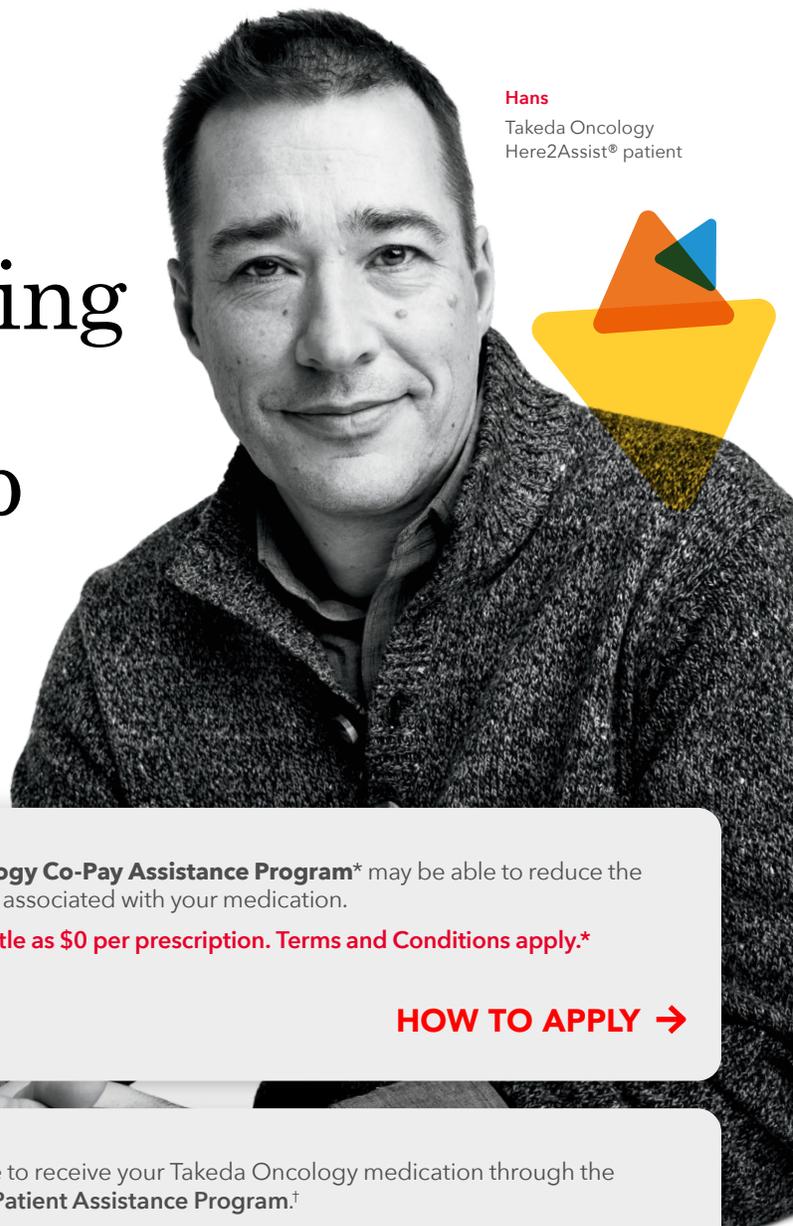


If you need assistance affording your medication, we're here to help

Takeda Oncology Here2Assist[®] can help identify financial assistance programs that may be able to help you with the cost of your treatment.

Hans
Takeda Oncology
Here2Assist[®] patient



I have commercial insurance

The **Takeda Oncology Co-Pay Assistance Program*** may be able to reduce the out-of-pocket costs associated with your medication.

You could pay as little as \$0 per prescription. Terms and Conditions apply.*

HOW TO APPLY →

I am uninsured or do not have insurance coverage for my medication

You may be eligible to receive your Takeda Oncology medication through the **Takeda Oncology Patient Assistance Program**.†

You may be eligible to receive your Takeda Oncology medication at no cost to you.

HOW TO APPLY →

*By enrolling in the Takeda Oncology Co-Pay Assistance Program (the "Program"), you acknowledge that you currently meet the eligibility criteria and will comply with the following terms and conditions:

You must be at least 18 years old, a resident of the United States or a US Territory, and have commercial (private) prescription insurance that does not cover the entire cost of the Takeda Oncology medication. The Program is not valid for patients whose prescription claims for the Takeda Oncology medication are eligible to be reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicare, Medicare Advantage, Medigap, Medicaid, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program. Patients who become eligible for or start using government insurance for their Takeda Oncology medications will no longer be eligible for the Program. The Program is not valid if the entire cost of your prescription is reimbursable by a private insurance plan or other private health or pharmacy benefit programs. You are responsible for reporting receipt of Program assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the medication cost, as may be required.

You agree that you will not submit the cost of any portion of the product dispensed pursuant to this Program to a federal or state healthcare program (including, but not limited to, Medicare, Medicare Advantage, Medicaid, TRICARE, VA, DoD, etc.), for purposes of counting it toward your out-of-pocket expenses, and to notify Takeda Oncology Here2Assist[®] if you become eligible for a federal or state healthcare program that covers your Takeda Oncology medication. This Program is not conditioned on any past, present or future purchase of any Takeda product, including refills. This Program is valid for 12 months, and your co-pay card may be renewed every 12 months, subject to continued eligibility. This offer is not valid with any other program, discount, or offer involving your prescribed Takeda Oncology medication. This offer may be rescinded, revoked, or amended without notice. No reproductions. This offer is void where prohibited by law, taxed, or restricted. Limit one offer per purchase. No income requirements or membership fees. This Program is not health insurance. Cash value of 1/100 of 1c. For questions about this offer, please contact the Takeda Oncology Co-Pay Assistance Program, a patient support service of Takeda Oncology Here2Assist, at 1-844-817-6468, Option 2, Monday-Friday, 8AM-8PM ET.

†To be eligible for the Patient Assistance Program, patients must meet certain financial and insurance coverage criteria. A Patient Assistance Program Application must be submitted in order to confirm patient eligibility.

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To apply:



- ▶ **DOWNLOAD** the **Takeda Oncology Here2Assist Enrollment Form** (also available in Spanish on www.Here2Assist.com)
- ▶ **COMPLETE AND SIGN** with your healthcare provider and submit to Takeda Oncology Here2Assist
- ▶ **CALL** a Takeda Oncology Here2Assist case manager once you are enrolled to discuss your eligibility and enrollment into the Takeda Oncology Co-Pay Assistance Program*
- ▶ **ENROLL DIGITALLY** at Here2Assist.com/enroll. Once you submit your enrollment, your healthcare provider will be asked to complete the form via fax or email

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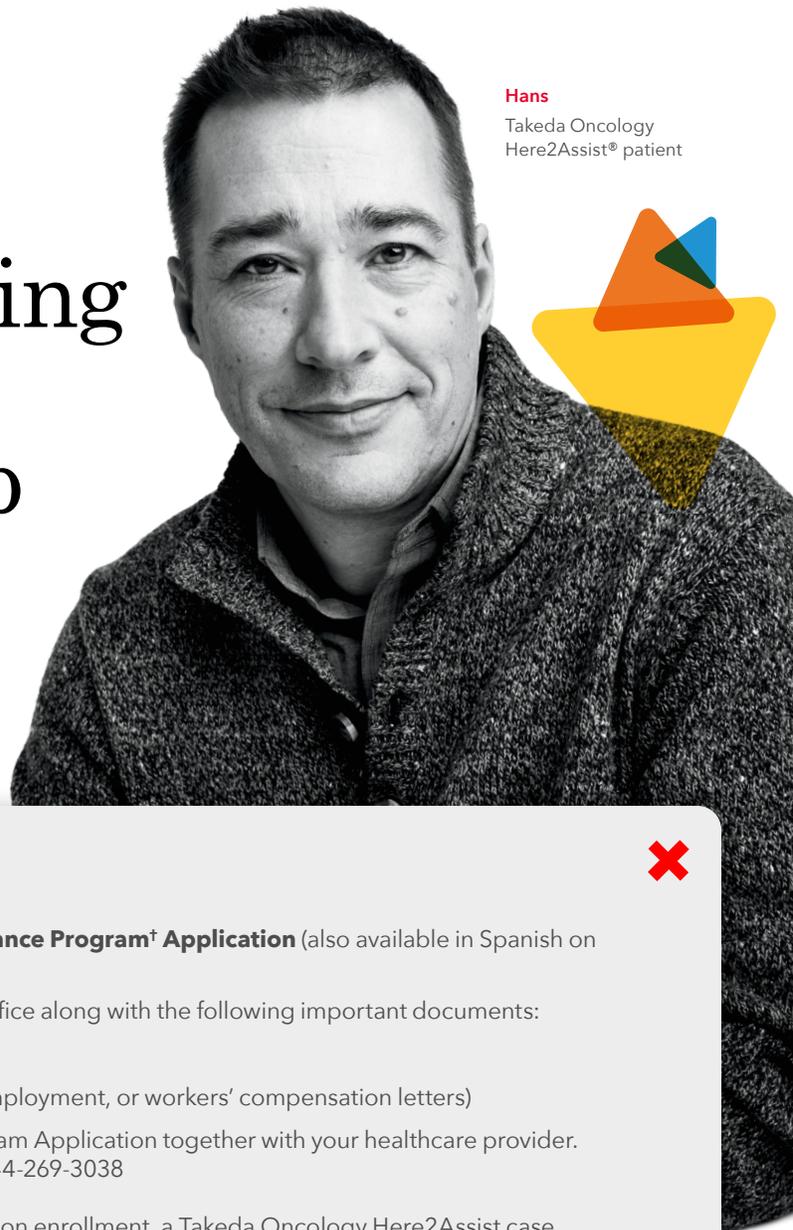
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To apply:



- ▶ **DOWNLOAD** the **Takeda Oncology Patient Assistance Program[†] Application** (also available in Spanish on www.Here2Assist.com)
- ▶ **TAKE** the application to your healthcare provider's office along with the following important documents:
 - Your insurance card (if applicable)
 - 1 form of identification of household income (eg, most recent IRS Form 1040, W2, SSI, unemployment, or workers' compensation letters)
- ▶ **COMPLETE AND SIGN** the Patient Assistance Program Application together with your healthcare provider. Your healthcare provider will then fax the form to 1-844-269-3038

If you qualify, you may be enrolled for up to 1 year. Upon enrollment, a Takeda Oncology Here2Assist case manager will notify you and your healthcare provider. A 1-month supply of your medication will be delivered to you at no cost. Each month a Takeda Oncology Here2Assist case manager will reach out to you to confirm that you are still being treated and are eligible to receive another month's supply of your medication.

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