

QUALLENT PHARMACEUTICALS HEALTH LLC

Copay Assistance Program Terms and Conditions

Limitations Apply. This program is for eligible patients purchasing Quallent's ambrisentan, fingolimod, dimethyl fumarate or abiraterone acetate and may not be used for any other product. Eligible patients may pay as little as \$0 per fill. The program is subject to a limit, and the patient is responsible for any costs if such limit is reached. This program is not health insurance, not transferable, limited to one per person, cannot be combined with any other offer, and cannot exceed the patient's out-of-pocket expenses for the product. Eligible patients for the program are patients with commercial (private or non-governmental) insurance, a prescription for a Food and Drug Administration (FDA)-approved indication and where not otherwise prohibited by law. The program is not valid (i) for patients insured under the Medicare, Medicaid, or TRICARE programs; patients who are insured under any program administered or funded by the U.S. Department of Veterans Affairs or the federal Department of Defense; or patients insured under any other federal or state health care program, (ii) where the patient is uninsured, (iii) where the patient's health plan reimburses for the entire cost of the product, (iv) where the product is not covered by patient's health plan, (v) unless prohibited by applicable law, where the patient's health plan involves an accumulator or co-pay maximizer program, or (vi) where the program is taxed, restricted or otherwise prohibited by state or federal law. The value of this program is solely intended for the benefit of the patient and is intended to be credited towards patient out-of-pocket obligations and maximums, including any applicable coinsurance, copayment, and/or deductibles under the patient's health plan. The patient may not seek reimbursement for any value received from this program from another party, including, but not limited to, any health insurance program or plan, Flexible Spending Account (FSA), Health Savings Account (HSA), or Health Reimbursement Account (HRA). The patient is responsible for complying with any applicable limitations and requirements of their individual health plan related to the use of this program including any and all additional costs. This program is valid only in the United States and U.S. Territories (Puerto Rico, American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands). Proof of product purchase may be required. The patient is responsible for providing Quallent with correct information necessary to determine eligibility. The submission of true and accurate information is an eligibility requirement and Quallent reserves the right to disqualify patients who are not in compliance with these terms and conditions. Quallent also reserves the right to withdraw, terminate or amend the program (including these terms and conditions) and/or discontinue program services at any time without notice.