

UNLOXCYT SUPPORT™

UNLOXCYT™ Copay Program*

Eligible commercially insured patients may pay as little as \$0 for UNLOXCYT



Eligibility requirements

- Patients may qualify for the UNLOXCYT Copay Program if they:
 - Have commercial insurance
 - Are a resident of the United States, Puerto Rico, Guam, or the US Virgin Islands



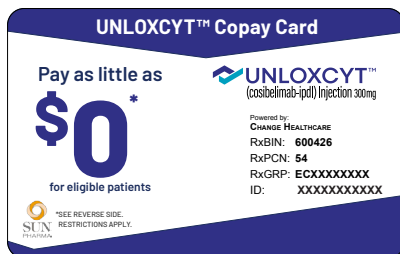
Coverage details

- Patients are responsible for any UNLOXCYT costs that exceed the program's annual assistance limit
- The program does not cover non-product-specific expenses, such as supplies, procedures, or physician-related services

There is no income requirement, and patients do not need to enroll in the UNLOXCYT SUPPORT program to participate

*To participate in the UNLOXCYT™ (cosibelimab-ipdl) injection Copay Program ("Program"), you must have commercial health insurance that provides coverage for UNLOXCYT, along with a valid prescription for UNLOXCYT. Patients with commercial health insurance who qualify to participate may pay as little as \$0 for UNLOXCYT. Enrollment is subject to the Eligibility, Rules and Terms and Conditions. If you have any questions regarding Eligibility, the Terms and Conditions or to discontinue participation, please call 1-855-865-9994 (8:00 am–8:00 pm ET, Monday–Friday). Please see full terms and conditions at www.unloxcytpro.com/support.

Three easy ways for eligible patients to apply for the UNLOXCYT™ Copay Program



1

The UNLOXCYT Copay Program portal

Visit <https://hcp.unloxcytcopay.com> to enroll patients online

2

By phone

Call UNLOXCYT SUPPORT™ at 1-855-865-9994
Monday-Friday, 8 AM–8 PM ET

3

To enroll your patient in the UNLOXCYT SUPPORT program*

- Visit <https://unloxcytsupport.com> to enroll your patients online
- Download and complete the Enrollment Form with your patient, then submit the signed form by fax to: 1-855-786-7458
 - The Enrollment Form is available for download at www.unloxcytpro.com/support

How to submit a claim

Once a patient is enrolled in the UNLOXCYT Copay Program, claims may be submitted by uploading them at <https://hcp.unloxcytcopay.com>

- Be sure to include documentation that reflects eligible charges for UNLOXCYT and its administration (eg, CMS-1500, UB-04, or an explanation of benefits from the patient's health plan)

*Once your patient is enrolled, a Patient Navigator will contact them to discuss financial assistance options.