

# ADQUEY™

(difamilast) ointment 1%

ELIGIBLE PATIENTS

# PAY AS LITTLE AS \$0\*

## COPAY SAVINGS PROGRAM



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ELIGIBLE PATIENTS

PAY AS \$0\*  
LITTLE AS

**GROUP** 403  
**ID** 40300069871  
**BIN** 610600  
**PCN** AS

ACROTECH®  
BIOPHARMA

Please present this card to your pharmacy. This card is valid for eligible patients only. One card per patient. This is not insurance.

\*Terms, conditions, and eligibility criteria apply. See reverse for details.

# ADQUEY COPAY SAVINGS PROGRAM

## Terms, conditions and instructions

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With the ADQUEY™ (difamilast) ointment, 1%, eligible commercially insured patients with a valid prescription for ADQUEY may access this offer at participating pharmacies. Eligible patients may pay as little as \$0 for each prescription fill (1 tube), subject to maximum savings limits.

Patients with questions about the ADQUEY Copay Savings offer should call (877)274-3244. Hours of operation: 8:00 AM to 6:00 PM EST. Closed on holidays.

**ELIGIBILITY:** Patients may be eligible for this offer if they have commercial insurance and insurance does not cover the full cost of the prescription. Patients are not eligible for this program if they are covered by any federal or state prescription insurance program. This includes patients enrolled in Medicare Part B, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TRICARE. This may also include state pharmaceutical assistance programs and other federal or state plans not listed. Patients are also ineligible for this program if they are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. Patients enrolled in private indemnity or HMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible. **This offer is NOT health insurance** and is restricted to residents of the United States, Puerto Rico, and US territories. Void where prohibited by law, taxed, or restricted.

**TERMS OF USE:** Eligible commercially insured patients with a valid prescription for ADQUEY may access this offer at participating pharmacies. Eligible patients may pay as little as \$0 for each prescription fill (1 tube), subject to maximum savings limits. Reimbursement limitations apply and may vary based on your insurance coverage. Patient is responsible for all additional costs and expenses after reimbursement limits are reached. Patients are responsible for any additional pharmacy fees and/or charges; patients' out-of-pocket cost (the amount paid after insurance deductibles) if any, may vary. This offer is valid for uses up to 1 tube, and each 30-day supply (1 tube) counts as 1 use. Other restrictions may apply. Subject to eligibility criteria and maximum program limitation, patients are responsible for applicable taxes, if any. This offer is limited to 1 per person and is non-transferable and cannot be combined with any other coupon, free trial, or similar offer. No substitutions are permitted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the amount received by the patient through this offer. The offer must be presented along with a valid prescription for ADQUEY at the time of purchase. Your acceptance of this offer must be consistent with the terms of any drug benefit plan provided to you by your health insurer. You agree to report your use of this coupon to your health insurer, if required.

Patients must notify the ADQUEY Copay Savings Program of changes to their insurance.

Acrotech or affiliated business partners reserve the right to rescind, revoke, or amend this offer at any time without notice. This offer may not be sold, purchased, traded, or counterfeited. Duplicates of this uniquely coded offer are invalid and not redeemable at the pharmacy. This offer is not conditioned on any past, present, or future purchase, including refills. This offer expires on 12/31/2027.

**PHARMACIST INSTRUCTIONS:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to AlphaScrip as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g. 3 or 8). This will reduce the eligible patient's out-of-pocket cost to as low as \$0 for each 30-day supply (1 tube), subject to maximum savings limit for the program; patient out-of-pocket expenses may vary. Reimbursement will be received from AlphaScrip.

For any questions regarding processing this offer, please call the Help Desk at (877) 274-3244. If you do not meet the terms and conditions and cannot afford your medication, please contact us at <https://acrotechpatientaccess.com/pap/> to see if you may be eligible for our patient assistance program. By accepting payments from the ADQUEY Copay Savings Program, made on behalf of participating patients, participating pharmacy benefit managers, insurance plans, and pharmacies are responsible for providing the ADQUEY Copay Savings Program with accurate information regarding patients and eligibility.