



DOPTELET COPAY ASSISTANCE PROGRAM

For Eligible, Commercially Insured Individuals

PROGRAM DESCRIPTION

The Doptelet Copay Assistance Program* is for eligible patients who have commercial prescription insurance. Patients may pay as little as \$0 per prescription, up to a maximum benefit of \$15,000 per calendar year.

ELIGIBILITY REQUIREMENTS AND RESTRICTIONS



Patient must be a resident in the United States or a US territory



Patient must have commercial prescription insurance and must not be enrolled in any state or federal government program or any state patient or pharmaceutical assistance program



Patient must be 18 years of age or older

There are no income requirements to participate in the Program. Offer is not valid for claims and transactions more than 90 days from the date the prescription was filled. Eligibility rules apply. Additional restrictions may apply.

*In order to participate in the Doptelet Copay Assistance Program ("Program"), a patient must be aged ≥ 18 years and have commercial prescription insurance for Doptelet. This Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including (but not limited to) Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program. This offer is not valid for patients paying with cash. The Program is void where prohibited by law. Certain rules and restrictions apply. Sobi reserves the right to revoke, rescind, or amend this offer without notice. This Program is not insurance.

HOW TO ENROLL IN THE DOPTELET COPAY ASSISTANCE PROGRAM

Patients can be enrolled in the Doptelet Copay Assistance Program through any of the following options:



Call Doptelet Connect for assistance with enrolling in the Doptelet Copay Assistance Program at 1-833-368-2663

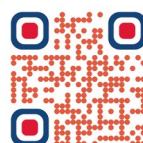


A patient can enroll online at DopteletConnect.com

Patients can self-enroll or be enrolled by their caregivers.



A healthcare professional or specialty pharmacist can enroll a patient at DopteletConnectHCP.com



DOPTELET Copay Assistance Program

RxBIN: **610524**
RxPCN: **Loyalty**
RxGRP: **XXXXXXXXX**
ISSUER: **(80840)**

ID: **XXXXXXXXXX**



Disclaimer: Patients will receive a copy of the copay card for their records after they enroll in the Program.



Doptelet Connect™ offers access and reimbursement support to help patients access Doptelet® (avatrombopag). Doptelet Connect provides information regarding patient insurance coverage and financial assistance information that may be available to help patients with financial needs. Doptelet Connect can:

- Evaluate a patient's insurance coverage, including benefits investigation, prior authorization, and appeal support
- Identify potential financial assistance options that may be available to help patients with financial needs
- Answer logistical questions and provide information and coordination around the specialty pharmacy fulfillment process



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ELIGIBILITY REQUIREMENTS AND TERMS OF USE

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Offer is not valid for claims or transactions more than 90 days from the date the prescription is filled. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this Program. This Program is not conditioned on any past, present, or future purchase, including refills.

The Program covers the cost of the drug only and does not cover costs for office visits or any other associated costs.

BY PARTICIPATING IN THIS PROGRAM, YOU UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.



**For more information, call Doptelet Connect at 1-833-368-2663
Monday through Friday, 8 AM to 8 PM ET.**

