

Cost Support Plan Terms and Conditions

- This Cost Support Program for TRUXIMA[®] (rituximab-abbs) injection (the “Program”) helps commercially insured patients in the United States (including the United States territories) who are prescribed TRUXIMA pay for their eligible out-of-pocket costs for the drug.
- Eligible Patients must have commercial insurance coverage for TRUXIMA. Uninsured and cash-paying patients are NOT eligible for this Program nor are patients with commercial insurance coverage that does not provide formulary coverage for TRUXIMA.
- Patients enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medicare Advantage Plans, Medicare Part D, Medicaid, Medigap, VA, DoD, TRICARE, and the Puerto Rico Government Health Insurance Plan are NOT eligible for this Program.
- Patients who are Medicare eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., you are eligible for Medicare Part D but receive a prescription drug benefit through a former employer) are NOT eligible for this Program.
- Patients who move from commercial to state or federally funded insurance will no longer be eligible for the Program.
- Eligible Patients may pay as little as zero dollars on each fill. Maximum annual limit of \$25,000 applies. Each Eligible Patient is responsible for their out-of-pocket costs for TRUXIMA above the program limits. Eligible Patients enrolled in the Program will be automatically enrolled in the Program for the next calendar year unless they opt out of the Program or their insurance coverage changes.
- Eligible Patients must have an out-of-pocket cost for the TRUXIMA and be administered the product prior to the expiration date of the Program. The benefit available under the Program is valid for the Eligible Patient’s out-of-pocket cost for the Product only. It is not valid for any other out-of-pocket costs (for example, office visit charges or medication administration charges, evaluations or diagnostic testing) even if such costs are associated with the administration of TRUXIMA. Claims for TRUXIMA must be submitted by provider to the Eligible Patient’s private health insurance separately from other services and products.
- An Eligible Patient must submit the Explanation of Benefits from their commercial insurance plan detailing their out-of-pocket costs for TRUXIMA within 180 days of insurance payment to receive payment from the Program.
- The Program may apply to eligible out-of-pocket costs incurred by the patient for TRUXIMA within 90 days prior to the date an Eligible Patient is enrolled in the Program, subject to annual Program maximum and the applicable Terms and Conditions based on TRUXIMA administration date. Patient or provider may contact the TRUXIMA Cost Support Program at 1-888-587-3263 for more information.
- All coverage requirements mandated by the insurance company of the Eligible Patient must be satisfied in order for the Program to take effect. When submitting claims under this Program, Eligible Patients and their treating providers are certifying that they understand the Program rules, regulations and terms and conditions and comply with the Program terms as set forth herein. Specifically, you, as an Eligible Patient, are certifying that a claim has not been submitted under a state or federally funded healthcare program, including but not limited to, Medicare, Medicare Advantage Plans, Medicare Part D, Medicaid, Medigap, VA, DoD, TRICARE, and the Puerto Rico Government Health Insurance Plan.

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Cost Support Plan Terms and Conditions (continued)

- All applicable information requested by the Program must be provided, and all certifications must be signed. Any requests for Program assistance which do not contain all the necessary information will not be eligible for benefits under the Program.
- The Program is not insurance.
- Void if copied, transferred, purchased, altered or traded, and where prohibited and restricted by law. The Program is not transferable. No substitutions are permitted.
- The Program form may not be sold, purchased, traded, or counterfeited. Void if reproduced.
- The Program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer.
- Data related to an Eligible Patient's receipt of Program benefits may be collected, analyzed, and shared with Teva Pharmaceuticals USA, Inc. and its affiliates, for conducting data analytics, market research, and Program related business activities.
- Teva Pharmaceuticals USA, Inc. and its affiliates reserves the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Program at any time without notice. Limit one Program enrollment per individual. If you have any questions regarding this Program, your eligibility or benefits or if you wish to discontinue your participation, call the TRUXIMA Cost Support Program at 1-888-587-3263 (9:00am-6:00pm EST, Monday-Friday).

These Terms and Conditions are valid for TRUXIMA administered between November 11, 2019 and December 31, 2020.

Expiration Date: 12/31/2020

Please see full [Prescribing Information](#), including **BOXED WARNINGS and Medication Guide, to discuss with your doctor.**