

Sofdra Patient Experience Program

Terms & Conditions

The Sofdra Patient Experience Program (the “Program”) is operated by Botanix SB Inc. under the following terms and conditions. By participating in the Program, patients agree to these terms and conditions.

Patients must enroll in order to participate in the Program. The Program is open for enrollment between December 3, 2024, and January 31, 2025. To enroll in the Program visit <https://getsofdra.upscripthealth.org> to create a login, complete the medical questionnaire, provide payment for the telehealth consult, and receive a prescription for Sofdra. The Program will operate until June 30, 2025.

Eligibility Criteria

1. **Prescription Required.** Patients must have a valid prescription for Sofdra from a licensed health care professional.
2. **No Government Insured Patients.** The Program is only available for patients with commercial insurance or no insurance coverage for Sofdra. Patients with any form of federal or state government-subsidized insurance (e.g., Medicare, Medicaid, VA, Tricare, and others) are ineligible.
3. **Enrollment Required.** Patients must be enrolled in the Program in order to participate.

Program Description

Patients will receive 6 monthly fills of Sofdra with a \$0 pharmacy copay.

Patients will be provided with periodic surveys about their experience with Sofdra, up to a maximum of 5 surveys. Each survey will take approximately 3 minutes to complete. Patients must complete the surveys within 5 days of receipt. Patients who complete all of the surveys within 5 days of receipt will earn a \$50.00 Amazon.com Gift Card* which will be distributed by email. The gift card is only available to patients who complete all surveys sent to them.

Additional Terms and Conditions

This Program is subject to change or discontinuation at any time without notice.

This Program cannot be combined with any other copay assistance or discount program.

Patient information collected for the purpose of this Program will be used in accordance with applicable privacy laws, our [Privacy Policy](#) and our [Terms of Use](#). Information may be shared with third parties for the administration of the Program.

Patients may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account.

Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the Program. The Program may not be used if prohibited by a patient's health insurer.

This Program is not health insurance.

This Program has no cash value and cannot be redeemed for cash.

Program is not valid where prohibited by law.

Questions

For questions or additional information about the Program, patients may contact the Program's telemedicine customer service at 800-986-4811 or Service@GetSofdra.com and the pharmacy's customer service at 224-385-1262 or SendRx@drxapp.com.

Effective: December 3, 2024

*Restrictions apply, see amazon.com/gc-legal