



# Eligibility Requirements and Restrictions

## Eligibility Rules

- The ViiVConnect Copay Program (the "Program") helps commercially insured Patients in the United States (including Puerto Rico) who are prescribed eligible ViiV medicines pay for their eligible out-of-pocket costs. See <https://www.viivconnect.com/hcp/eligible-medications/> for the list of eligible medicines and Prescribing Information.
- To be eligible for the Program, Patients must have commercial insurance that covers their prescribed ViiV medicine. This Program is NOT available for Patients with commercial insurance that does NOT cover their prescribed ViiV medicine. Uninsured Patients or Patients paying cash for qualified ViiV medicines are also NOT eligible for this Program.
- This Program is not available for Patients enrolled in any federal or state healthcare program, including, but not limited to, Medicare, Medicaid, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state Patient or pharmaceutical assistance programs. Patients who have commercial insurance purchased by AIDS Drug Assistance Program (ADAP) or Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) that covers their ViiV medication may be eligible for the Program. Patients who are enrolled in ADAP or PrEP DAP and using ADAP or PrEP DAP to directly pay for the cost of ViiV Medications are not eligible.
- Patients who are Medicare eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (ie, you are eligible for Medicare Part D but receive a prescription drug benefit through a former employer) are NOT eligible for this Program. Patients who move from commercial to state or federally funded insurance will no longer be eligible for the Program.
- **This Program is NOT health insurance.**

## Annual Limits

- Each brand supported by the Program has a maximum annual limit outlined in the table below:

Drug Brand Name	Maximum Annual Limit
APRETUDE*	\$7,850
CABENUVA*	\$13,000
DOVATO†	\$6,250
JULUCA†	\$6,250
RUKOBIA†	\$7,500
TIVICAY/TIVICAY PD†	\$5,000
TRIUMEQ/TRIUMEQ PD†	\$7,500

\*Patients using the Program for APRETUDE or CABENUVA may not use the Program for any other product.

†Patients using the Program for DOVATO, JULUCA, RUKOBIA, TIVICAY, TIVICAY PD, TRIUMEQ, or TRIUMEQ PD may use the Program for more than one of these products with total maximum annual Program savings of \$7,500.

## Terms of Use

- Eligible Patients may pay as little as \$0 on each prescription fill
  - **For CABENUVA and APRETUDE Only –**
    - » Eligible Patients may also receive assistance with the Patient's out-of-pocket costs associated with the administration of CABENUVA of up to \$100 per treatment, or APRETUDE of up to \$50 per treatment (maximum of 13 eligible dates of service in a 12-month period). Patients who reside or receive treatment in the following states are not eligible for assistance with injection administration out-of-pocket costs: Massachusetts, Rhode Island, and Minnesota. The Patient's out-of-pocket medication costs and the injection administration costs are both included in the maximum annual limit.
    - » Healthcare Providers must first submit a primary claim for product and administration costs for CABENUVA OR APRETUDE to the Patient's commercial insurance plan and receive an Explanation of Benefits from the insurer. A secondary claim can then be submitted to the Program using a standard 1500 health insurance claim form. The Explanation of Benefits from the Patient's commercial insurance plan detailing their out-of-pocket costs for CABENUVA OR APRETUDE must be included. All CABENUVA OR APRETUDE medical claims must be submitted within 365 calendar days of insurance payment to receive payment from the Program. Pharmacy claims must be submitted within 180 calendar days of date of service. Each Eligible Patient is responsible for their out-of-pocket costs for ViiV medicines exceeding the Program limits. Eligible Patients enrolled in the Program will be automatically enrolled in the Program for the next calendar year unless they opt out of the Program or their insurance coverage changes such that the Patient no longer satisfies eligibility requirements for Program participation.
- The Program may apply to eligible out-of-pocket costs incurred by the Patient for ViiV medicines within 180 calendar days prior to the date an Eligible Patient is enrolled in the Program, subject to the annual Program maximum and the applicable Terms and Conditions, based on ViiV medicine fill date or administration date.
- All coverage requirements mandated by the Eligible Patient's commercial insurance company must be satisfied in order for the Program to take effect. When submitting claims under this Program, Eligible Patients and their treating providers are certifying that they understand the Program rules, regulations, and Terms and Conditions, and comply with the Program terms as set forth herein. Specifically, you, as an Eligible Patient, are certifying that a claim has not been submitted under a state or federally funded healthcare program, including but not limited to, Medicare, Medicare Advantage Plans, Medicare Part D, Medicaid, Medigap, VA, DoD, TRICARE, and the Puerto Rico Government Insurance Plan.
- All applicable information requested by the Program must be provided, and all certifications must be signed. Any requests for Program assistance which do not contain all the necessary information will not be eligible for benefits under the Program.
- **This Program is NOT health insurance.**

The Program coupons and other Program offers are void if copied, reproduced, transferred, purchased, altered or traded, and where prohibited and restricted by law.

The Program is not transferable. No substitutions are permitted. The Program form may not be sold, purchased, traded, or counterfeited. The Program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer.

Data related to an Eligible Patient's receipt of Program benefits may be collected, analyzed, and shared with ViiV Healthcare group of companies and its affiliates, for conducting data analytics, market research, and Program-related business activities.

ViiV Healthcare group of companies and its affiliates reserve the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Program at any time without notice. Limit one Program enrollment per individual.

If ViiV determines that a Patient's insurer (or its agent) has implemented a program that excludes the financial assistance provided under the Program from counting toward the Patient's deductible or out-of-pocket cost limitations (sometimes called an "accumulator or maximizer adjustment program"), unless prohibited by law, ViiV may reduce the cost-sharing assistance available under the Program.

If you have any questions regarding this Program, your eligibility, or benefits, or if you wish to discontinue your participation, call ViiV Healthcare at 1-844-588-3288 (toll free), Monday–Friday, 8 AM–8 PM (ET).



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