

SUPPORT & SAVINGS FOR YOUR PATIENTS



TEAMTyrvaya is a **free patient support program** through PhilRx* made up of people who are dedicated to helping your patients

Getting your patients started with TEAMTyrvaya is simple:

Prescribe Tyrvaya® to PhilRx and include the patient's cell phone number.



e-Prescribe: Search for *Phil* in your EHR in (Columbus, OH 43235)

Prescriptions may also be sent by:



Fax: 888-975-0603



Phone: 855-544-1850, Option 1



PhilRx texts your patient from 744579 within minutes. Let your patient know they must click the text link to get started. See next page for details.

Check for coverage notifications.



- If a **prior authorization** is required or Tyrvaya is non-formulary, PhilRx will initiate the process and your office will be notified with instructions on completing the appropriate form in the CoverMyMeds portal.
- PhilRx will notify your office if a **Tier Exception** is available and provide plan-specific instructions to submit.
- **Appeals support** is also available when needed.



PhilRx automatically applies affordability options to help your eligible patients get the lowest out-of-pocket cost available.

PAY AS LITTLE AS
for a 30-day or 90-day prescription†

\$10[†]

Patients can save up to \$275 per 30-day or \$825 per 90-day fill

Consider a convenient 90-day prescription to help your patients stay on track

OR

Patients who are denied coverage or have no prescription insurance plan can pay

\$89/month

with the **Manufacturer Cash Discount Program** through PhilRx^{‡,§,||}

†For eligible patients with commercial insurance. Limitations apply.

‡This program operates outside of the patient's insurance.



Your office will receive a summary fax each Monday with your patients' status and any outstanding actions.

EHR=electronic health record.

*PhilRx is a third-party vendor that administers our patient support program, TEAMTyrvaya.

†This program operates outside of the patient's insurance.

§Neither the patient nor the pharmacy or anyone else acting on the patient's behalf may submit any claim for reimbursement for product dispensed pursuant to this program to any third-party payer. By participating in the program, patients acknowledge that they currently meet the eligibility criteria and will comply with the Manufacturer Cash Discount Program [Terms and Conditions](#).

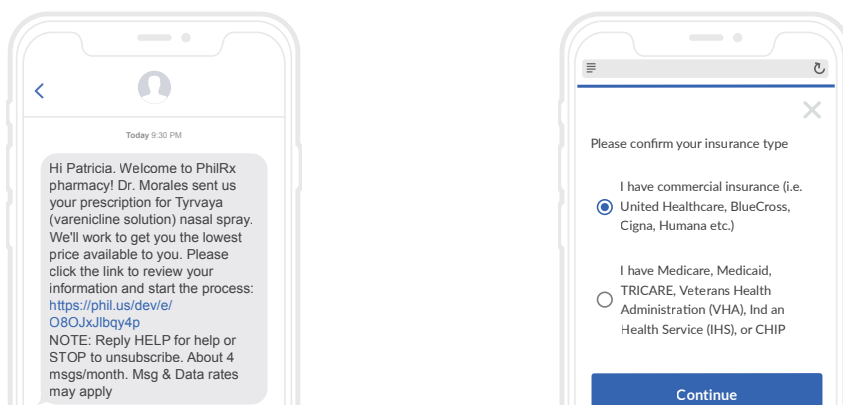
||Please note this program is not available to Massachusetts residents.

For any PhilRx questions, contact the support team at 855-544-1850 or teamtyrvaya@phil.us.

TEAMTyrvaya™: What your patients can expect

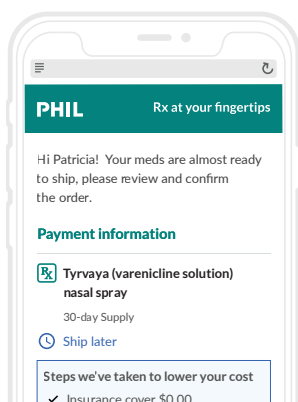
tyrvaya[®]
(varenicline solution)
nasal spray 0.03 mg

1



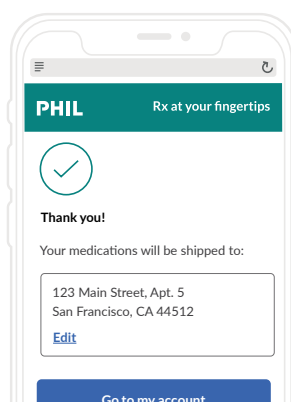
Patient must click to confirm coverage and complete enrollment.

2



After coverage is determined, patient is presented with out-of-pocket cost options.

3

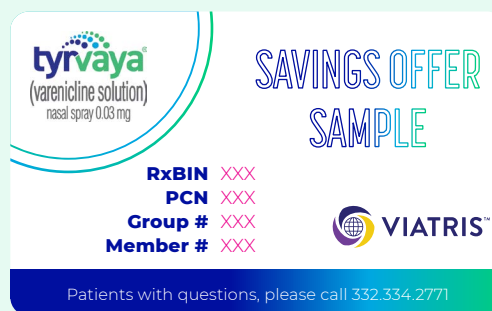


Patient confirms payment and delivery information. Tyrvaya ships with free home delivery and the patient receives a link to track the shipment.

Have a patient who prefers their local pharmacy?

You can prescribe Tyrvaya[®] to your patient's local retail pharmacy.

Eligible patients must visit TyrvayaSavings.com to get their Savings Offer* and present it to the pharmacy to receive savings.



Have questions or need assistance?

For more information, please visit tyrvaya-pro.com or contact your Viatris Territory Manager.

*Limitations apply. Eligible, commercially insured patients with coverage for Tyrvaya pay as little as \$10, up to a savings maximum of \$275 for each 30-day prescription, and as little as \$10, up to a savings maximum of \$825 for each 90-day prescription. Patient is responsible for any out-of-pocket costs once monthly savings limit is reached. This Savings Offer expires 12/31/2025. Offer not valid under Medicare, Medicaid, or any other federal or state program. Offer not valid for non-insured/cash-paying patients. Oyster Point reserves the right to change or discontinue this offer at any time, without notice. See complete [Terms and Conditions](#) for details.