PerferoRx
Patient Savings Program

ATTERO™
(calcipotriene/betamethasone dipropionate) 0.005%/0.064% topical solution

EVESSE™
(hydrocortisone butyrate) Lotion

Pellix™
(calcipotriene) topical solution 0.005%

Trilitas™
(tazarotene) gel, 0.1%

*Restrictions apply.
See program rules and eligibility requirements below.

Please see full prescribing information at www.perfero.com

Pharmacist Instructions

When using this card, you certify that you have not submitted a claim for reimbursement under Medicare Part D, Medicaid, Medigap, VA, DOD, TriCare, or any other government-run or government-sponsored health care program with a pharmacy benefit for this prescription and that you agree to the Program Rules.

For patients with insurance:

- Process a Coordination of Benefits (COB) transaction using the customer's prescription insurance for the primary claim.
- Submit a COB claim as secondary coverage to AlphaScrip, BIN: 610600, PCN: AS, using the Group and ID numbers located on the inside of this card.
- The correct Other Coverage Code from primary submission is required: 03 — if primary insurance has denied coverage; 08 — to reduce the customer's primary co-pay.

For patients without insurance or paying cash:

- Submit the primary claim to AlphaScrip using Other Coverage Code 00 or 01, BIN: 610600, PCN: AS, and the Group and ID numbers.

Pharmacists Only: For processing questions, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.

Utilize the information below when submitting a claim to AlphaScrip:

BIN #: 610600 **PCN:** AS
GROUP #: 150 **ID:** 15000451422

Retailer Terms

This rebate is only good for Perfero Pharma, Inc. brands. Generic substitutions are not valid on this rebate. Expires 12/31/27.

I certify that my participation in the program is in compliance with all applicable state laws, and my obligations, contractual or otherwise, that I have as a pharmacy provider. I also agree to retain the coupon for three (3) years, or as otherwise required by law, whichever is longer, and to grant AlphaScrip, on behalf of Perfero Pharma, Inc., the right to audit any of my submissions.

Eligibility Criteria

1. Maximum co-pay limits apply on your prescriptions for Perfero Pharma, Inc. branded products. When your co-pay amount is less than the maximum limit, your entire co-pay may be covered.
2. This rebate is not valid for patients enrolled in Medicaid, Medicare, or federal or state programs (including any state prescription drug programs), or for prescriptions reimbursed in total by private indemnity or HMO insurance plans.
3. Offer is good only in the USA at retail pharmacies and cannot be redeemed at government-subsidized clinics. Massachusetts residents: this offer is valid for cash-paying customers only (i.e., those who do not have prescription coverage).
4. Perfero Pharma, Inc. reserves the right to rescind, revoke, or amend this offer without notice.
5. The selling, purchasing, trading, or counterfeiting of this rebate is prohibited by federal law.
6. You understand and agree to comply with the terms and conditions of this offer as set forth above. Offer expires 12/31/27. Offer good only in the United States.

Perfero Patient Guarantee

If, for any reason, you are not satisfied with any Perfero Pharma, Inc. ("Perfero") product, Perfero will refund 100% of your direct out-of-pocket cost for such product.

To receive a product refund:

Return the product container with the unused portion of product, along with your name, mailing address and proof of purchase (the "Refund Requirements") to:

**Perfero Pharma, Inc., 3 Becker Farm Road,
Suite 404, Roseland, New Jersey 07068 USA
Attention: Customer Service**

This information is collected only to verify your purchase, issue your refund, and meet our recordkeeping and tax requirements. We are not asking for or require any medical, diagnosis, or treatment information. This information will not be used for marketing or shared with third parties except as required by law, and will be deleted in accordance with our data retention policy.

By submitting your refund request, you consent to our collection and use of this information as described here and in our Privacy Policy available at www.perfero.com/privacy-policy. Depending on your state, you may have the right to access, correct, delete, or withdraw your consent. Requests can be directed to privacy@perfero.com.

Upon receipt, Perfero will issue a check for your full out-of-pocket cost (either the amount paid for the prescription or your insurance co-pay).

Should you have questions, please call Perfero Pharma at (973) 629-0109 ext. 569 (Monday - Friday 9 a.m. - 5 p.m. ET) or e-mail info@perfero.com.

PERFERO PHARMA, INC