

YourMDRx Savings telehealth.yourmd.online

Velsipity

etrasimod · Pfizer

VELSIPITY Copay Savings Program

Eligible commercially insured patients may pay as little as \$0 per month.

Maximum prescription benefit ranges from \$4,000 to \$16,000 per calendar year under current terms

Member ID

Generated per patient

Show this card to your pharmacist with your prescription.

Official program: <https://www.velsipity.com/patient-support/velsipity-for-me>

Program offered by the manufacturer, not YourMD — official terms control and may change. Not valid with Medicare, Medicaid, TRICARE, or other government coverage. YourMD receives no compensation from any manufacturer. Verified Jul 24, 2026 by the YourMDRx clinical team.

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