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

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

Models are used for illustrative purposes only.

Enroll today to start saving on your Takeda Oncology medication

For eligible, commercially insured patients, co-pay savings apply to **ALUNBRIG® (brigatinib)**, **FRUZAQLA® (fruquintinib)**, **ICLUSIG® (ponatinib)**, **MIMRYLO™ (rusfertide)**, and **NINLARO® (ixazomib)**.

Please see accompanying ICLUSIG® full **Prescribing Information**, including Boxed Warning.

*Terms and Conditions apply.

Takeda Oncology Here2Assist®

You could pay as little as $0 per prescription*

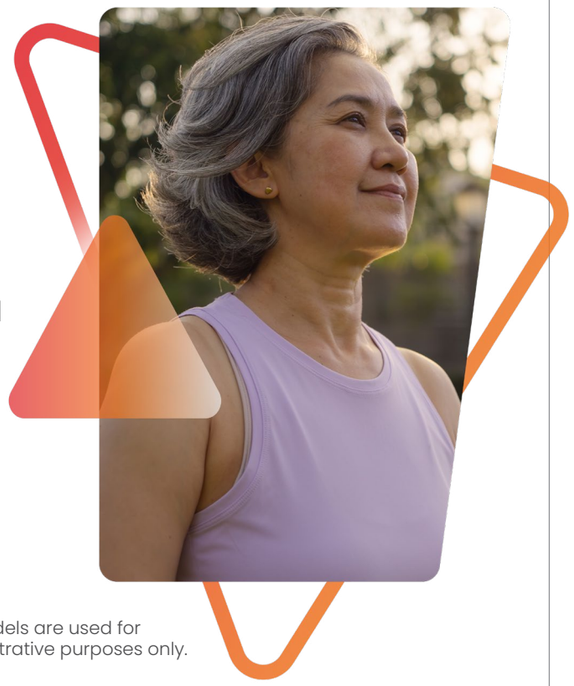
If you have commercial insurance and are concerned about your out-of-pocket costs, the Takeda Oncology Co-Pay Assistance Program* may be able to help reduce the out-of-pocket costs associated with your Takeda Oncology medication.

*Terms and Conditions apply.

Check your eligibility online!

Scan the QR code or 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 through the end of the year and will automatically renew as long as you remain eligible.



Models are used for illustrative purposes only.

Still have questions?

Takeda Oncology Here2Assist® is here to help

- **Looking to learn more 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
- **Have questions regarding setup, claims transmission, or other issues?** Please call the RIS Rx Customer Service Center at 1-855-902-6725, Monday-Friday, 8AM-8PM ET
- **If you've lost your card, don't worry!** For information on how to replace it, call a Takeda Oncology Here2Assist team member at 1-844-817-6468, Option 2, Monday-Friday, 8AM-8PM ET or visit **www.TakedaOncologyCoPay.com** to learn more
- **Wondering if your card expires?** We'll take care of it! We will automatically renew your enrollment at the beginning of each year—continued eligibility required

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 state or federal healthcare program, including, but not limited to, Medicare, Medicaid, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, or any state or territory pharmaceutical assistance program
- Insurance that is paying the entire cost of the prescription

Takeda Oncology Here2Assist®

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.TakedaOncologyCoPay.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 Takeda Oncology medication. The Program is not valid for patients whose prescription claims for the Takeda Oncology medication are eligible to be reimbursed, in whole or in part, by any state or federal healthcare program, including, but not limited to, Medicare, Medicaid, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, or any state or territory pharmaceutical assistance program. Patients who become eligible for or start using government insurance for their Takeda Oncology medications 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, 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 that covers your Takeda Oncology medication. This Program is not conditioned on any past, present or future purchase of any Takeda product, including refills. This Program is valid for up to 12 months, and your co-pay card may be renewed every 12 months, subject to continued eligibility at the beginning of each calendar year. 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. 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 RIS Rx, 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 RIS Rx Customer Service Center at 1-855-902-6725, Monday-Friday, 8AM-8PM ET.

Takeda | ONCOLOGY