

Boehringer Ingelheim Pharmaceuticals, Inc.

**Patient ID Number Terms and Conditions for
Ofev® (nintedanib)**

Eligible commercially insured patients 18 years or older could 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 12/31/2022. 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.

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