Copay Program for JASCAYD® (nerandomilast tablets) Terms and Conditions

Patients who meet the eligibility criteria may pay as little as $0/month for their JASCAYD prescription; per prescription savings may vary. Under the Copay Program for JASCAYD, you may be required to pay a copay. The total patient out-of-pocket cost is dependent on your health insurance plan. The Copay Program assists with the cost of JASCAYD only – not with your costs for other medicines, procedures or office visit fees. After reaching the maximum annual Copay Program benefit amount, you will be responsible for all remaining out-of-pocket expenses. The Program benefit amount cannot exceed your out-of-pocket expenses for JASCAYD. The maximum Copay Program benefit will reset every calendar year.

Eligibility: You, the Patient, must have a prescription consistent with the FDA-approved indication for JASCAYD. You must be a resident of the United States or its territories. You must be at least 18 years of age. You must have commercial health insurance that covers part but not all of the cost of JASCAYD. You may not be receiving reimbursement in whole or in part under any Federal, state or government-funded insurance programs (for example, Medicare, Medicare Advantage, Medicaid, Medigap, TRICARE, Department of Defense, Veterans Affairs programs or state pharmaceutical assistance programs). If at any time you begin receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, you will no longer be able to use the Copay Program and you must call [1-844-550-5683] to stop participation. The Copay Program is not valid for JASCAYD that is eligible to be reimbursed in its entirety by private insurance plans or other programs. It is not available for cash paying and uninsured patients.

Additional Terms & Conditions: The Copay Program benefit cannot be combined with any other rebate, free trial, or other offer for JASCAYD. No party may seek reimbursement for all or any part of the benefit received through the Copay Program. Patients receiving assistance from charitable free medicine programs (such as BI Cares) or any other charitable organizations for the same expenses covered by the Copay Program are not eligible. Once you are enrolled, the Copay Program will honor claims with a date of service on or after your Copay Program enrollment date. Claims must be submitted within 90 days from the date of service or dispense date unless otherwise indicated. The Copay Program is not health insurance or a benefit plan. The Copay Program does not obligate the use of any specific medicine or provider. The Copay Program is void where prohibited or restricted by law. In Massachusetts and California, the validity of the Copay Program and its use are subject to state law. Other restrictions may apply. It is not available where prohibited by your health insurance provider. Use of the Copay Program must be consistent with all relevant health insurance requirements. Participating patients, providers and pharmacies are responsible for making any required disclosures regarding your participation in the Copay Program, including reporting the receipt of Copay Program benefits, as required by any insurer or by law. This Copay Program is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute. The Copay Program may not be used in VA pharmacies. Copay Program benefits may not be selling, purchasing, trading, or counterfeiting of the offer is prohibited by law. The Copay Program has no cash value.

If you have an insurance plan that is participating in an alternate funding program (“AFP”) (examples include, but are not limited to, ImpaxRX, Payer Matrix, SHARx, Script Sourcing, and Paydhealth) that requires you to apply to the Copay Program or otherwise pursue drug prescription coverage through an alternate funding vendor as a condition of, requirement for, or prerequisite to coverage of your JASCAYD, you are not eligible for and are prohibited from using the Copay Program. Insurance plans, Pharmacy Benefit Managers (PBMs) and other third-party companies are prohibited from enrolling or assisting in the enrollment of patients in the Copay Program. You as the Patient, or your legal representative, must personally request participation in the Copay Program in order to be eligible for Copay Program benefits. The value of the Copay Program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. By using the Copay Program, you agree that this program is intended solely for the benefit of you, the Patient. Some insurance plans have established programs referred to as ‘accumulator adjustment’ or ‘copay maximizer’ programs which requires you to enroll in a manufacturer copay assistance program. An accumulator

adjustment program is one in which payments made by you that are subsidized by manufacturer assistance do not count toward your deductibles and other out-of-pocket cost sharing limitations. Copay maximizers are programs in which the amount of your out-of-pocket costs is increased to reflect the availability of support offered by a manufacturer assistance program, and they may not count toward your deductibles and other out-of-pocket cost sharing limitations. Except where prohibited by applicable state law, if your insurance company, health plan or other company implements either an accumulator adjustment or copay maximizer program, you will not be eligible for, and agree not to use, the Copay Program because these programs are inconsistent with our agreed intent that this Copay Program is solely for your benefit. Since you may be unaware whether you are subject to a copay maximizer program when you enroll in the Copay Program, if Boehringer Ingelheim suspects or is made aware that you are subject to one of these programs, we reserve the right to discontinue your participation in the Copay Program at any time. Boehringer Ingelheim in its sole discretion may rescind, revoke, change or discontinue the Copay Program without notice for any reason and at any time. Boehringer Ingelheim reserves the right to disqualify patients who do not comply with the Copay Program Terms and Conditions.

Patient Certification: By utilizing this Copay Program, you hereby attest that you meet the eligibility criteria and accept and agree to abide by these terms and conditions. Any individual or entity who enrolls or assists in the enrollment of a patient in the Copay Program represents that the patient meets the eligibility criteria and other requirements described herein. Further, you agree that you currently meet the eligibility criteria and other requirements described herein every time you use the Copay Program.