UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

UNLOXCYT SUPPORT™ PROGRAM

Here to help every step of the way

For more information, contact us at 1-855-865-9994.

SCAN the QR code to save the UNLOXCYT SUPPORT contact number to your phone so that you know when we are trying to call you.

What to expect when you are prescribed UNLOXCYT™

Once we receive your prescription, you will be assigned to a Patient Access Liaison (PAL) from UNLOXCYT SUPPORT™. Your PAL is available to answer questions or if you need more information about your insurance coverage and receiving UNLOXCYT.

Your PAL may reach out to:

- Welcome you to the program
- Request additional information
- Discuss your insurance coverage and costs
- Offer ways for you to afford UNLOXCYT
  - UNLOXCYT Copay Program
  - Patient Assistance Program (PAP)

Frequently asked questions

UNLOXCYT SUPPORT™ can answer questions about coverage and accessing UNLOXCYT™. Please ask your doctor any medical or treatment-related questions. In case of an emergency, contact 911.

Why did my doctor enroll me in UNLOXCYT SUPPORT?

Your doctor enrolled you in UNLOXCYT SUPPORT to make starting and continuing treatment easier. Our dedicated team reviews your insurance coverage, helps with the required paperwork, estimates your out-of-pocket costs, and researches options that may help lower the cost of treatment.

Why do I have to give my consent to be enrolled?

The consent form allows UNLOXCYT SUPPORT to contact your insurance company for you.

Does UNLOXCYT require my insurer's approval?

Most insurance companies need to give approval for specialty medications. Your doctor will provide information that supports why they prescribed UNLOXCYT for you and that it is medically necessary. Your PAL will keep you informed throughout the process.

What if my insurer does not approve UNLOXCYT?

Your PAL will work with your doctor to make sure they have explored all possibilities. If no coverage exists, there are options that you and your doctor can talk about.

What is FCRA, and why is it required that I select it?

The Fair Credit Reporting Act (FCRA) is a law that protects your credit information. Before this law was passed, people needed to provide personal financial details like tax returns and pay stubs to apply for financial help to pay for medicine. Now we have new tools to see if you qualify without needing these documents. This way is more secure and does not impact your credit score.

If you are worried about paying for UNLOXCYT, reach out to your PAL to discuss your options.

UNLOXCYT™ Copay Program*

If you have commercial insurance, you may be eligible to pay as little as $0 with the UNLOXCYT Copay Program

Out-of-pocket costs

- You are responsible for any out-of-pocket costs for UNLOXCYT that are more than the program assistance limit and any non–product-specific expenses, such as supplies, procedures, or physician-related services

Eligibility requirements

- You may qualify for the UNLOXCYT Copay Program if you meet the following criteria:
  - You have commercial insurance
  - You are a resident of the United States, Puerto Rico, Guam, or the US Virgin Islands

There is no income requirement and no need for patients to enroll in the UNLOXCYT SUPPORT program to qualify for the UNLOXCYT Copay Program

*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.

Patient Assistance Program (PAP)†

You may qualify to receive UNLOXCYT at no cost through the PAP if you:

- Do not have health insurance or are underinsured or your 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 your eligibility for assistance. We may also be able to identify other, independent, third-party financial assistance resources

†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). Please see full terms and conditions at www.unloxcytpro.com/support.

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