

## PROVENTION BIO COPAY PROGRAM TERMS AND CONDITIONS

- Individuals must have a valid TZIELD™ (teplizumab-mzwy) prescription for an FDA-approved indication
- Patient must have commercial (private or non-governmental) insurance. This includes plans available through state and federal health insurance marketplaces. Offer is not valid for cash-paying individuals
- Patient, or patient's parent or guardian, must be 18 years or older
- Patient must not be a government beneficiary and/or participant in a federal or state-funded health insurance program (for example, Medicare, Medicare Advantage, Medigap, Medicaid, CHAMPUS, VA, DoD, TRICARE, Children's Health Insurance Program (CHIP), or the Indian Health Service). No cost of any portion of TZIELD that is dispensed can be submitted to a federal or state healthcare program for purposes of counting it toward out-of-pocket expenses
- Offer is not valid for use with any other program, discount, or offer involving TZIELD or where insurance is paying the entire cost of the prescription. Where third-party reimbursement covers a portion of the prescription, the offer is valid only for the actual out-of-pocket costs
- The Provention Bio Copay Program is exclusively and entirely for the benefit of the enrolled patient
- Patient, or the patient's parent or guardian, is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Provention Bio Copay Program
- The Provention Bio Copay Program is not valid where prohibited by law. Valid only in the United States and US Territories. For administration claims only: the program is not available in Rhode Island; only patients may submit copay program claims in Massachusetts and Minnesota—any copay program claims submitted by healthcare providers will be rejected
- The Provention Bio Copay Program is not health insurance and may not be combined with any third-party rebate, coupon or offer
- Provention Bio, Inc. reserves the right to rescind, revoke, or amend program benefits at any time without notice
- Expiration date is 12 months from enrollment. Individuals eligible for pharmacy benefits must have an out-of-pocket cost for TZIELD, and the product must be administered prior to the expiration date of the Provention Bio Copay Program.
- The available benefit is valid for the out-of-pocket cost for TZIELD and the infusion process only. It is not valid for any other out-of-pocket costs (for example, office visit charges or medication administration charges, evaluations, or diagnostic testing) even if such costs are associated with the administration of TZIELD

### • PATIENT ASSISTANCE PROGRAM TERMS AND CONDITIONS

- To be eligible, individuals must:
  - Be a US Citizen or US Resident and treated by a US provider
  - Meet the Financial Eligibility criteria
  - Provide required financial documentation as requested
- Be uninsured or rendered uninsured through payer denials after exhausting all appeals, including external review denial
- Have an on-label diagnosis and have a valid prescription for TZIELD
- Renew each year (if applicable in the future)

