

**Boehringer Ingelheim Pharmaceuticals, Inc.**  
**Patient ID Number Terms and Conditions for**  
**Ofev® (nintedanib) tablets**

Patients who meet the eligibility criteria may pay as little as \$0/month; maximum monthly savings may vary (subject to a maximum of 16 benefits per enrollment year). Restrictions, including monthly and yearly maximums, may apply. If you have questions about such restrictions, please call 1-855-396-2603. Patient ID Number valid for 12 consecutive months from activation date. Benefits not to exceed Program expiration on 12/31/2024. In Massachusetts and California, the validity of this Patient ID Number and its use are subject to state law. Other state restrictions may apply. One ID Number per patient, not transferable, and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer. **Patient ID Number not accepted in Veterans Affairs pharmacies.** Only valid for commercially insured patients in the 50 United States, territories, DC, and Puerto Rico whose insurance policy provides coverage for OFEV who are not reimbursed for the entire cost of the prescription. **Offer not valid for patients without commercial coverage or patients whose prescriptions for OFEV are eligible to be reimbursed, in whole or in part, by any federal healthcare programs such as Medicaid, Medicare, Medigap, the Retiree Drug Subsidy Program, VA, DOD, TRICARE®, or any state patient or pharmaceutical assistance program and where prohibited by law.** Offer not valid for prescriptions for OFEV that are eligible to be reimbursed, in whole or in part, by any state employee health plans where prohibited by law. The LoyaltyScript® card is not valid for use with any other prescription drug discount or cash cards for OFEV. Patients who are members of insurance plans that claim to reduce or eliminate their patients' out of pocket co-pay, co-insurance, or deductible obligations for certain prescription drugs based upon the availability of, or patient's enrollment in, manufacturer sponsored co-pay assistance for such drugs (often termed "maximizer" programs) will have an annual maximum program benefit. If you believe your commercial insurance plan may have such limitations and need further explanation, please call 1-855-396-2603. Claims submitted utilizing the program are subject to audit or validation. Offer may change at any time, without notice. This offer 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 selling, purchasing, trading, or counterfeiting of the offer is prohibited by law. The offer has no cash value.

Insurance plans, Pharmacy Benefit Managers (PBMs) and other third-party companies are prohibited from enrolling or assisting in the enrollment of patients in the Program. The patient, or his/her legal representative, must personally enroll in the Program in order to be eligible for Program benefits.

The value of the 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 enrolling in the 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 'co-pay maximizer' programs which require 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. Co-pay 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. Except where prohibited by applicable state law, if your insurance company, health plan or other company implements either an accumulator adjustment or co-pay maximizer program, you will not be eligible for, and agree not to use, the Program because these programs are inconsistent with our agreed intent that this Program is solely for your benefit. Since you may be unaware whether you are subject to a co-pay maximizer program when you enroll in the co-pay assistance Program, if Boehringer Ingelheim suspects or is made aware that you are subject to one of these programs, we reserve the right to discontinue copay assistance at any time.