

**Fensolvi<sup>®</sup> remains AT PARITY to  
or ADVANTAGED over  
other GnRH agonists for the  
Top 4 Plans in the U.S.**

**ESI: Preferred with PA**

**ADVANTAGED OVER**

- › Lupron Depot-PED<sup>®</sup>
- › Supprelin<sup>®</sup>

**AT PARITY WITH**

- › Triptodur<sup>®</sup>

**CVS: Preferred with PA**

**AT PARITY WITH**

- › Lupron Depot-PED
- › Supprelin
- › Triptodur

**CIGNA: Preferred with PA**

**ADVANTAGED OVER**

- › Supprelin
- › Triptodur

**AT PARITY WITH**

- › Lupron Depot-PED

**TriCare: Preferred**

**ADVANTAGED OVER**

- › Supprelin
- › Triptodur

**AT PARITY WITH**

- › Lupron Depot-PED

Parity = State of being equal or equivalent

PA = Prior authorization; GnRH = Gonadotropin-Releasing Hormone

Please visit [fensolvi.com/hcp](https://fensolvi.com/hcp) for Important Safety Information and full Prescribing Information.

## Drug Coverage:

# Preferred vs. Covered

## What is the impact to a patient with COMMERCIAL insurance?

**Preferred** drug tiers typically have a lower patient copay as compared to **covered** drug tiers.

### EXAMPLE OF DRUG TIERS

**Preferred \$35** patient copay

**Covered \$50** patient copay

**Both Rx- and Mx-insured patients  
qualify for this program**



**Fensolvi copay program closes the gap  
for patients' out-of-pocket costs**

Commercially insured patients with coverage will  
**pay as little as \$5** with a copay card

### For all other commercially- insured patients:

- › **When Fensolvi is not covered by insurance**  
— or —
- › **When Fensolvi cannot be filled by pharmacies**  
including a hospital pharmacy<sup>†</sup> or a Fensolvi  
in-network specialty pharmacy  
(Accredo or CVS Specialty)

**Tolmar is committed to patient  
access and affordability with our**

### **Brand Promise**

Commercially-insured patients will  
receive Fensolvi for as little as \$5\*,  
**regardless of insurance outcomes and  
for the duration of the treatment.**

#### \* FENSOLVI TOTALSOLUTIONS COPAY PROGRAM TERMS AND CONDITIONS

The Fensolvi<sup>®</sup> Co-pay Assistance Program ("Program") is valid ONLY for patients who are prescribed Fensolvi<sup>®</sup> and are reimbursed exclusively by commercial insurance. This Program is valid only in the United States; but, void where prohibited by law or by the patient's health insurance provider. This Program is non-transferable, limited to one per person, and cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer. Restrictions or limits may apply.

Medicare, Medicaid, Tricare and other federal health care program beneficiaries may not participate in this Program. This Program also is neither available for cash paying patients nor where your commercial plan reimburses you for the entire cost of your prescription drug. Patients cannot seek reimbursement from health insurance or any third party for any part of the assistance received through this Program. The patient or his/her guardian is responsible for reporting the receipt of all benefits or reimbursement received under the Program to any insurer, health plan, or other third party, as may be required. This Program is not insurance and is not intended as a substitute for insurance.

With the Program, you pay as little as \$5 of your co-pay or co-insurance for Fensolvi<sup>®</sup>, per prescription. The remainder of your co-pay or co-insurance is covered, up to two prescriptions per calendar year. The Program assists with the cost of Fensolvi only. It does not assist with the cost of other administrations, medicines, procedures or office visit fees.

Tolmar, Inc. ("Tolmar") reserves the right to terminate, rescind, revoke, or modify this Program at any time without notice. This Program expires at the end of the current calendar year, at which time you must re-enroll. For complete information about the terms and conditions of this Program, including the limitations on use and the amount of assistance, go to: <https://www.fensolvitotalsolutions.com> or call 1-833-213-9520.

Program managed by Scripts Rx on behalf of Tolmar.

<sup>†</sup> In patient pharmacy and health system-owned specialty pharmacy

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