

XPOVIO[®] (selinexor) Copay Program



(example only, not for actual use)



**SCAN TO ACCESS
COPAY CARD ONLINE**

Patients with commercial insurance coverage may qualify to pay as little as \$5 per prescription. Enroll eligible patients and download an XPOVIO copay card at KaryForward.com/HCP by clicking on the Copay Program Enrollment button. The card along with a valid XPOVIO prescription should be provided to the pharmacy. Maximum benefits do apply.

Pharmacists: For patients with commercial insurance coverage, process a Coordination of Benefits (COB) split bill claim using the patient's prescription insurance for the PRIMARY claim.

Our phone number has changed. Please call: **1-844-243-7949** (Monday-Friday 8am-8pm EST) for pharmacy processing questions.

Please review the program eligibility criteria, terms, and conditions on the next page.

For additional information on the XPOVIO Copay Program please visit:

KaryForward.com/HCP

XPOVIO® (selinexor) Copay Program

By using this program, you certify that as either a patient or a pharmacist, you have read and agree to the eligibility restrictions, terms, and conditions of the program.

ELIGIBILITY CRITERIA

Patients must meet the following criteria to enroll:

- U.S. or U.S. Territory residency. Program valid only in the United States, Puerto Rico and U.S. Territories.
- Patient has commercial (private) insurance that covers XPOVIO.
- Patient has a valid prescription for XPOVIO.
- Patient is not eligible if he/she is uninsured or if he/she participates in any federal or state healthcare program, including without limitation Medicare, Medicaid, TRICARE, Veterans Health Administration.
- This offer is not valid for cash-paying patients, where XPOVIO is not covered by the patient's commercial insurance, or where the plan reimburses patients for the entire cost of XPOVIO.

For additional information on the XPOVIO Copay Program please visit:

[KaryForward.com/HCP](https://www.karyofarm.com/HCP)

TERMS AND CONDITIONS

- This offer is subject to expiration as indicated on the copay card.
- This offer allows eligible patients with commercial insurance to pay as little as \$5 per month, with a maximum of \$8,000 per 30-day prescription and up to a maximum total of \$25,000 per calendar year.
- This program will cover the copay costs of XPOVIO® (selinexor) only. It does not cover any other health care provider charges or any other treatment costs. Eligible patients may be responsible for deductibles or other out-of-pocket costs, depending on their specific health care benefits.
- This offer is not health insurance.
- The offer will be accepted only at participating in-network pharmacies.
- This offer is void where prohibited by law, taxed, or restricted.
- This offer may not be combined with any other coupon, free trial, discount, prescription savings card, or offer.
- This offer is non-transferable. No substitutions are permitted.
- Patient is responsible for reporting receipt and value of copay or coinsurance assistance as may be required by patient's insurance provider or health plan. Patients must not seek reimbursement from any health care reimbursement accounts or flexible spending accounts. Patients who move from commercial to federal- or state-funded insurance will no longer be eligible for this program.
- This program uses advanced logic to detect plans attempting to remove the benefit provided by this program from applying to a patient's out of pocket cost, such as, but not specifically limited to copayments, co-insurance, and deductibles. These programs are often referred to as "accumulator" or "maximizer" programs. If such activity is detected, the program will automatically implement a per claim maximum of \$25.00 and reduce the number of allowable uses per year.
- Karyopharm Therapeutics reserves the right to rescind, revoke, amend, or terminate this offer or the program in its entirety at any time.

**XPOVIO®**
(selinexor)



XPOVIO Copay Program

This offer is good for eligible patients purchasing XPOVIO® (selinexor) and may not be used for any other product.

This offer is not valid for uninsured patients.

This offer is not valid for cash-paying patients, where XPOVIO is not covered by the patient's commercial insurance, or where the plan reimburses patients for the entire cost of XPOVIO.

This offer is not insurance and is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE or similar federal or state programs or for patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. Offer not valid where prohibited by law, taxed or restricted. Patients enrolled in the Patient Assistance Program (PAP) are not eligible to receive this offer. Offer limited to one per patient. Your offer has its own unique ID number. This offer is not transferable, and may not be combined with any other offer. Offer must be presented along with a valid prescription for XPOVIO at the time of purchase. Karyopharm Therapeutics reserves the right to change or discontinue this offer at any time without notice.

The copay card is valid through 12/31 of each calendar year. Offer limited to one card per person.

