

# TOBI<sup>®</sup> Savings Card Terms and Conditions

With this Savings Card, you may pay as little as \$4 for each 28-day fill of TOBI<sup>®</sup> (tobramycin inhalation solution, USP), while this program remains in effect. This Savings Card may be used to reduce the amount of your out-of-pocket costs for TOBI up to the full amount of your out-of-pocket cost per 28-day prescription, after you pay the first \$4 per 28-day prescription, up to an aggregate maximum of \$14,000 per calendar year while this program remains in effect. No other purchase is necessary. Valid prescription with Prescriber ID# is required. Viatris Specialty LLC reserves the right to amend or end this program at any time without notice.

**Eligibility Requirements:** This Savings Card can be redeemed only by patients or patient guardians who are 18 years of age or older and who are residents of the United States and its territories. Patients must have commercial insurance. This program is not valid for uninsured patients (but may be used by commercially insured patients without coverage for TOBI) and patients who are covered by any state or federally funded healthcare program, including but not limited to any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TRICARE (regardless of whether TOBI is covered by such government program); not valid if the patient is Medicare-eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; and not valid if the patient's insurance plan is paying the entire cost of this prescription. This program is void outside the US and its territories or where prohibited by law, taxed, or restricted. Absent a change in Massachusetts law, this program will no longer be valid for Massachusetts residents as of January 1, 2026. This program is not valid for residents of California.

This Savings Card is not health insurance. This Savings Card is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket costs. This Savings Card cannot be combined with any other rebate/coupon, cash discount card, free trial, or similar offer for the specified prescription. This Savings Card is not redeemable for cash.

**NOTICE:** Data related to your use of this Savings Card may be collected, analyzed and shared with Viatris Specialty LLC for market research and other purposes related to assessing its savings card programs. Data shared with Viatris Specialty LLC will be aggregated and de-identified, meaning it will be combined with data related to other savings card redemptions and will not identify you.

**Patient Instructions:** By using this Savings Card, you hereby accept and agree to abide by these terms and conditions. Further, you acknowledge and agree that you currently meet the eligibility criteria and other requirements described herein every time you use this Savings Card and that you understand and will comply with the following additional terms and conditions:

- You have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription.
- Your use of this Savings Card must be consistent with the terms of any drug benefit provided by your commercial health insurer, health plan, or private third-party payer.
- You agree to report the use of this Savings Card to your commercial insurer if required.
- Where required, a Savings Card and prescription drug insurance card, along with a valid prescription for TOBI must be presented to your pharmacist.
- Should you begin receiving prescription benefits from any government funded program, you will withdraw from this Savings Card program.

**Pharmacist Instructions:** When you accept this Savings Card, you are certifying that you have received this Savings Card from an eligible patient; you have received a valid prescription for TOBI for an eligible patient; you have dispensed the product as indicated; you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription; and you will otherwise comply with these terms and all applicable terms and conditions. You further

**certify that your participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that you have as a pharmacy provider, and that you will report the use of this Savings Card to the patient's insurer if required.**

- Submit transaction to McKesson Corporation using BIN #610524.
- For commercially insured patients, input this Savings Card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable patient savings will be displayed in the transaction response. Cash Discount Cards are not valid as primary insurance under this offer.
- Acceptance of this Savings Card and your submission of claims for the TOBI Savings Card program are subject to the Savings Card Terms and Conditions posted at [www.activatethecard.com/tobisolution](http://www.activatethecard.com/tobisolution).
- Acceptance of this Savings Card and your submission of claims for the TOBI Savings Card program are subject to the LoyaltyScript® program Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc).
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for the TOBI Savings Card program at 800-657-7613 (8:00 AM-8:00 PM EST, Monday-Friday).**