

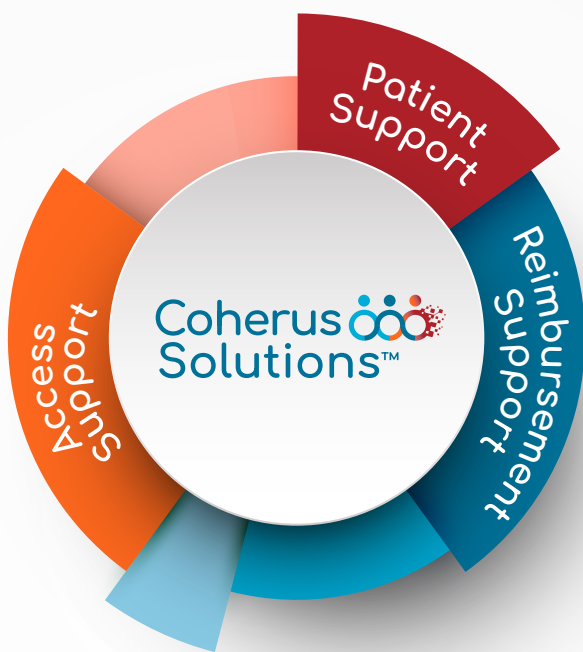
UDENYCA Solutions™

Part of the Coherus Solutions™ family
of patient support services

Overview



UDENYCA Solutions™ provides patient support services designed to **remove hurdles to access UDENYCA® (pegfilgrastim-cbqv)**



For more information or to contact your Field Reimbursement Manager (FRM), please visit UDENYCASolutions.com or call 1-844-483-3692

Reimbursement support provided by **Case Managers**

- » Product-specific benefit verification
- » Coverage, coding, and reimbursement
- » Appeals assistance

Patient **support through customized programs**

- » The Co-Pay Savings Program
- » Independent Foundation Support

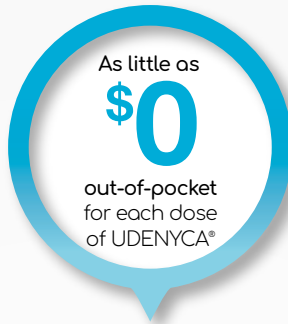
Access support provided by **Field Reimbursement Managers (FRMs)**

- » Compliant support with personal health information throughout the reimbursement process



The UDENYCA Solutions™ Co-Pay Savings Program

May reduce out-of-pocket costs for eligible patients with commercial insurance. Please see eligibility criteria below.



Covered costs may include:

» Co-pay, coinsurance, deductibles

\$15,000 maximum benefit/calendar year for drugs costs

*The Co-Pay Savings Program only covers the cost of the drug.
It does not cover costs associated with drug administration.*

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To enroll in the UDENYCA Solutions™
Co-Pay Savings Program please visit
UDENYCASolutions.com or call 1-844-483-3692

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Independent Foundation Support

UDENYCA Solutions™ may be able to help your patients find
financial support through independent foundations

» Charitable organizations may be able to provide financial assistance if your patients have commercial insurance or governmental insurance, including Medicare and Medicaid.*

Patient Eligibility Criteria

- Be prescribed UDENYCA® (pegfilgrastim-cbqv) for a medically appropriate purpose consistent with its FDA-approved labeling within 180 days of program enrollment
- Have commercial (private or non-governmental) health insurance that covers the medication costs of UDENYCA®
- Be a US resident
- **Not** covered by any federal, state, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, Veterans Affairs, Department of Defense, or TRICARE
- **Not** seek reimbursement from any third-party, including payers, charitable foundations, or flexible spending account (FSAs) or healthcare savings accounts (HSAs) for all or any part of the benefit received by Coherus through this program
- Other restrictions apply, see full [Terms & Conditions](#) on page 5
- It is not valid for cash paying patients or where prohibited by law
- UDENYCA® Co-Pay Savings Program is subject to change or discontinuation without notice. This is not health insurance.

*These organizations have their own program eligibility rules.

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UDENYCA® (pegfilgrastim-cbqv) CO-PAY SAVINGS SUPPORT PROGRAM TERMS AND CONDITIONS

If your patient would like to enroll in the co-pay program to receive co-pay assistance, you can help enroll them by:

To receive co-pay assistance for drug or administration co-pay costs, the provider, patient, or caregiver must enroll eligible individual within 180 days after the date of service for which the subsidy is sought.

Participating patients, pharmacies, physician offices and hospitals may use Coherus' patient services web portal or fax completed enrollment forms to 1-877-226-6370 to enroll patients.

Under the UDENYCA® Co-Pay Savings Program, if a patient incurs a co-pay obligation for the cost of UDENYCA®, and meets all eligibility requirements, Coherus may provide co-pay assistance for drug up to \$15,000 per calendar year. The Co-Pay Savings Program only covers the cost of the drug. It does not cover costs associated with drug administration.

The program benefits will reset every January 1st. Re-enrollment in the program is required at regular intervals. Patients may participate in the program as long as the patient re-enrolls as required by Coherus BioSciences and continues to meet all of the eligibility requirements for the program during participation in the program. After reaching the maximum benefit, the patient will be responsible for all remaining out-of-pocket expenses. The amount of the program's benefits cannot exceed the patient's out-of-pocket expenses for the cost of UDENYCA®.

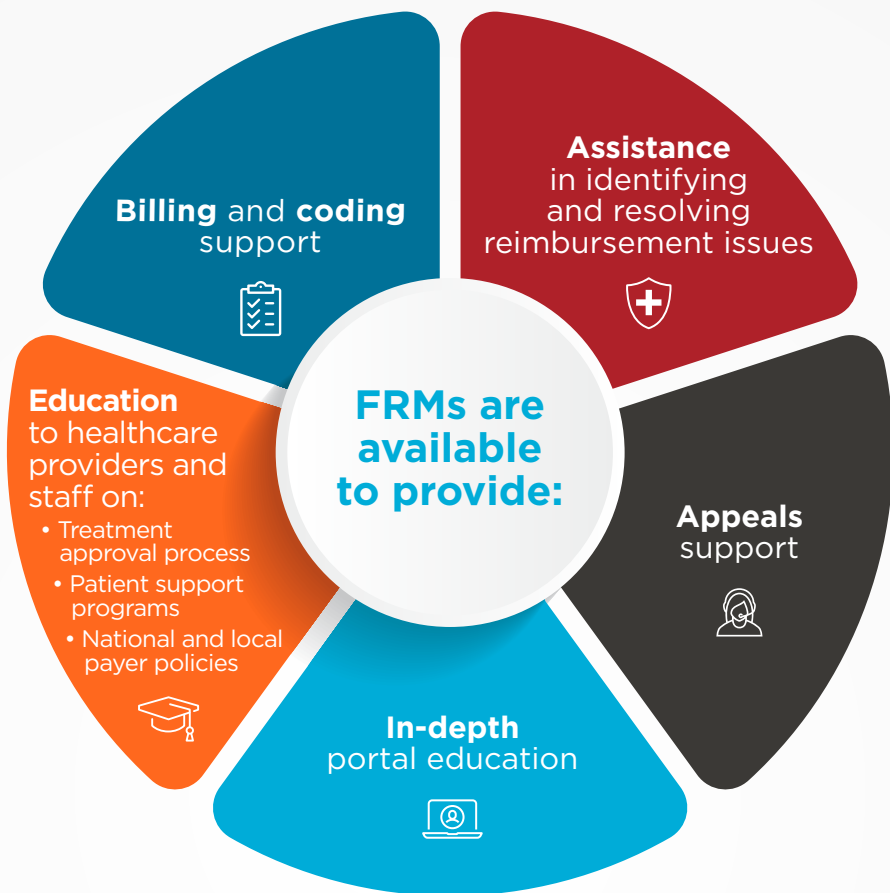
Patients must have commercial health insurance. Patients with any federal, state or government-funded healthcare coverage such as Medicare, Medicare Advantage, Medicare Part D, Veterans Affairs, Department of Defense or Tricare are not eligible for the program.

The documentation required for claim submission, which can include, but is not limited to, an Explanation of Benefits (EOB) and claim form (e.g. CMS 1500), must be submitted within 365 days of the date that the primary claim was processed by the patient's insurance to receive the co-pay savings benefit. Exceptions will not be made for claims submitted more than 365 days.

This co-pay assistance program is offered to, and intended for the sole benefit of, eligible patients and may not be utilized for the benefit of third parties, including, without limitation, third party payers, pharmacy benefit managers, or the agents of either. The program is not available if the costs are eligible to be reimbursed in their entirety by private insurance plans or other programs. The program is not available for patients' receiving assistance from any other third party, including charitable organizations, if assistance is for the same expenses covered by the program. This program is not health insurance or a benefit plan. Patient and provider agree to not seek reimbursement for any or all of the benefit received by the patient through the co-pay savings program. Patient and provider are responsible for reporting receipt of Co-Pay Savings Program benefits to any insurer, health plan, or other third party who pays for reimburses any part of the drug cost, as may be required.

All participants are responsible for reporting the receipt of all program benefits as required by any insurer or by law. The program is only valid in the United States and otherwise void where prohibited by law. Program benefits may not be sold, purchased, traded or offered for sale. The program does not obligate use of any specific product or provider. Healthcare providers may not advertise or otherwise use the programs as a means of promoting their services or Coherus products to patients. Coherus reserves the right to rescind, revoke or amend the program without notice at any time.

Field Reimbursement Managers (FRMs) can help you **streamline patient access to UDENYCA®** (pegfilgrastim-cbqv)



To contact your FRM, please contact your sales representative or call 1-844-483-3692.

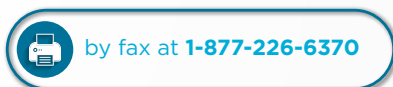
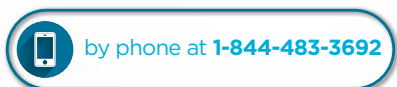
UDENYCA Solutions™

Working with patients and their practitioners to provide solutions to start and stay on therapy



- » Reimbursement support provided by Case Managers
- » Patient support through customized programs:
 - May reduce out-of-pocket costs for eligible patients with commercial insurance
 - Help for your patients to find financial support through independent foundations
- » Access Support provided by Field Reimbursement Managers (FRMs)

Please contact us at:



Coherus reserves the right to revise or terminate the Coherus Solutions™ program without notice at any time.

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Working together to ensure patient access