

# Preferred Specialty Pharmacies\*

**Pertzye**<sup>®</sup>  
(pancrelipase)  
Delayed-Release Capsules

Pharmacy name	Phone	Fax	Available by e-Rx	Pharmacy type	States serviced
<b>Fairview Specialty Pharmacy</b>	800-595-7140	866-347-4939	YES	Specialty	ALL
<b>Foundation Care, an Acaria Health Solution</b>	877-291-1122	877-291-1155	YES	Specialty	ALL
<b>Kroger Specialty Pharmacy</b>	855-274-1694	844-306-0200	YES	Specialty	ALL
<b>Maxor Specialty Pharmacy</b>	800-658-6046	800-791-7851	YES	Specialty	ALL
<b>Walgreens</b>	800-424-9002	800-874-9179	YES	Specialty & Community	ALL

\*PERTZYE<sup>®</sup>(pancrelipase) Preferred Pharmacies have an active Specialty Pharmacy (SP) Services Agreement with Chiesi USA, Inc. to provide enhanced SP services, such as co-pay assistance, and are subject to change at the discretion of Chiesi USA, Inc.

## Consider enrolling your patients in the Chiesi CareDirect<sup>®</sup> Copay Assistance Program



As little as  
**\$0<sup>+</sup>**  
COPAY

Eligible patients pay as little as \$0 for their prescription with copay assistance, automatically applied when a prescription is sent to a preferred specialty pharmacy



### 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

The PERTZYE Co-Pay Assistance Program (the "Co-pay Program") may pay for eligible out-of-pocket medication, up to \$17,280 per calendar year. After reaching the maximum Co-pay Program benefit, the patient will be responsible for any remaining out-of-pocket costs incurred during that calendar year.

The Co-pay Program is valid only for patients with commercial insurance who have a valid prescription for a US Food and Drug Administration-approved indication for the product. A patient who receives health care benefits under any plan or program funded in whole or in part by federal or state governments including Medicare, 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 Co-pay 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. 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 Co-pay Program and patient must notify the filling pharmacy to stop participation or Chiesi CareDirect.

To enroll in the Co-pay Program, 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 the Co-pay Program may be completed by another person acting on their behalf (such as a caregiver).

Patients residing in or receiving treatment in certain states may not be eligible for the Co-pay Program. Co-pay Program not available in California or Massachusetts when an AB-rated equivalent to the product is commercially available. Patients may not seek reimbursement for value received from the Co-pay Program. The Co-pay Program does not obligate the use of any specific medication or health care provider. Participation in the Co-pay Program is not conditioned on any past, present, or future purchase.

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

This is a voluntary program. Patients who choose not to enroll in the Co-pay Program will still be able to receive medication. Patients may participate in Chiesi CareDirect without participating in the Co-pay Program. After enrolling in the Co-pay Program or in Chiesi CareDirect, participants may opt out by contacting Chiesi CareDirect, as outlined in the Consent and HIPAA Authorization section of the Chiesi CareDirect Service Request and Prescription Form or by calling the filling pharmacy. Patients must renew their eligibility by December 31 of each year to continue to receive support under the Co-pay Program.

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