

Bosaya (denosumab-kyqq) Copay Assistance Program Terms and Conditions

With this Bosaya (denosumab-kyqq) Copay Assistance Program, eligible patients may Pay As Little As (PALA) \$0 for each fill of Bosaya (denosumab-kyqq) injection, while this program remains in effect. Subject to all other terms and conditions, this copay assistance program may be used to reduce the amount of an eligible patient's out-of-pocket costs for Bosaya (denosumab-kyqq) up to the full amount of the patient's out-of-pocket cost per prescription, subject to a maximum aggregate amount while this copay assistance program remains in effect. Whether a patient is eligible to receive the maximum aggregate amount is determined by the type of commercial insurance plan coverage the patient has and may vary among individual patients covered by different plans. Additional information on the program and whether your particular insurance coverage is likely to result in your reaching the maximum aggregate amount can be obtained by calling 1-833-61-BIOCON (1-833-612-4626). Valid prescription is required. No other purchase is necessary. Biocon Biologics reserves the right to amend or end this copay assistance program at any time without notice.

- **Eligibility Requirements:** This copay assistance can be redeemed only by patients age 18 years or older and who are residents of the U.S. or Puerto Rico. For patients under the age of 18, authorization is required from a legal guardian. Patients must have commercial prescription drug insurance with coverage for Bosaya (denosumab-kyqq). This copay assistance program is not valid for uninsured patients or commercially insured patients without coverage for Bosaya (denosumab-kyqq); 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 Bosaya (denosumab-kyqq) injection 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 copay assistance program is void outside the U.S. or Puerto Rico or in any state or jurisdiction where prohibited by law, taxed or restricted. State or territory specific exclusions and regulations may apply.
- This copay assistance program is not health insurance. The copay assistance program is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket costs. Cannot be combined with any other rebate/coupon, cash discount card, free trial, or similar offer for the specified prescription. This copay assistance is not redeemable for cash. This copay assistance is not valid for product dispensed by a 340B covered entity that purchased the product at discounted pricing under the 340B drug pricing program. Copay assistance is not intended to cover plan-related deductible costs.
- The value of this copay assistance program is exclusively for the benefit of patients and is intended to support patient out-of-pocket costs from drug related expenses, including patients' applicable co-payments and coinsurance. This copay assistance is not available if the patient's commercial insurance plan, pharmacy benefit manager, or other plan agent uses a copay adjustment program that restricts program payments from being applied to satisfy the patient's out-of-pocket costs or counted toward the patient's out-of-pocket maximum limits. This copay assistance program also is not available to patients who are members of insurance plans that adjust, reduce, or waive their patients. Out-of-pocket costs based on the availability of, or a member's participation in, manufacturer-sponsored copay assistance. These programs are often referred to as accumulator adjustment or maximizer programs. Patients with these plan terms may not use this copay assistance program but may be eligible for other needs-based assistance provided by Biocon Biologics. If you believe your commercial insurance plan may have such terms, please contact 1-833-61-BIOCON (1-833-612-4626). Biocon Biologics, in its sole discretion, may reduce or eliminate program benefits for any patient whose plan requires enrollment in the program as a condition of participation in any plan or plan benefit, coverage, or program or otherwise imposes different or additional requirements on patients who receive this copay assistance.

NOTICE. Data related to your use of this copay assistance program may be collected, analyzed and shared with Biocon Biologics for market research and other purposes related to assessing its copay assistance programs. Data shared with Biocon Biologics will be aggregated and de-identified, meaning it will be combined with data related to other copay assistance program redemptions and will not identify you.

- Use of this copay 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 copay assistance program if their health plan prohibits use of manufacturer copay assistance programs. Patients should withdraw from this copay assistance program should they begin to receive prescription benefits from any government funded program by calling 1-833-61-BIOCON (1-833-612-4626).
- By utilizing this copay assistance program, you hereby accept and agree to abide by these terms and conditions. Any individual or entity who enrolls or assists in the enrollment of a patient in the copay assistance program represents that the patient meets the eligibility criteria and other requirements described herein. Health plans, specialty pharmacies, pharmacy benefit managers, and vendors or agents of any of the foregoing, are prohibited from enrolling or assisting in the enrollment of patients in this copay assistance program. Further, you agree that you currently meet the eligibility criteria and other requirements described herein every time you use this copay assistance program.