

**Complete copay program terms and conditions (e.g. for use on Viatrix' Viatrixadvocateportal.com website, wherever online is appropriate for the full T's and C's to be available)**

The VIATRIS ADVOCATE® Co-Pay Assistance Program can be used to reduce the amount of an eligible patient's out-of-pocket expenses for Ogivri® (trastuzumab-dkst) for injection 150mg/vial and/or 420mg/vial up to the full amount of the patient's out-of-pocket expense per prescription subject to a maximum aggregate amount of \$25,000 per 12-month period while this co-pay assistance program remains in effect (such aggregate amount includes dispenses of both Ogivri® (trastuzumab-dkst) for injection 150mg/vial and 420mg/vial). No other purchase is necessary. Valid prescription is required. Mylan Institutional Inc., a Viatrix Company, reserves the right to amend or end this co-pay assistance program at any time without notice.

**Eligibility Requirements:** This co-pay assistance can be redeemed only by patients or patient guardians who are 18 years of age or older and who are residents of the U.S. or Puerto Rico. Patients must have commercial prescription drug insurance. This co-pay assistance program is not valid for uninsured patients or commercially insured patients without coverage for Ogivri® (trastuzumab-dkst) for injection 150mg/vial and/or 420mg/vial; not valid for patients who are covered in whole or in part by any state or federally funded healthcare program, including, but not limited to, any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TRICARE (regardless of whether Ogivri® (trastuzumab-dkst) for injection 150mg/vial and/or 420mg/vial is covered by such government program); not valid if the patient is Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; and not valid if the patient's insurance plan is paying the entire cost of this prescription. This co-pay assistance program is void outside the U.S. or Puerto Rico or in any state or jurisdiction where prohibited by law, taxed or restricted. Absent a change in Massachusetts law, this co-pay assistance program will no longer be valid for Massachusetts residents as of January 1, 2023.

This co-pay assistance program is not health insurance. The co-pay assistance program is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket expenses. Cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. This co-pay assistance is not redeemable for cash.

**NOTICE:** Data related to your use of this co-pay assistance program may be collected, analyzed and shared with Mylan Institutional Inc., a Viatrix Company for market research and other purposes related to assessing co-pay assistance programs. Data shared with Mylan Institutional Inc., a Viatrix Company will be aggregated and de-identified, meaning it will be combined with data related to other co-pay assistance program redemptions and will not identify you.

Use of this co-pay assistance program must be consistent with the terms of any drug benefit provided by a commercial health insurer, health plan or private third-party payer. Patients must have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription. Patients are responsible for reporting the receipt of copay assistance to any commercial insurer, health plan, or third-party payer who pays for or reimburses any part of the prescription filled, as may be required. Patients should not use this co-pay assistance program if their health plan prohibits use of manufacturer co-pay assistance programs.