

## Patient Access Program for *Sofdra*<sup>™</sup>

### Terms and Conditions

#### Patient Eligibility Criteria

**1. Commercial insurance requirement:**

- This program is open only to patients who have commercial insurance.
- Patients with any form of federal or state government-subsidized insurance (e.g., Medicare, Medicaid, VA, Tricare, and others) are ineligible.

**2. Residency requirement:**

- Patients must be residents of the United States or its territories to participate in this program.

**3. Botanix and its representatives reserve the right to make eligibility determinations.**

#### Program Details

**1. Product:**

- This offer applies only to *Sofdra* (sofipironium) topical gel, 12.45%

**2. Out-of-pocket costs:**

- **Regardless of whether the patient's insurance covers and reimburses the Product:** Eligible patients will pay \$0 pharmacy copay.

**3. Prescription requirements:**

- The program is valid only for prescriptions filled at participating pharmacy(-ies).
- The product must be prescribed by a licensed healthcare provider.

#### Additional Terms and Conditions

**1. Program changes and duration:**

- This program is subject to change or discontinuation at any time without notice.
- Benefits under this program are valid for the duration of the applicable prescription.

**2. Offer limits:**

- This offer cannot be combined with any other copay assistance or discount programs.

**3. Privacy and data use:**

- Patient information collected for the purpose of this program will be used in accordance with applicable privacy laws and the program's privacy policy.
- Information may be shared with third parties for the administration of the program.

#### **4. Compliance requirements:**

- The value of this program is exclusively for the benefit of patients and is intended to be credited toward patient out-of-pocket obligations, including applicable copayments, coinsurance, and deductibles.
- Patient 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.
- Use of this program is subject to audit.
- Any fraud or abuse of the program will result in immediate termination of the patient's or pharmacy's participation and may be subject to legal action.
- Program is not valid where prohibited by law.

#### **5. Not insurance and no cash value:**

- This offer is not health insurance.
- This offer has no cash value and cannot be redeemed for cash.

#### **Contact Information**

For questions or additional information about the offer, patients may contact the Program's telemedicine customer service at 800-986-4811 or [Service@GetSofdra.com](mailto:Service@GetSofdra.com) and the pharmacy's customer service at 224-385-1262 or [Info@SendRx.com](mailto:Info@SendRx.com).

Effective as of February 1, 2025.