UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

UNLOXCYT SUPPORT™
Patient Assistance Program (PAP)*

Eligible patients may receive UNLOXCYT™ at no cost through the PAP

Patients may qualify for the PAP if they:

- Do not have health insurance or are underinsured or their insurance does not cover UNLOXCYT
- Are 18 years of age or older and a resident of the United States, Puerto Rico, Guam, or the US Virgin Islands
- Demonstrate financial need based on the annual household income criteria
- Are enrolled in the UNLOXCYT SUPPORT program
  - To apply for the PAP, patients must sign where indicated on the UNLOXCYT SUPPORT Enrollment Form

UNLOXCYT SUPPORT can help evaluate patients' eligibility for assistance. We may also be able to identify other, independent third-party financial assistance resources

For more information

Call UNLOXCYT SUPPORT at 1-855-865-9994
Monday–Friday, 8 AM–8 PM ET, or
visit www.unloxcytpro.com/support

*Please see full terms and conditions on next page.

Patient Assistance Program Terms and Conditions

The UNLOXCYT™ (cosibelimab-ipdl) injection Patient Assistance Program (PAP) ("Program") is designed to support patients who are underinsured or uninsured. Patients may be eligible to receive free medication. To participate in the Patient Assistance Program, patients must be a resident of the United States, Puerto Rico, Guam, or the Virgin Islands. Eligibility ends each year on December 31st and requires annual enrollment. If you have any questions regarding Eligibility or the Terms and Conditions or to discontinue participation, please call 1-855-865-9994 (8:00 AM–8:00 PM ET, Monday-Friday).

This program is intended for:

- Patients who are noninsured, meaning who do not have insurance coverage due to coverage terminated
- Patients who have no insurance
- Patients who are functionally uninsured, meaning insurance does not cover UNLOXCYT
    - Patients who have no prescription coverage
    - Patients who have emergency-only coverage
    - Patients who have a discount card only
    - Patients who have exceeded the yearly cap, who have generic coverage only, whose insurance does not have product on formulary (no nonformulary exception available or nonformulary exception not approved)
- Patients who are functionally underinsured, in that the patient is unable to afford the medication after exhausting other options, not limited to UNLOXCYT Copay Program, alternate funding resources, or available state programs
- The provision of free product as part of the PAP is not contingent on any future purchase of UNLOXCYT

Eligibility criteria include:

- Requires the patient to provide, on the enrollment form, authorization to UNLOXCYT SUPPORT to obtain necessary information from consumer credit agencies for the sole purpose of determining the patient's financial qualification for PAP
- Income must be at or below 400% of the Federal Poverty Level, and cost of drug to the patient must exceed 10% of the patient's annual household income
- Noninsured or uninsured patients must present a letter of attestation from the prescriber that the patient is under their care and has been prescribed the medication
- This offer may be rescinded, revoked, or cancelled at any time, without further notice, and the rules may be amended at any time, without further notice

Further documentation may be required to determine eligibility, such as proof of income. Neither the prescriber nor the patient may seek reimbursement or credit from or submit a claim for UNLOXCYT provided through the PAP to any third-party insurer, health plan, or government program (such as Medicare and Medicaid); nor may the patient seek to have any part of the cost or value of any free UNLOXCYT provided by the PAP count toward any applicable out-of-pocket insurance spending calculations for drugs (e.g., deductible, out-of-pocket cap, or True Out of Pocket ["TrOOP"]).

The following patients are *ineligible* for this program:

- Patient is not at least 18 years of age
- Diagnosis is not an on-label ICD-10-CM code
- Patients are excluded if there is secondary coverage, including with the US Department of Veterans Affairs (VA), Department of Defense (DoD), Medicaid, or LIS