

Chiesi CareDirect[®] Wellness Program

*Access vitamins,
supplements, and
wellness items with
every refill**

Nutritional Program

Earn nutritional supplements, probiotics, and vitamins with every approved prescription.



OR



Wellness Points Program

Redeem points for items such as medical equipment, masks, smart scales, and fitness equipment.

It's as easy as 1-2-3

1



**Upload a prescription
proof of purchase
for eligibility
and access**

2



**Choose the
Nutritional Program
or Wellness Points
Program**

3



**Get vitamins and
supplements OR
earn points for
wellness items**

*For eligible patients. Patients receiving Medicare, Medicaid or that are participating in any other state or federally subsidized pharmacy treatment program are not eligible. Please see terms and conditions on reverse side.

Chiesi CareDirect® Wellness Program

Pertzye®
(pancrelipase) 
Delayed-Release Capsules

Join Today!

- 1 Complete the form below**
- 2 Get your valid prescription receipt or invoice for your PERTZYE prescription**
- 3 Send the completed form and prescription receipt to Chiesi CareDirect® by mail, email, or fax**

Chiesi CareDirect will contact you to finalize the enrollment and advise of approval. By completing the enrollment form, I attest that I am a patient (or parent/guardian to a patient) utilizing the program for my wellness needs.

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

CHIESI
CAREDIRECT®
WELLNESS

Mail:

**Chiesi CareDirect
Wellness Program**
PO Box 30317
Bethesda, MD 20824-0317

Email:

chiesicaredirect@caremetx.com

Fax:

Fax: 1-866-410-6241

Program Eligibility:

- Patient must be enrolled in Chiesi CareDirect.
- Patient has a valid and eligible prescription for a US Food and Drug Administration (FDA)-approved indication for eligible products marketed by Chiesi USA
- Patient must be a resident of the United States or one of its territories.
- Patient must submit valid proof of prescription purchase via email, fax or mail to Chiesi CareDirect with each product refill.

Terms and Conditions

Qualified patients may be eligible to receive their medication at no cost through the Chiesi CareDirect Patient Assistance Program ("Patient Assistance Program"). Financial eligibility of uninsured or underinsured patients who are permanent residents of the United States or one of its territories will be determined by the US Federal Poverty Guidelines <https://aspe.hhs.gov/poverty-guidelines>. Patient must attest that no change in their income has occurred and a verification of coverage will occur before each prescription fill. Patient must notify Chiesi CareDirect if there is a change in their insurance or their prescription drug plan. A patient who receives health care benefits under any plan or program funded in whole or in part by federal or state governments including Medicaid, TRICARE, Veterans Affairs (VA), State Prescription Assistance Plans (SPAPs) (other than health insurance for federal government employees) or any state health care program such as Medicaid, Children's Health Insurance Program, programs funded under Maternal and Child Health Program or programs funded under Social Services Block Grant are not eligible for the Patient Assistance Program. A patient covered under a commercial health plan purchased through a health insurance marketplace or exchange is not a Government Program Beneficiary even if the costs of such coverage are subsidized by the federal government. Medicare Part D Patients: A patient receiving health care benefits under a Medicare Part D, and if approved for assistance under the Patient Assistance Program, agrees that they will not apply the cost of PERTZYE (the "Product"), toward any insurance benefit or seek reimbursement for the cost of the Product received under the program from the insurer. Patient also agrees that they will not seek to have the Product, or any cost associated with the Product applied towards true out-of-pocket ("TrOOP") costs. Patient understands that eligible Medicare Part D enrollees will receive the Product at no charge under the Patient Assistance Program for the remainder of the current calendar year. Patient also understands that Chiesi CareDirect will notify the Medicare Part D plan that the patient is receiving the Product at no charge under the program and no payments should be made for the Product by the Medicare Part D Plan and no part of the costs of the Product should be applied toward the TrOOP accrued by the patient. This notice is provided for plan information purposes - Chiesi CareDirect will never submit a claim for Product provided under the program to the patient's Medicare Part D plan.

To enroll in the Patient Assistance Program, the patient must also enroll in Chiesi CareDirect, a patient services support program offered by Chiesi. The patient must also be a resident of the US or one of its territories. If the Patient is incapable of acting on their own behalf or if the Patient is under 18 years old, enrollment into Chiesi CareDirect may be completed by another person acting on their behalf (such as a caregiver).

If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to participate in the Patient Assistance Program and patient must notify Chiesi CareDirect to stop participation.

To determine financial eligibility, patient will be asked to provide the size of the household, annual household income, and proof of income. Proof of income may include W2 form(s), paycheck stubs, and/or prior year tax returns.

Patients residing in or receiving treatment in certain states may not be eligible for the Patient Assistance Program. Patients may not seek reimbursement for value received from Chiesi CareDirect or from the Patient Assistance Program. The Patient Assistance Program does not obligate the use of any specific medication or health care provider. Participation in the Patient Assistance Program is not conditioned on any past, present, or future purchase.

The Patient Assistance Program benefits may not be sold, purchased, traded, or offered for sale, purchase, or trade. The Patient Assistance Program is not valid where prohibited by law, taxed, or otherwise restricted. Offer subject to change or discontinuance without notice. Restrictions may apply. This is not health insurance.

This is a voluntary program. Patients who choose not to enroll in the Patient Assistance Program will still be able to receive medication. Patients may participate in Chiesi CareDirect without participating in the Patient Assistance Program. After enrolling in the Patient Assistance Program or in Chiesi CareDirect, participants may opt out by contacting Chiesi CareDirect, as outlined in the Chiesi CareDirect Enrollment and Authorization Form. Patients must renew their eligibility by December 31 of each year to continue to receive support under the Patient Assistance Program.

By participating in the Patient Assistance Program, participants acknowledge that they understand and agree to comply with these Terms and Conditions.