

The Mylan Advocate™ Co-Pay Assistance Program is open to both new and existing eligible patients who are residents of the U.S. or Puerto Rico and who have commercial prescription drug insurance.

This co-pay assistance program can be used to reduce the amount of an eligible patient's out-of-pocket expense for Mylan's Fulphila up to the full amount of the patient's out-of-pocket expense per prescription up to \$10,000 per 12-month period.

This co-pay assistance program is not valid for uninsured patients or patients whose commercial insurance coverage does not include Fulphila ; patients who are covered in whole or in part by any state or federally funded healthcare program, including, but not limited to, any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TriCare (regardless of whether a specific prescription is covered by such government program); if the patient is Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; or if the patient's insurance plan is paying the entire cost of this prescription. This co-pay assistance program is void outside the U.S. or Puerto Rico or in any state or jurisdiction where prohibited by law, taxed or restricted. This program is valid in Massachusetts through June 30, 2019, unless applicable law is amended or extended by Massachusetts.

Valid prescription required. Use of this co-pay assistance program must be consistent with the terms of any drug benefit provided by a commercial health insurer, health plan or private third-party payer. This co-pay assistance program may be changed or discontinued at any time without notice.

This co-pay assistance program is not health insurance. The co-pay assistance program is not transferable and the amount of the benefit cannot exceed the patient's out-of-pocket expenses. Cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. The co-pay assistance is not redeemable for cash. No additional purchase is required.

Data related to your use of this co-pay assistance program may be collected, analyzed and shared with Mylan for market research and other purposes related to assessing co-pay assistance programs. Data shared with Mylan will be aggregated and de-identified, meaning it will be combined with data related to other co-pay assistance program redemptions and will not identify you.

Patients are responsible for reporting the receipt of copay assistance to any insurer, health plan, or third-party payer who pays for or reimburses any part of the prescription filled, as may be required. Patients should not use this program if their health plan prohibits use of manufacturer copay assistance programs.