

No activation required.

**Pay as \$35
little as**

**for your XOFLUZA prescription,
up to \$70 off.***

xofluza®
(baloxavir marboxil)

PROCESSING INFORMATION

RxBIN 610020
Group 99994457
Member ID ERXPROMO

*Terms and conditions apply.

For Patients:

1. By using this coupon, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions.
2. Present this coupon to your pharmacy along with a valid prescription for XOFLUZA and
 - You will pay the first \$35
 - Genentech will pay up to the next \$70, depending on your insurance coverageAny additional amounts due are your responsibility.
3. May be used twice. Valid until **September 30, 2026**.

If you have any questions, call **1-855-XOFLUZA**.

Patient Eligibility/Terms and Conditions:

1. This offer is valid for eligible patients receiving a prescription for XOFLUZA for an FDA-approved indication. The offer may be used by those with commercial/private insurance, uninsured patients or those choosing to pay cash (unless otherwise excluded). This offer may not be used for any other product.
2. This offer may not be used by patients in conjunction with prescription insurance under Medicaid, Medicare, TRICARE or similar federal or state programs. This offer is not health insurance or a benefit plan.
3. Offer only valid in the United States and U.S. Territories. This offer is not transferable and may not be combined with any other offer.

For Pharmacists:

1. The processing information on this card can be repeatedly used for all your patients.
2. When you apply this offer, you are certifying that the patient meets the eligibility criteria, and that you have not submitted and will not submit a claim for reimbursement under any state- or federally funded prescription insurance program for this prescription.
3. For insured patients, process a coordination of benefits (COB/ split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim using BIN 610020 and GROUP 99994457. For cash-paying or uninsured patients, submit a PRIMARY claim using BIN 610020 and GROUP 99994457. PCN is not required for processing the claim. For help processing the coupon, please call **1-855-659-9767**.

4. Offer must be presented along with a valid prescription for XOFLUZA at the time of purchase.
5. The patient must be 18 years or older to receive coupon benefits or a parent or guardian must redeem this offer on the patient's behalf.
6. May be used twice. Valid until September 30, 2026.
7. Coupon program is void where prohibited by law and on the date an AB-rated generic equivalent for XOFLUZA becomes available.
8. Genentech USA, Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice. It is a violation of federal law to buy, sell, or counterfeit this offer.