

ABOUT THE TIBOTEC THERAPEUTICS PATIENT SAVINGS PROGRAM

At Tibotec Therapeutics, we believe our first responsibility is to the people who rely on our products and we recognize that out of pocket costs can make it difficult for some people to get their medicines. As a result, we created the Tibotec Therapeutics Patient Savings Program to provide eligible patients assistance with their actual out-of-pocket costs for PREZISTA® (darunavir) tablets or INTELENCE® (etravirine) tablets.

How can you apply for the Patient Savings Program?

Please call the Patient Savings Program at (866) 961-7169 and speak with a program counselor to apply to the program. The enrollment process is quick and simple. Program counselors are available Monday through Friday 9:00 am to 5:00 pm EST.

How does the Patient Savings Program Card work?

Once you have your Patient Savings Program Card, take it along with your prescription to your participating pharmacy. With the card, you can save up to \$100 monthly, after initial \$5 patient co-pay, on each medication for up to one year. You can also use the card with participating mail-order pharmacies. We suggest you call ahead to make sure your pharmacy accepts the card. If your mail order or retail pharmacy does not accept the card contact the program for an alternate reimbursement form. This offer may not be used with any other discount, coupon, or offer. Your card is valid for up to one year from the date you are approved for the program and may not be transferred to anyone beyond the original cardholder. After one year you will need to re-apply.

FREQUENTLY ASKED QUESTIONS

Who is eligible for this offer?

Eligibility for the Tibotec Therapeutics Patient Savings Program is determined by household income level. Current eligibility is restricted to those with total household income less than or equal to 800% of the Federal Poverty Level (FPL).

To use the Patient Savings Program Card, your prescription must not be covered and/or reimbursed by a federal healthcare program, including Medicare or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program, and you must not be Medicare eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., you are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Further, if you live in Massachusetts, you may only use the Patient Savings Program Card if you are paying for the entire cost of your prescription yourself.

This offer is good only in the USA and is void where prohibited by law, taxed, or restricted. You may use this offer only if its use is consistent with the terms of any drug benefit provided by your health insurer, health plan, or private third-party payor, and you agree to report acceptance of this offer to your health insurer, health plan, or third-party payor as may be required. You must have a valid, current prescription for one of the following Tibotec Therapeutics medicines: PREZISTA® (darunavir) tablets or INTELENCE® (etravirine) tablets.

How do I use my Patient Savings Program Card?

Present your Patient Savings Program Card to your pharmacist along with your valid prescription(s) for PREZISTA® (darunavir) tablets and or INTELENCE® (etravirine) tablets. The card provides assistance for your actual out of pocket costs up to a maximum of \$100 per month per Tibotec Therapeutics product after initial \$5 patient co-pay.

Can I use my Patient Savings Program card on more than one medicine at a time?

Yes, the offer is good for up to \$100 of your actual out-of-pocket cost per product per month for multiple Tibotec Therapeutics products for up to one year. For example, if you take PREZISTA® (darunavir) tablets and INTELENCE® (etravirine) tablets and your out-of-pocket cost for each product is \$50, then the program would cover \$45 of the monthly out-of-pocket cost per prescription for a total of \$90 and your responsibility would be \$5 per prescription for a total of \$10.

Can I use my Patient Savings Program Card even though I have private insurance?

Yes, you can use the Patient Savings Program Card toward your out-of-pocket expenses, up to \$100 per month per Tibotec Therapeutics product for up to one year from the date you are approved for the card.

Can I use the Patient Savings Card if I live in Massachusetts?

In Massachusetts, the Patient Savings Program Card is only good if none of your costs are being covered by insurance. This means, if you live in Massachusetts, you may only use the Patient Savings Program Card if you are paying the entire cost of your prescription(s) yourself.

Can I use the Patient Savings Program Card if I'm enrolled in Medicaid or Medicare?

No, you cannot use the Patient Savings Program Card if your prescription is covered and/or reimbursed by a federal healthcare program, including Medicare or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program. In addition, you cannot use the Patient Savings Program Card if you are Medicare eligible and enrolled in an employer-sponsored health plan or prescription drug benefit through a former employer.

Can I get cash back on the difference between the out-of-pocket cost and the \$100 per month?

No, the Patient Savings Program Card is only good toward your actual out-of-pocket costs for your prescription(s) of PREZISTA® (darunavir) tablets or INTELENCE® (etravirine) tablets at your pharmacy, for up to \$100 after initial \$5 patient co-pay per product. This offer may not be used with any other discount, coupon, or offer.

How long is my Patient Savings Program Card valid?

Your Patient Savings Program Card is valid for up to one year from the date you are approved for the program. The Patient Savings Program Card is no longer valid upon program termination by Tibotec Therapeutics. Tibotec Therapeutics reserves the right to rescind, revoke, or amend this program without notice. Void where prohibited law, taxed, or restricted.

Where can I use my Patient Savings Program Card?

Take your card along with your prescription(s) for PREZISTA® (darunavir) tablets and/or INTELENCE® (etravirine) tablets to your local pharmacy. You may also use your card with participating mail-order pharmacies. We suggest you call ahead to make sure your pharmacy accepts the card.

What if my pharmacy doesn't accept the Patient Savings Program Card, what should I do?

Unfortunately, not all pharmacies will accept the Patient Savings Program Card. You may want to check with another pharmacy in your area to see if they participate or notify the Program at 1-866-961-7169 to request a reimbursement form.

My pharmacist is having trouble processing my prescription using the Patient Savings Program Card, what should they do?

Your pharmacist can call the Tibotec Therapeutics Patient Savings Program Pharmacy Services help desk at (866-566-6377) for assistance with claims processing questions.

Can I use the Patient Savings Program Card if I get my prescriptions filled through a mail-order pharmacy?

We recommend that you contact your mail-order pharmacy ahead of time to confirm that your card will be accepted. If your mail-order pharmacy will not accept the card, please call Tibotec Therapeutics Patient Savings Program help desk at (866) 961-7169 for assistance.

What if I lose my card?

If you lose or damage your card please contact the Tibotec Therapeutics Patient Savings Program at (866) 961-7169 for replacement.

My Patient Savings Program Card has expired. Can I get another one?

After one year you will need to reapply to the program. If you continue to be eligible, your Patient Savings Program Card will be reactivated for another year.

If I still have questions about the Tibotec Therapeutics Patient Savings Program, what should I do?

You may contact the Tibotec Patient Savings Program at (866) 961-7169 to speak with a program counselor. Counselors are available Monday through Friday from 9:00 am to 5:00 pm EST.

Where can I go for more information about Tibotec Therapeutics' Products?

Please visit our product web sites:

www.PREZISTA.com

www.INTELENCE-info.com

ELIGIBILITY RULES AND REGULATIONS

To The Patient

Present this card to your pharmacist along with your prescription for PREZISTA® (darunavir) tablets and/or INTELENCE® (etravirine) tablets.

Retain this card for future use. In order to be eligible for this offer: (a) where third-party reimbursement covers a portion of your prescription, this program will pay for the amount of your actual out-of-pocket cost up to a maximum of \$100.00 for each valid prescription for any product(s) included in this program after initial \$5 patient co-pay, (b) your prescription MUST NOT be covered and/or reimbursed by a federal healthcare program, including Medicare or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program, and (c) you MUST NOT be Medicare eligible and enrolled in an employer sponsored health plan or prescription drug benefit program for retirees (i.e., you are eligible for Medicare Part D but receive a prescription drug benefit through a former employer).

Further, if you are a resident of Massachusetts, this offer is valid only if you are paying the entire cost of the prescription yourself (i.e., your insurance does not cover any of the cost of your prescription). This offer may be applied to multiple prescriptions for the Tibotec Therapeutics products included in this program.

In the case of multiple prescriptions, you must satisfy the eligibility requirements for each prescription. This offer may not be used with any other discount, coupon, or offer. Your acceptance of this offer must be consistent with the terms of any drug benefit provided by your health insurer, health plan, or private third-party payor, and you agree to report acceptance of this offer to your health insurer, health plan, or third-party payor as may be required.

Only an original savings card will be accepted, and must be presented to your pharmacist at the time you have the prescription filled—not valid if reproduced. Offer good only in USA. Not transferable. Tibotec Therapeutics reserves the right to rescind, revoke, or amend this offer without notice. Void where prohibited by law, taxed, or restricted. Limit of up to \$100.00 per prescription.

By tendering this card, I, Patient or Parent/Legal Guardian of the Patient, certify that I am at least 18 years of age and that: (i) I have read the above terms, (ii) I will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription, (iii) if I am Medicare eligible, I am not enrolled in an employer-sponsored health plan or prescription drug plan for retirees, and (iv) I will otherwise comply with the terms above. It is a violation of federal law to buy, sell, or counterfeit this savings card.

Call the Tibotec Therapeutics Patient Savings Program at (866) 961-7169 for any questions about the Patient Savings Program.

To The Pharmacist

Please dispense any of the following products PREZISTA® (darunavir) tablets or INTELENCE® (etravirine) tablets at up to \$100 off the patient's out of pocket cost for each prescription and return the card to the patient for future use. This program will pay the actual out of pocket cost of the patient up to \$100 per

Prescription after initial \$5 patient co-pay per product. This claim may be submitted electronically through Pharmacy Data Management, Inc., using the information on the front of this card. Submit all claims in NCPDP standard 5.1. Secondary processing should follow NCPDP standards for copay-only billing. Offer valid only for prescriptions filled in the US. Tibotec Therapeutics reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this patient savings program card.

Call the Tibotec Therapeutics Patient Savings Program Pharmacy Services help desk at (866-566-6377) for processing questions.

By redeeming this card, I certify that (i) I have received this card from an eligible patient, (ii) I have dispensed the product(s) as indicated, (iii) I have not submitted, and will not submit, a claim for reimbursement to the patient or any federal, state, or other governmental payor, and (iv) I will otherwise comply with the terms hereof. I further certify that my participation in this program is consistent with all applicable state laws and any obligations, contractual or otherwise, that I have as a pharmacy provider