

BRIUMVI Copay Assistance Program Terms and Conditions:

- The BRIUMVI Copay Assistance Program (the “Program”) includes a prescription benefit offer (“product benefit”) for out-of-pocket drug costs and an administration benefit offer (“administration benefit”) for out-of-pocket costs for the administration of BRIUMVI® (ublituximab-xiiy), where the full cost is not covered by patient's insurance. The Program is valid ONLY under the following conditions:
 - With the product benefit eligible patients may pay as little as \$0 copay per BRIUMVI treatment, up to the annual maximum \$20,000. The amount of any product benefit is the difference between your copay and \$0. The administration benefit may cover the patient’s out-of-pocket costs up to \$550 for the 150 mg starting dose, and then up to \$350 per infusion every infusion thereafter. Patients are responsible for any costs that exceed the Program’s maximum benefits.
 - The product benefit is only valid for patients who have commercial prescription drug insurance coverage.
 - The administration benefit is only valid for patients with commercial (private) insurance coverage or where the patient does not have insurance coverage at all. Administration benefit eligibility includes patients who are uninsured/underinsured or who are not using their Medicare A benefit.
 - Patients are not eligible for this Program if they have Medicare, Medicaid, Medigap, Veteran's Affairs (VA), Department of Defense (DoD), TRICARE, Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud"), or any other federal or state government program (collectively, "Government Programs") to cover all or a portion of their medication and/or administration costs.
 - Medicare-eligible patients are not eligible for this Program if enrolled in a government-subsidized retiree prescription drug plan.
 - The administration benefit is not valid for Massachusetts or Rhode Island residents.
 - In order to receive the Program benefits, the patient or provider must submit an itemized Explanation of Benefits (EOB) form and claim form.
 - The value of this Program is exclusively for the benefit of enrolled patients and not for the benefit of third parties. The Program is intended to be credited toward patient out-of-pocket obligations, including applicable copayments, coinsurance, and deductibles. Any charges that exceed the fee schedule/maximum allowable or contracted/legislated fee arrangements are not covered by the Program.
 - Patient must be 18 years of age or older.
 - The Program is not health insurance.
 - Participation is not a guarantee of insurance coverage.
 - The patient may not seek reimbursement for the value of assistance received from the Program from any health care savings account, flexible spending account, or other healthcare reimbursement accounts.
 - The Program is non-transferable, limited to one per person, and cannot be combined with any other offer, free trial, similar offer, or discount for the same prescription. The offer has no cash value.

- The patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the Program. A patient should not use this Program if his/her health plan prohibits use of manufacturer copay support programs.
- Eligible patients will be automatically re-enrolled in the BRIUMVI Copay Assistance Program on an annual basis so long as the patient continues to meet all eligibility criteria outlined in the terms and conditions.
- The Program may apply retroactively to out-of-pocket expenses that occurred within 180 days prior to the date of the enrollment. Claims must be submitted within 365 days from the EOB or dispense date unless otherwise indicated.
- Participating providers are responsible for reporting the receipt of all Program benefits as required by any insurer or by law.
- This Program is not valid where prohibited by law. Valid only in the United States and United States Territories.
- The product benefit is not valid for patients receiving free product from TG Therapeutics. The administration benefit is valid for eligible patients receiving free product from TG Therapeutics so long as the patient's administration services are not covered by insurance deemed to be "Government Programs". The product and administration benefits are not valid for patients receiving assistance from any other charitable organization for the same expenses covered by these benefits.
- Program is not conditional on any past, present, or future purchase, including refills.
- Data related to a patient's use of the Program may be collected, analyzed, and shared with TG Therapeutics for market research and other purposes related to assessing TG Therapeutics' programs. Data shared with TG Therapeutics will be aggregated and de-identified; it will be combined with data related to other program use and will not identify any individual patient.
- TG Therapeutics has the right at any time, and without notice, to modify or discontinue the Program.