Express Scripts
By EVERNORTH

Medical Rebate Program Agreement Attestation

I, <<Signer's Name>>, on behalf of << Client Name >> represents that **Rykindo** are unrestricted under the <<Client Name>>'s medical benefit plan relative to other medications in the Defined Drug Market. Medical Drug Claims for **Rykindo** are processed and paid without requiring any additional review, prior therapy, or other requirements beyond what is also required for the other Defined Drug Market medications. The medical benefit coverage of **Rykindo** has been in place since at least <<Coverage Effective Date>>.

<<Client Name>> further states (check one):

_____ <<Client Name>> does not have any written medical policy, management strategy, or other utilization management in place for **Rykindo** and that the medication(s) is/are unrestricted relative to other medications in the Defined Drug Market.

_____ The specified medication(s) are managed with a medical policy, management strategy, or other utilization management that results in the medication being unrestricted relative to other medications in their market basket, but that these policies cannot be provided due to confidentiality agreements with the client's third party provider

Defined Drug Market

Risperdal CONSTA, Uzedy, Perseris, Abilify, Asimtufii

By signing this letter, I confirm that I have the authority to make the above representations on behalf of <<Client Name>> and that such representations are accurate to the best of my knowledge.

Effective Date:
_____07/01/2024_____

Expiration Date: _____

Name_____

Signature_____

Title_____

Date_____