, up to a maximum of \$145 per 30-day prescription after you pay the first \$20 per 30-day prescription. Savings may vary depending upon your out-of-pocket costs associated with the prescription but in no event will exceed \$1,740 per calendar year, while this program remains in effect.

**Eligibility Requirements: This Savings Card can be redeemed only by patients or patient guardians who are 18 years of age or older and who are residents of the United States and its territories. Patients must have commercial insurance or be uninsured. This program is not valid for patients who are covered by any state or federally funded healthcare program, including but not limited to any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TRICARE (regardless of whether ERMEZA is covered by such government program); and not valid if the patient is Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; and not valid if the patient's insurance plan is paying the entire cost of this prescription. This program is void outside the US and its territories or where prohibited by law, taxed, or restricted. Absent a change in Massachusetts law, this program will no longer be valid for Massachusetts residents as of January 1, 2026.**

This Savings Card is not health insurance. This Savings Card is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket costs. This Savings Card cannot be combined with any other rebate/coupon, cash discount card, free trial, or similar offer for the specified prescription. This Savings Card is not redeemable for cash. This Savings Card is not valid for product dispensed by a 340B covered entity that purchased the product at discounted pricing under the 340B drug pricing program. This Savings Card is not valid if the patient's commercial health insurance plan or pharmacy benefit manager uses a co-pay adjustment program (often termed "maximizer" or "accumulator" program) that restricts any form of co-pay assistance from being counted toward the patient's cost-sharing limits.

**NOTICE:** Data related to your use of this Savings Card may be collected, analyzed and shared with Mylan Specialty L.P., a Viatrix Company, for market research and other purposes related to assessing its savings card programs. Data shared with Mylan Specialty L.P., a Viatrix Company, will be aggregated and de-identified, meaning it will be combined with data related to other savings card redemptions and will not identify you.

**Patient Instructions:** By using this Savings Card, you acknowledge that you currently meet the eligibility criteria and that you understand and will comply with the following additional terms and conditions:

- You have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription, and you will not apply any out-of-pocket costs incurred using this Savings Card toward any government insurance benefit out-of-pocket cost obligations, such as Medicare Part D True Out-of-Pocket (TrOOP) costs.
- Your use of this Savings Card must be consistent with the terms of any drug benefit provided by your commercial health insurer, health plan, or private third-party payer. You agree to report the use of this Savings Card to your commercial insurer if required.
- Where required, a Savings Card and prescription drug insurance card, along with a valid prescription for ERMEZA, must be presented to your pharmacist.
- Should you begin receiving prescription benefits from any government funded program, you will withdraw from this Savings Card program.

**Pharmacist Instructions:** When you accept this Savings Card, you are certifying that you have received this Savings Card from an eligible patient; you have received a valid prescription for ERMEZA for an eligible patient; you have dispensed the product as indicated; you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription; and you will otherwise comply with these terms and all applicable terms and conditions. You further certify that your participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that you have as a pharmacy provider and that you will report the use of this Savings Card to the patient's insurer if required.

- Submit transaction to McKesson Corporation using BIN #610524.
- For commercially insured patients, input this Savings Card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable patient savings will be displayed in the transaction response. Other cash discount cards are not valid as primary insurance under this offer.
- Acceptance of this Savings Card and your submission of claims for the ERMEZA Savings Card program are subject to the Savings Card Terms and Conditions posted at [www.activatethecard.com/viatrisadvocate/ermeza/welcome#tnc](http://www.activatethecard.com/viatrisadvocate/ermeza/welcome#tnc).
- Acceptance of this Savings Card and your submission of claims for the Savings Card program are subject to the LoyaltyScript® program Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc).
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for the ERMEZA Savings Card program at 800-657-7613 (8:00 AM-8:00 PM EST, Monday-Friday).