JOURNAVX™
(suzetrigine) 50mg tablet

Eligible patients with insurance will pay as little as $30 per fill.

NO ACTIVATION REQUIRED
Available at major national and select regional retail pharmacies[a]

JOURNAVX+you™
savings + support from day one

Processing information:

MEMBER ID ERXJOURCARD
GROUP 99995391
BIN 610020

Present this Savings Card[b] to your pharmacist each time you fill your prescription.

[a] Availability at individual stores may vary. Call your pharmacy to make sure they carry JOURNAVX.
[b] Terms and conditions apply.

Terms and Conditions

JOURNAVX™ (suzetrigine) Co-pay Assistance Program Terms and Conditions

Patients With Commercial Insurance: Commercially insured patients whose health insurance provides reimbursement for JOURNAVX can participate in this Co-pay Assistance Program. By redeeming this offer, the patient acknowledges that all eligibility criteria are met, agrees not to participate in any other JOURNAVX financial assistance program, and will abide by all terms and conditions described below. Patient may redeem this offer at the retail pharmacy by presenting this offer with a valid prescription for JOURNAVX, or the offer may automatically be applied by the patient's retail pharmacy.

To learn about the privacy practices of Vertex (the sponsor of this offer) and the patient's privacy choices, visit https://www.vrtx.com/en-us/english-privacy-us-residents. Any information that Vertex receives about patients will not contain the patient's name or other information that directly identifies the patient.

For questions about the program, please call 1-833-589-7246 or visit us online at JOURNAVX.com/support.

Pharmacist Co-pay Assistance Program Processing Instructions: For commercially insured patients, submit this claim to the patient's primary insurer first, then resubmit the balance due to Pharmacy Data Management, Inc (PDMI), as a Secondary Payer Coordination of Benefits (COB) with the patient responsibility and Other Coverage Code (OCC) of 08. Use the following information:

- Member ID Number: ERXJOURCARD
- Group: 99995391
- BIN: 610020

If the claim is rejected due to Reject Codes 70 (product/service not covered), 75 (Prior Authorization required), or MR (Product Not on Formulary), process the JOURNAVX offer as a secondary payer COB with the valid Other Coverage Code of 03 with the above information. Reimbursement will be received from PDMI. After applying for assistance, collect the reduced co-pay amount from that patient shown on the adjudicated claim. The patient should not be charged more than the amount indicated. For assistance in processing the card or additional questions, please call the JOURNAVX+you™ Patient Support Program at 1-833-589-7246, 8 AM–11 PM EST, Monday through Friday.

To the Pharmacists: By applying this offer, the pharmacist certifies that the pharmacy has not and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. By applying this program offer, the pharmacist will comply with all applicable laws and regulations as a pharmacy provider. By applying this program offer, the pharmacist certifies compliance with the terms and conditions as described below.

1. This offer is valid for commercially insured patients 18 years of age and older with a valid prescription for JOURNAVX for an indication approved by the U.S. Food and Drug Administration and whose health insurance provides reimbursement for JOURNAVX. Patient must be a resident of the United States or its territories. This offering is void where prohibited by law, taxed, or restricted.
2. Patients with government insurance are not eligible for assistance provided under the Co-pay Assistance Program, including, but not limited to, patients with Medicare, Medicaid, Medigap, TRICARE, Veterans Affairs (VA), Department of Defense (DoD), or any other federal-, state-, or government-funded program. Uninsured and cash-paying patients are not eligible for the Co-pay Assistance Program, nor are individuals with commercial insurance who do not have reimbursement coverage for JOURNAVX. If for any reason a patient's insurance plan changes while the patient is receiving assistance from the Co-pay Assistance Program from a commercial plan to a government-funded healthcare program (eg, Medicare, Medicaid, Medigap, TRICARE, VA, DoD, or any other federal-, state-, or government-funded healthcare program), the patient must notify the retail pharmacy.
3. For each fill of JOURNAVX, eligible patients will pay as little as $30 in out-of-pocket costs for up to a 30-day supply of JOURNAVX as a part of the JOURNAVX Co-pay Assistance Program. Patients cannot exceed a 30-day supply per fill and will receive a maximum benefit of up to $100 per fill. This benefit can be redeemed until the patient reaches up to 60 days' supply across total fills. Eligibility for this benefit resets every 365 days from the date of first redemption.
4. The financial assistance provided under the Co-pay Assistance Program is to be applied to the patient's out-of-pocket expenses for JOURNAVX. To qualify for this offer, a patient's out-of-pocket expense must be greater than $30 per fill. Patient out-of-pocket expenses may vary. Patients can check with a pharmacist to obtain their out-of-pocket costs. Patients are responsible for any co-pay amount that exceeds the maximum benefit within the program term. The maximum day supply provided to eligible patients via the Co-pay Assistance Program is no more than 60 days in a 365-day period from the date of first redemption.
5. The financial assistance provided by the Co-pay Assistance Program is exclusively for the benefit of eligible patients and must be applied toward the patient's out-of-pocket obligations, including applicable co-payments, co-insurance, and deductibles.
6. This offer cannot be combined with any other coupon, discount, prescription savings card, or other offer. The patient or the pharmacist must deduct the value of this offer from any reimbursement request submitted to the patient's commercial insurance plan or other commercial health or pharmacy benefit programs. Patients may not seek payment for the value of this offer from a third party, such as a flexible spending account or health savings account.
7. This offer has no cash value and cannot be exchanged or transferred. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the offer.
8. By redeeming this offer patients have no obligation to purchase beyond what is required for their prescription and have no obligation to buy other products or services from Vertex Pharmaceuticals. No income restrictions apply.

9. This offer is not health insurance and is not intended to substitute for health insurance. This offer is not valid when the entire cost of the patient's prescription is eligible to be reimbursed by their commercial insurance plan or other private commercial health or pharmacy benefit program. The patient is responsible for reporting use of this offer to any commercial insurer, health plan, or other third party who pays for or reimburses any part of the prescription, as may be required.
10. By redeeming this offer, the patient agrees that this program is intended solely for the benefit of the patient. Please note that this offer is not valid for use with any health insurance plan that implements accumulator or maximizer programs. Accumulator and maximizer programs may prevent this co-pay assistance from counting toward the patient's deductible or out-of-pocket expenses under their health plan. If the patient's plan applies these programs, the patient's financial responsibility for the product may be higher than expected and the assistance provided by this offer may not be reflected in the patient's health insurance out-of-pocket cost calculations. It is the patient's responsibility to verify with their insurer whether such programs apply to their plan. The patient should not use this offer if their insurer or health plan prohibits use of manufacturer financial assistance.
11. Third-party payers, pharmacy benefit managers, alternative funding programs, or the vendors or agents of any of the aforementioned entities are prohibited from assisting patients with enrolling in the Co-pay Assistance Program.
12. Data related to the redemption of this offer may be collected, analyzed, and shared with Vertex Pharmaceuticals (the sponsor of this offer) for purposes of administering and managing the program, assessing Vertex Pharmaceutical programs, and as otherwise described in the Vertex privacy notice: https://www.vrtx.com/en-us/english-privacy-us-residents. Data shared with Vertex Pharmaceuticals will not include the patient's name or other information that directly identifies the patient. This information may be combined with data related to other offer redemptions.
13. Vertex Pharmaceuticals reserves the right to terminate, rescind, revoke, or modify this offer at any time without notice. This program does not have an expiry term.

JOURNAVX™ (suzetrigine) 2025 Patient Savings Program Terms and Conditions

Patients: Government-insured and commercially insured patients whose health insurance does not provide reimbursement for JOURNAVX can participate in this 2025 Patient Savings Program. Uninsured and cash-paying patients may not participate in the 2025 Patient Savings Program. By redeeming this offer, the patient acknowledges that all eligibility criteria are met, agrees not to participate in any other JOURNAVX financial assistance program, and will abide by all terms and conditions described below. The patient may redeem this offer at the retail pharmacy by presenting this offer with a valid prescription for JOURNAVX. For commercially insured patients only, this offer may be automatically applied by the patient's retail pharmacy.

Pharmacist 2025 Patient Savings Program Processing Instructions: For government- and commercially insured patients, please submit this claim to the patient's primary insurer first. If the claim is rejected due to Reject Codes 70 (product/service not covered), 75 (Prior Authorization required), or MR (Product Not on Formulary), process the JOURNAVX offer as a secondary payer Coordination of Benefits (COB) with the valid Other Coverage Code (OCC) of 03. Use the following information:

- Member ID Number: ERXJOURCARD
- Group: 99995391
- BIN: 610020

After the offer has been redeemed, do not process a claim through the patient's primary or secondary insurer. Reimbursement will be received from Pharmacy Data Management, Inc (PDMI). After applying for assistance, collect the reduced out-of-pocket amount from that patient shown on the adjudicated claim. The patient should not be charged more than the amount indicated. For assistance in processing the card or additional questions, please call the JOURNAVX+you™ Patient Support Program at 1-833-589-7246, 8 AM–11 PM EST, Monday through Friday.

To learn about the privacy practices of Vertex (the sponsor of this offer) and the patient's privacy choices, visit https://www.vrtx.com/en-us/english-privacy-us-residents. Any information that Vertex receives about patients will not contain the patient's name or other information that directly identifies patients. For questions about the program, please call 1-833-589-7246 or visit us online at JOURNAVX.com/support.

To the Pharmacists: By applying this offer, the pharmacist certifies that the pharmacy has not and will not submit a claim for reimbursement under any commercial insurance program or federal, state, or other government programs for any fill of this prescription whether primary or secondary or where prohibited by law. By applying this program offer, the pharmacist will comply with all applicable laws and regulations as a pharmacy provider. By applying this program offer, the pharmacist certifies compliance with the terms and conditions as described below.

1. This offer is valid for patients 18 years of age and older with a valid prescription for JOURNAVX for an indication approved by the U.S. Food and Drug Administration. Patients must have commercial insurance or government-sponsored insurance, including, but not limited to, patients with Medicare, Medicaid, Medigap, TRICARE, Veterans Affairs (VA), Department of Defense (DoD), or any other federal-, state-, or government-funded healthcare program and be denied reimbursement for JOURNAVX due to Reject Codes 70 (product/service not covered), 75 (Prior Authorization required), or MR (Product Not on Formulary). Uninsured and cash-paying patients are not eligible for the 2025 Patient Savings Program, nor are individuals with commercial insurance who have reimbursement coverage for JOURNAVX. Patient must be a resident of the United States or its territories. This offering is void where prohibited by law, taxed, or restricted.
2. By redeeming this offer, the patient will not submit a claim for reimbursement under any commercial insurance program or government-sponsored insurance program, including, but not limited to, patients with Medicare, Medicaid, Medigap, TRICARE, VA, DoD, or any other federal-, state-, or government-funded healthcare program.
3. For each fill of JOURNAVX, eligible patients will pay as little as $30 in out-of-pocket costs for their JOURNAVX prescription of up to a 30-day supply of JOURNAVX. Patients cannot exceed a 30-day supply per fill and will receive a maximum benefit of up to $1,000 per fill. This benefit can be redeemed until the patient reaches up to 60 days' supply across total fills during the 2025 Patient Savings Program period ending 12/31/2025.
4. The financial assistance provided under the 2025 Patient Savings Program is to be applied to the patient's out-of-pocket expenses for JOURNAVX. To qualify for this offer, a patient's out-of-pocket expense must be greater than $30 per fill. Patient out-of-pocket expenses may vary. Patients can check with a pharmacist to obtain their out-of-pocket costs. Patients are responsible for any amount that exceeds the maximum benefit. The maximum financial assistance provided to eligible patients via the 2025 Patient Savings Program during the period ending 12/31/2025 is $2,000.
5. The financial assistance provided by the 2025 Patient Savings Program is exclusively for the benefit of eligible patients and must be applied toward the patient's out-of-pocket obligations, including applicable co-payments, co-insurance, and deductibles.
6. This offer cannot be combined with any other coupon, discount, prescription savings card, or other offer. The patient or the pharmacist must deduct the value of this offer from any reimbursement request submitted to the patient's commercial insurance plan or other commercial health or pharmacy benefit programs. Patients may not seek payment for the value of this offer from a third party, such as a flexible spending account or health savings account.
7. This offer has no cash value and cannot be exchanged or transferred. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the offer.
8. By redeeming this offer, patients have no obligation to purchase beyond what is required for their prescription and have no obligation to buy other products or services from Vertex Pharmaceuticals. No income restrictions apply.
9. This offer is not health insurance and is not intended to substitute for health insurance. This offer is not valid when any portion of the patient's prescription is eligible to be reimbursed by their commercial insurance plan, other private commercial health or pharmacy benefit program, or government-sponsored insurance (eg, Medicare/Medicaid/TRICARE/VA).
10. By redeeming this offer, the patient agrees that this program is intended solely for the benefit of the patient. Please note that this offer is not valid for use with any health insurance plan that implements accumulator or maximizer programs. Accumulator and maximizer programs may prevent this co-pay assistance from counting toward the patient's deductible or out-of-pocket expenses under their health plan. If the patient's plan applies these programs, the patient's financial responsibility for the product may be higher than expected and the assistance provided by this offer may not be reflected in the patient's health insurance out-of-pocket cost calculations. For Medicare Part D participants, out-of-pocket expenses incurred using this offer cannot be applied toward Medicare Part D true out-of-pocket (TrOOP) expenses. It is the patient's responsibility to verify with their insurer whether such programs apply to their plan. The patient should not use this offer if the patient's insurer or health plan prohibits the use of a manufacturer's financial assistance.
11. Third-party payers, pharmacy benefit managers, alternative funding programs, or the vendors or agents of any of the aforementioned entities are prohibited from assisting patients with enrolling in the 2025 Patient Savings Program.
12. Data related to the redemption of this offer may be collected, analyzed, and shared with Vertex Pharmaceuticals (the sponsor of this offer) for purposes of administering and managing the program, assessing Vertex Pharmaceutical programs, and as otherwise described in the Vertex privacy notice: https://www.vrtx.com/en-us/english-privacy-us-residents. Data shared with Vertex Pharmaceuticals will not include the patient's name or other information that directly identifies the patient. This information may be combined with data related to other offer redemptions.
13. The 2025 Patient Savings Program is valid until 12/31/2025. After this date, the program will expire, and no further benefits will be provided.
14. Vertex Pharmaceuticals reserves the right to terminate, rescind, revoke, or modify this offer at any time without notice.

If you have questions about this card, please call 1-833-589-7246, 8 AM–11 PM EST, Monday through Friday (excluding holidays), for assistance.

JOURNAVX is manufactured for Vertex Pharmaceuticals Incorporated.
Vertex and the Vertex triangle logo are registered trademarks of Vertex Pharmaceuticals Incorporated.
JOURNAVX, the JOURNAVX logo, JOURNAVX+you, and the JOURNAVX+you logo are trademarks of Vertex Pharmaceuticals Incorporated.
© 2025 Vertex Pharmaceuticals Incorporated | VXR-US-43-2400377 (v2.0) | 03/2025