

## PAP- OGIVRI- Terms and Conditions

With this My Biocon Biologics Copay Assistance Program, patients may pay as little as \$0 for each monthly fill of OGIVRI® (trastuzumab-dkst) for injection 150mg/vial and/or 420mg/vial, while this program remains in effect. This copay assistance program may be used to reduce the amount of an eligible patient's out-of-pocket costs for OGIVRI (trastuzumab-dkst) for injection 150mg/vial and/or 420mg/vial up to the full amount of the patient's out-of-pocket cost per prescription subject to a maximum aggregate amount of \$25,000 per 12-month period while this copay 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. Biocon Biologics Inc., 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 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 Copay 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 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. Absent a change in Massachusetts Law, this Copay Assistance Program will no longer be valid for Massachusetts residents as of January 1, 2026.**

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. This copay assistance is not valid if the patient's commercial health insurance plan or pharmacy benefit manager uses a copay adjustment program (often termed "maximizer" or "accumulator" program) that restricts any form of copay assistance from being counted toward the patient's cost-sharing limits.

**NOTICE:** Data related to your use of this Copay Assistance Program may be collected, analyzed and shared with Biocon Biologics Inc., for market research and other purposes related to assessing its copay assistance programs. Data shared with Biocon Biologics Inc., 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.