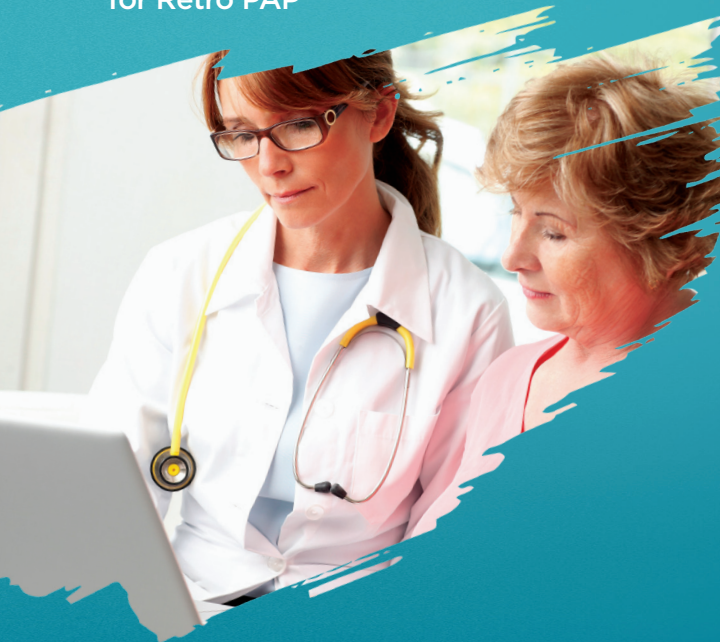




The clear choice for patient support

The Coherus COMPLETE™ Patient Assistance Program* (PAP)

- Provides UDENYCA® (pegfilgrastim-cbqv) at no cost to uninsured and underinsured† patients with financial hardship
- If a patient has received UDENYCA® in the past 6 months, they may be eligible for Retro PAP



*Coherus BioSciences Inc. reserves the right, at its sole discretion, to discontinue the Patient Assistance Program or may revise, change, or terminate this program at any time.

†Underinsured includes patients with health insurance that does not cover UDENYCA®.

Patient Eligibility Criteria

- Uninsured, functionally underinsured* or Medicare patients that demonstrate financial hardship and cannot afford their cost-sharing obligation
- Must meet all eligibility requirements to qualify
- U.S. citizen or resident and must physically reside in the U.S. or a U.S. territory
- Be under the care of a U.S. licensed healthcare provider with an established practice located in the U.S.
- Patients who appear to be Medicaid eligible must have received a denial from Medicaid
- Diagnosis and dosing must be consistent with the UDENYCA® (pegfilgrastim-cbqv) FDA-approved label
- Adjusted annual household income of $\leq 500\%$ of the federal poverty level
- UDENYCA® is administered in an outpatient setting, under the physician's supervision; not dispensed through a specialty pharmacy

Streamlined Enrollment Process

- Electronic income verification (no income documents required)
- Electronic signatures for ease of submission

Proactive alternative funding notifications

Coherus COMPLETE™ may also be able to help your patients find financial support through charitable foundations. Patient Access Specialists can research alternative coverage options for your patients.

- When funding becomes available, your practice will receive email notifications alerting you to available funds from charitable foundations.
- Must be enrolled in Coherus COMPLETE™

Visit www.CoherusCOMPLETE.com or call 1-844-4-UDENYCA (1-844-483-3692) today!

*Underinsured includes patients with health insurance that does not cover UDENYCA®.