

# VOXZOGO Co-Pay Assistance Program

**Eligible families may pay as little as \$0 for VOXZOGO prescriptions\***

For eligible families, the program covers up to \$17,000 per year in co-pay assistance. It includes all co-pay costs for VOXZOGO™ (vosoritide), up to the annual maximum.

## To be eligible, you must:

- Have a prescription for VOXZOGO for an FDA-approved indication
- Currently have commercial insurance
- Not be a government beneficiary and/or participant in a federal- or state-funded health insurance program
- Live in the United States or Puerto Rico

## The program does not cover:

- Any out-of-pocket expenses for VOXZOGO beyond the \$17,000 annual maximum benefit
- Products that are not offered by BioMarin
- Insurance premiums
- Transportation costs for clinic visits
- Co-pays related to clinic visits or lab tests

## As a member of the program, you are responsible for:

- Any out-of-pocket costs in situations where your insurance will not allow for the use of the VOXZOGO Co-Pay Assistance Program for such costs or any co-pay expenses above the annual maximum benefit under this program

**Learn about eligibility and enrollment now!**

Call **1-833-VOXZOGO** (1-833-869-9646) to speak with a BioMarin RareConnections™ Case Manager  
Email **support@biomarin-rareconnections.com**

## More support throughout the treatment journey

BioMarin RareConnections Case Managers and Clinical Coordinators are trusted resources for one-to-one financial navigation support, product education, and ongoing product support throughout the treatment journey. Learn more about the VOXZOGO Patient Support Program at [biomarin-rareconnections.com/VOXZOGO/enroll](https://biomarin-rareconnections.com/VOXZOGO/enroll).

\*Valid only for those patients with commercial prescription insurance coverage for VOXZOGO who meet eligibility criteria. Offer not valid for prescriptions reimbursed, in whole or in part, by any federal, state, or government-funded insurance programs (for example, Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, or TRICARE), for cash-paying patients, where product is not covered by patient's commercial insurance, where patient's commercial insurance plan reimburses them for entire cost of their prescription drug, or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the VOXZOGO Co-Pay Assistance Program and patient must notify BioMarin RareConnections at 1.833.869.9646 to stop participation. Patients may not seek reimbursement for the value of the out-of-pocket expense amount covered by the Program from any third-party payer, whether public or private. Valid only in the United States and Puerto Rico. This program is not health insurance. Offer may not be combined with any other rebate, coupon, or offer. Co-payment assistance under the Program is not transferable. BioMarin Pharmaceutical Inc. reserves the right to rescind, revoke, or amend the program without notice. Patient/caregiver certifies responsibility for complying with applicable limitations, if any, of any commercial insurance and reporting receipt of program rewards, if necessary, to any commercial insurer. This program is subject to termination or modification at any time. The VOXZOGO Co-Pay Assistance Program will cover up to \$17,000 in assistance per calendar year for eligible patients. Some restrictions apply.