

The Organon Co-pay Assistance Program (“Co-pay Assistance Program”) applies to claims that are submitted by a patient’s health care provider (“Medical Benefit”) and purchases made by a patient at a participating pharmacy (“Pharmacy Benefit”). Below the General Terms and Conditions, you will find Specific Terms and Conditions for the Medical Benefit and Pharmacy Benefit.

General Terms and Conditions

- To receive benefits under the Organon Co-pay Assistance Program ("Co-pay Assistance Program"), the patient must enroll and be accepted as eligible.
- The patient must be prescribed the Program Product for an FDA-approved indication and have private health insurance that covers the Program Product under a medical benefit plan or at a participating pharmacy.
- **The Co-pay Assistance Program is not valid for patients covered under Government Programs such as Medicaid (including Medicaid patients enrolled in a qualified health plan purchased through a health insurance exchange [also known as a marketplace] established by a state government or the federal government), Medicare, a Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered), TRICARE, CHAMPUS, or the Puerto Rico Government Health Insurance Plan (“Health Care Reform”), or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program (collectively, “Government Programs”). It is also not valid for uninsured patients.**
- The Co-pay Assistance Program is void where prohibited by law, taxed, or restricted. It is not transferable, and no substitutions are permitted.
- The patient must have an out-of-pocket cost for the Program Product and must purchase or be administered the Program Product before the benefits of the Co-pay Assistance Program expire. The benefit is limited to the patient’s actual out-of-pocket cost, on each prescription and/or administration for the Program Product, up to an annual maximum. The benefit available under the Co-pay Assistance Program is valid for the patient’s out-of-pocket cost for the Program Product only. **It is not valid for any other out-of-pocket costs** (for example, office visit charges or medication administration charges) even if such costs are associated with the administration of the Program Product, which is determined by Organon and may change at any time. The maximum will be disclosed to the patient when they call 866-809-9515. Organon will disclose the annual maximum as required by applicable law.
- The patient, pharmacist, and health care provider must not seek reimbursement for all or any part of the benefit received by the patient through the Co-pay Assistance Program. The patient (for both Medical Benefit and Pharmacy Benefit) and health care provider (for Medical Benefit) are responsible for reporting receipt of Co-pay Assistance Program benefits to any insurer, health plan, or other third party who pays for or reimburses any part of the medication cost paid for by the Co-pay Assistance Program, as may be as required.
- The patient must be a resident of the United States or the Commonwealth of Puerto Rico, and the Program Product must be administered in these locations.
- The Co-pay Assistance Program may apply to patient out-of-pocket costs incurred for the Program Product within 180 days prior to the patient’s enrollment, subject to the annual maximum and applicable Terms and Conditions. Contact The Organon Access Program for more information.
- All information requested on the Co-pay Assistance Program enrollment form must be provided, and all certifications must be signed. Incomplete or modified forms will not be eligible for benefits. No other purchase is necessary.
- The Co-pay Assistance Program is not insurance.
- Co-pay Assistance Program forms may not be sold, purchased, traded, or counterfeited, and may be void if reproduced with such intent.
- The Co-pay Assistance Program benefit cannot be combined with other co-pay assistance programs, free trials, discounts, prescription savings cards, or other offers.

- Organon reserves the right to rescind, revoke, or amend the Co-pay Assistance Program at any time without notice.
- Data related to the patient's receipt of benefits may be collected, analyzed, and shared with Organon for market research and assessment purposes. Data shared will be aggregated and de-identified.

Specific Terms and Conditions for the Medical Benefit:

- The claim for the Program Product must be submitted by a health care provider to the patient's private health insurance separately from other services and products.
- The benefit available under the Co-pay Assistance Program is limited to the amount the patient's private health insurance company indicates on the Explanation of Benefits ("EOB") that the patient is obligated to pay for the Program Product, up to an annual maximum.
- **An EOB from the patient's private health insurance must be submitted within 180 days** of the date of the EOB for the patient to receive the co-pay assistance benefit, provided, however, that no EOB may be submitted more than **180 days** after the expiration date of the Co-pay Assistance Program. The EOB must reflect the patient's out-of-pocket cost for the Program Product and submission of the claim by the patient's health care provider for the cost of the Program Product.
- Benefits are not available through the Medical Benefit Co-Pay Assistance Program for the Program Product purchased by the patient at a pharmacy. Co-pay assistance may be available from Organon for the Program Product purchased by the patient at a pharmacy through the Pharmacy Benefit Co-pay Assistance Program, provided, however, that the per-patient annual maximum Co-pay Assistance Program benefit for the Program Product under the General Terms and Conditions has not been exceeded.

Specific Terms and Conditions for the Pharmacy Benefit:

- The Pharmacy Benefit Co-pay Assistance Program is not available for the Program Product if a claim was submitted by a health care provider to a patient's private health insurance company, as that claim would be included in the Medical Benefit Co-pay Assistance Program.
- Benefits are not available through the Pharmacy Benefit Co-pay Assistance Program for the Program Product purchased by the patient at a pharmacy. Co-pay assistance may be available from Organon for the Program Product purchased by the patient at a pharmacy through the Medical Benefit Co-pay Assistance Program, provided, however, that the per-patient annual maximum Co-pay Assistance Program benefit for the Program Product under the General Terms and Conditions has not been exceeded.

Eligible Program Products and Patient Responsibility:

- RENFLEXIS® (infliximab-abda) and ONTRUZANT® (trastuzumab-dttb): Patient may pay as little as \$5 per prescription and/or administration.
- BILDYOS® (denosumab-nxxp), BILPREVDA® (denosumab-nxxp), and TOFIDENCE® (tocilizumab-bavi): Patient may pay as little as \$0 per prescription and/or administration.