

Terms and Conditions

The INTERCONNECT Savings Program ("Program") will provide financial assistance for the out-of-pocket costs for eligible commercially insured patients with a valid prescription, up to a maximum of \$10,000 in assistance per patient per calendar year.

The INTERCONNECT Savings Program is not insurance and is not intended to substitute for insurance.

For the Program, your personal information will be provided to Intercept Pharmaceuticals, Inc. ("Intercept"). This may include your name, address, phone number, email address, and information related to your prescription medication insurance and treatment. This information is needed for Intercept Pharmaceuticals, Inc., and our service providers to enroll you in the Program. We may also use the information you give us to learn more about the patients who use our products and to improve the information we provide to them. Intercept will not share your information with other parties outside of the Program, except where legally required. The information you provide will be processed in accordance with the consent you provided when enrolling in the Program.

The patient must meet the Program requirements every time they use the INTERCONNECT Savings Program. **The Program terms will expire at the end of each calendar year. The Program may change or end for any reason without notice, including within specific states.**

In order to participate in the Program and receive financial assistance, the patient must meet certain eligibility criteria and comply with all the terms and conditions described below:

• **This Program is only available for patients 18 years or older who use commercial or private insurance.**

• To enroll in the Program, the patient (or the patient's legal representative on behalf of the patient, as applicable) must personally complete the enrollment process for the Program. Third-party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the Program. Any decision to enroll in the Program must be made voluntarily by the patient.

• **This Program is not for patients who use:**

- **any state or federal government funded health program. Examples of these programs are Medicaid, Medicare, Medigap, Veterans Affairs, Department of Defense, Tricare, the Puerto Rico Government Health Plan, or other federal or state healthcare programs (including any state prescription drug assistance programs); or**

- **private insurance plans or other health or pharmacy benefit programs that reimburse you for the entire cost of your prescription drugs.**

- Uninsured and cash-paying patients are not eligible to enroll in the Program.

• Patients who begin receiving prescription benefits from any state or federal government funded health program at any time must notify Intercept of this fact by contacting Interconnect and will no longer be eligible for this Program.

• The Program is limited to one per person and is not transferable. No substitutions are permitted. This 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 savings received under this Program must be deducted from any reimbursement request submitted to the patient's insurance plan, either directly or on behalf of the patient.

• The patient and the pharmacist each must report the patient's receipt of financial assistance under this program as required by any insurer, health plan, or other third-party payer.

• Void where prohibited by law, taxed, or restricted.

• This Program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer (including, without limitation, any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations).

This Program offer is valid only to eligible residents of the United States and Puerto Rico and void where prohibited, taxed, or limited by law.

You may end your participation in the INTERCONNECT Savings Program at any time by calling 1-844-622-4278.

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