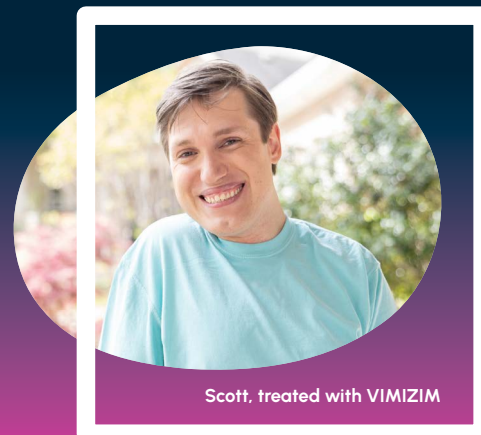


# BioMarin Co-Pay Assistance Program for VIMIZIM

Eligible commercially insured patients may pay as little as \$0 for VIMIZIM\*

For eligible patients, the program can cover all co-pay costs for VIMIZIM per year, up to the annual maximum.



## To be eligible, you must:

- Have a prescription for VIMIZIM 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

## Learn about eligibility and enrollment!

Call **1-866-906-6100** to speak with a BioMarin RareConnections™ Case Manager  
Email [support@biomarin-rareconnections.com](mailto:support@biomarin-rareconnections.com)

## The program does not cover:

- Any out-of-pocket expenses for VIMIZIM beyond the 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
- Products that are not Specialty Pharmacy dispensed and pharmacy benefit adjudicated

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

**BioMarin RareConnections™ provides personalized support for coverage, financial needs, and education — at every step of your treatment journey. [Learn more.](#)**

## BOXED WARNING: RISK OF ANAPHYLAXIS

Severe and life-threatening allergic reactions, including anaphylaxis, have been reported during administration of VIMIZIM and may occur at any time during treatment with VIMIZIM. Please see accompanying full [Prescribing Information](#), with important Boxed Warning for risk of anaphylaxis, or visit [www.VIMIZIM.com](http://www.VIMIZIM.com).

\*Terms and Conditions apply. Valid only for patients with commercial prescription insurance coverage who have a valid prescription for an FDA-approved indication and who meet additional eligibility criteria. 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) 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 federal, state, or government-funded healthcare program, the patient will no longer be able to use the program and patient must notify BioMarin RareConnections at 1-866-906-6100 to stop participation. Patients residing in or receiving treatment in certain states may not be eligible for some or all of the program elements. Patients may not seek reimbursement for value received from the program from any third-party payers. Additional restrictions may apply. Offer subject to change or discontinuance without notice. This assistance offer is not health insurance. [BioMarin-copay-terms.com](#) for full Terms and Conditions.