



To Whom It May Concern:

I am an enrollee in your prescription drug plan, and this letter is to advise you that I have been prescribed Roszet by my physician. I am purchasing Roszet outside of my prescription drug benefit with the Roszet Savings Program sponsored by Althera Pharmaceuticals.

I have agreed not to seek reimbursement for my purchase of Roszet in accordance with the Terms and Conditions of the Roszet Savings Program. I have also agreed that I will not count the purchase of Roszet toward my true out-of-pocket expenses, and that I will continue to use the Roszet Savings Program for as long as I take the medication during the current calendar year.

If you have questions about the Roszet Savings Program, please contact Althera Pharmaceuticals at contact@altherainc.com.

Sincerely,

NAME: _____

PRESCRIPTION PLAN: _____

PRESCRIPTION PLAN MEMBERSHIP ID NUMBER: _____

DATE: _____