



The Takeda Oncology Co-Pay Assistance Program* is here for you

Learn how to enroll today to start saving on your Takeda Oncology medication

Daryl
Takeda Oncology
Here2Assist™ patient



You could pay
as little as **\$0**
per prescription*

For eligible, commercially insured patients, co-pay savings apply to **ALUNBRIG® (brigatinib)**, **EXKIVITY® (mobocertinib)**, **ICLUSIG® (ponatinib)**, and **NINLARO® (ixazomib)**.

Please see accompanying EXKIVITY® full [Prescribing Information](#), including Boxed Warning.

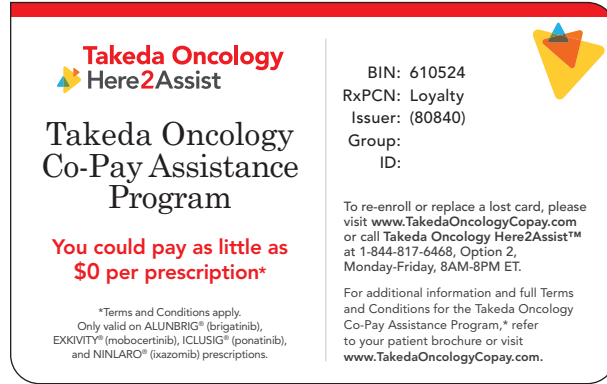
Please see accompanying ICLUSIG® full [Prescribing Information](#), including Boxed Warning.

*Terms and Conditions apply.

You could pay as little as \$0 per prescription*

If you have commercial insurance and are concerned about your out-of-pocket costs, the Takeda Oncology Co-Pay Assistance Program* may be able to help reduce the out-of-pocket costs associated with your Takeda Oncology medication.

*Terms and Conditions apply.



Remember to keep your co-pay card in a safe place.

Enroll today!

Visit www.TakedaOncologyCopay.com and follow the instructions provided to learn if you are eligible and to enroll in the program. Upon enrollment, you will receive a co-pay card electronically, as well as in the mail. Your card will be active for 12 months and can be renewed.



Phyllis
Takeda Oncology
Here2Assist patient

Still have questions?

Takeda Oncology Here2Assist™ is here to help

- ▶ **For more information about the Takeda Oncology Co-Pay Assistance Program,** please call Takeda Oncology Here2Assist at 1-844-817-6468, Option 2. **Let's Talk.** We're available Monday-Friday, 8AM-8PM ET
- ▶ **For questions regarding setup, claims transmission, or other issues,** please call the McKesson Customer Service Center at 1-855-902-6725, Monday-Friday, 8AM-8PM ET
- ▶ **If you've lost your card, don't worry!** Visit www.TakedaOncologyCopay.com and follow the prompts or call a Takeda Oncology Here2Assist case manager at 1-844-817-6468, Option 2, Monday-Friday, 8AM-8PM ET
- ▶ **If it's time to renew your card,** we can help make re-enrollment simple. You will need to re-enroll in the program every 12 months. Re-enrollment can be completed at www.TakedaOncologyCopay.com

Enrollment considerations

Patients must be at least 18 years old and be a resident of the United States or a US territory. In addition, this program cannot be used if you are a beneficiary of or any part of your Takeda Oncology prescription is covered or reimbursed by:

- ▶ Any federal or state healthcare 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.
- ▶ Insurance that is paying the entire cost of the prescription

You could pay as little as \$0 per prescription* with help from the Takeda Oncology Co-Pay Assistance Program*

For questions on eligibility or enrollment, please call Takeda Oncology Here2Assist™ at 1-844-817-6468, Option 2. **Let's Talk.** We're available Monday-Friday, 8AM-8PM ET.

For more information about access support and financial assistance that you may qualify for, visit www.Here2Assist.com.



*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.

Physician Instructions: To use this offer, your patient needs one prescription for a 1-month supply of his or her Takeda Oncology medication.

Pharmacy Instructions: By submitting this offer for reimbursement to McKesson, you certify that: (1) you have dispensed the prescribed medication to an eligible patient in accordance with the Eligibility Requirements of this offer and the accompanying prescription; (2) you have not submitted and will not submit a claim for reimbursement for the portion of the drug covered by this coupon to any payer; and (3) your participation in this program is consistent with all applicable laws and any obligations, contractual or otherwise, that you may have as a pharmacy provider. For questions about processing this card, please call the McKesson Customer Service Center at 1-855-902-6725, Monday-Friday, 8AM-8PM ET.