

We're here to help your patients with their coverage, financial, and educational resource needs

ACCESS SUPPORT

Takeda Oncology Here2Assist™ can help your patients navigate coverage requirements by providing information related to:

- ▶ **Benefits verification**
- ▶ **Prior authorizations***
- ▶ **Payer denials***

*Takeda Oncology Here2Assist does not complete forms, file claims, or appeal claims for callers. It cannot assist with or guarantee success in overturning a payer denial.

FINANCIAL ASSISTANCE

Takeda Oncology Co-Pay Assistance Program

For patients who are commercially insured and concerned about their out-of-pocket costs, the Takeda Oncology Co-Pay Assistance Program† may be able to help.

Your patient could pay as little as \$0 per prescription.

Terms and Conditions apply.†

Takeda Oncology Patient Assistance Program‡

If your patient is uninsured or the prescribed medication is not covered, the patient may be eligible to receive their Takeda Oncology medication at no cost through our Patient Assistance Program.‡

†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 medication. The Program is not valid for patients whose prescription claims 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 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. 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 1¢. 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.

HELPFUL RESOURCES

Takeda Oncology Here2Assist case managers can provide information about available support services for patients including:

- ▶ Financial assistance for eligible patients
- ▶ Regular follow-up calls
- ▶ Nurse navigators to support your patients on their product education journey§

§For EXKIVITY® (mobocertinib) patients only.



Phyllis
Takeda Oncology
Here2Assist patient



Committed to supporting your patients

Personalized support for patients prescribed
Takeda Oncology products[¶], including:



Please see EXKIVITY[®]
full Prescribing Information,
including Boxed Warning,
available at this booth.



Please see ICLUSIG[®]
full Prescribing Information,
including Boxed Warning,
available at this booth.



TAKEDA ONCOLOGY HERE2ASSIST[™]:

- ▶ Works with your patients' insurance company to help get your patient started on their medication
- ▶ Identifies available financial assistance that may be right for your patients
- ▶ May help eligible patients get started on treatment in the event of an insurance delay
- ▶ Identifies specialty pharmacies to help fill and ship your patients' prescriptions appropriately
- ▶ Conducts regular follow-up calls to patients
- ▶ Sends text message status updates and reminders to patients[¶]

[¶]Not all patient support services listed are available for each product.

[¶]Patients will need to enroll in the texting program to receive text messages.

For patients prescribed VELCADE[®] who need help getting started with their treatment, support may be available through the VELCADE Reimbursement Assistance Program (VRAP), a program accessible through Takeda Oncology Here2Assist.

Enrollment is simple



1. DOWNLOAD

and print the Takeda Oncology Here2Assist™ Enrollment Form from www.Here2Assist.com



2. COMPLETE

and sign the Enrollment Form together with your patient



3. FAX

the completed Enrollment Form along with a copy of your patient's insurance card and prescription to 1-844-269-3038

You can also obtain Takeda Oncology Here2Assist Enrollment Forms from your Takeda Oncology Representative.

Looking for more information? **Let's Talk.**

Call us at 1-844-817-6468, Option 2. We're available Monday-Friday, 8AM-8PM ET
or visit us at www.Here2Assist.com/hcp.



Hans
Takeda Oncology
Here2Assist patient