



Pay as little as \$0*



Receive \$10 off



Receive \$10 off



INSTANT SAVINGS

RxBIN# 025706
RxPCN# IFX
RxGRP# RES11
RxID# RP201005001



Resilia Savings Program



<https://www.resiliasavings.com>

*The Ecoza Foam patient assistance program is for eligible, commercially insured patients. Depending on an individual's insurance coverage, patients may pay as little as \$0. If Ecoza Foam is not covered by an individual's insurance, the patient's out of pocket payment may vary.



50 Glenlake Parkway, Suite 450

Atlanta, GA 30328

www.resiliapharma.com

RESILIA SAVINGS PROGRAM - ECOZA, RECEDO, or NEOSALUS

To Patient: You must have a valid prescription for **ECOZA, RECEDO, or NEOSALUS**, meet the eligibility requirements, and present this card to a participating pharmacy to offset the cost of your prescription. Commercially insured patients prescribed **ECOZA** may pay as little as \$0 per month. Patients prescribed **RECEDO** or **NEOSALUS** may receive \$10 off per month. Patients are responsible for all additional costs and expenses after reimbursement limits are reached. Maximum limits apply. This offer is limited to one monthly fill of each medication and is not transferable. By using this card, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions. If you have any questions, call 888-998-0770.

Pharmacist Instructions for Commercially Insured Patients with Product Coverage: Submit the claim to the Primary third-party payer first, then submit the balance due to **BIN #025706** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 8). Commercially insured patients prescribed **ECOZA** may pay as little as \$0. Patients prescribed **RECEDO** or **NEOSALUS** receive \$10 off a month. Patients are responsible for all additional costs and expenses after reimbursement limits are reached. Maximum limits apply.

Pharmacist Instructions for Commercially Insured Patients without Product Coverage: Submit the claim to the Primary third-party payer first, then submit the balance due to **BIN #025706** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 3). All patients prescribed **RECEDO** or **NEOSALUS** receive \$10 off of a 30-day supply. **ECOZA** is available at participating pharmacies only. Patients are responsible for all additional costs and expenses after reimbursement limits are reached. Maximum limits apply.

Pharmacist Instructions for a Cash Paying Patients: Submit this claim to **BIN #025706**. A valid Other Coverage Code (OCC 0) is required. All patients prescribed **RECEDO** or **NEOSALUS** receive \$10 off the cash price of a 30-day supply. **ECOZA** is available at a cash price at participating pharmacies only. The patient is responsible for the cost of the product and any additional amounts due after the program maximum benefits are applied.

For pharmacy processing questions, please call the InfinityRx Help Desk at 1-888-927-3499.

Eligibility Criteria:

- Patient must present the copay card to a participating pharmacy with a valid prescription for ECOZA, RECEDO or NEOSALUS to offset their out-of-pocket cost.
- Eligible patients must have a commercial medical or prescription insurance plan, be uninsured, or have an insurance plan that does not cover the prescription.
- Patients are not eligible if enrolled in any federal or state health care program with prescription drug coverage, such as Medicaid, Medicare, Medigap, VA, DOD, TRICARE, or any similar federal or state health care program (each a Government Program), or where prohibited by law.
- Patients are responsible for all additional costs and expenses after reimbursement limits are reached. Maximum limits apply.
- Offer valid only for patients in the 50 United States.

Terms & Conditions:

- This offer is valid for patients meeting the Eligibility Criteria above and for use with a valid prescription for ECOZA, RECEDO, or NEOSALUS.
- This copay card is limited to one card per patient and one use per 30-day supply for ECOZA, RECEDO, and NEOSALUS. Maximum reimbursement limits may apply. Patient out-of-pocket expenses may vary.
- It is a violation of federal law to buy, sell, or counterfeit this copay card.
- Deductible and Prior Authorization requirements may apply. Patients must meet applicable commercial insurance deductible requirements and Prior Authorization submission requirements as determined by their commercial insurers where applicable.
- This Copay Card offer is subject to change. Resilia reserves the right to rescind, revoke, or amend this offer without prior notice.
- This Copay Card offer is only valid in the 50 United States, unless prohibited by law, and may be redeemed at participating retail pharmacies.
- Resilia reserves the right to discontinue this offer at any time. This program is not insurance.

Deidentified Data: Deidentified patient data related to redemption of the ECOZA, RECEDO or NEOSALUS copay card may be collected, analyzed, and shared with Resilia, for market research and other purposes related to assessing patient savings programs. The patient understands they are consenting to allow Resilia and its contracted vendor, InfinityRx, to store all collected personal and medical information for the administration of this program. For questions call: 1-888-927-3499. The healthcare information contained herein is not intended to replace discussion with your healthcare provider. All decisions regarding patient care must be made with a healthcare provider, considering the unique characteristics of the patient.