

Alexion Koselugo CoPay Program Terms and Conditions

The Alexion KOSELUGO® (selumetinib) CoPay Program (the “Program”) pays for eligible out-of-pocket medication associated with Koselugo. Eligible patients may pay as little as \$0. Annual maximum program benefits may apply and may vary from patient to patient, depending on the terms of a patient’s prescription drug plan. This is done to ensure that the funds are used for the benefit of the patient, based on factors determined solely by Alexion. After reaching the maximum Program benefit, the patient will be responsible for any remaining out-of-pocket costs incurred during that calendar year.

Eligibility: Patients are eligible for the Program if they meet ALL of the following criteria:

- Have commercial health insurance that covers medication costs for Koselugo, but not the full cost to the patient. The Program is not valid for prescriptions covered by any federal, state, or government-funded healthcare program, including Medicaid, Medicare (including Medicare Part B and Medicare Part D), Medicare Advantage Plans, Medigap, Veterans Affairs, Department of Defense or TRICARE, or other federal or state programs (including any state prescription drug assistance programs). If the patient is enrolled in a state or federally funded prescription insurance program, they may not use this program even if they elect to be processed as an uninsured (cash-paying) patient.
- Either (i) have a valid prescription for a US Food and Drug Administration-approved indication for Koselugo and be enrolled in OneSource™, Alexion’s personalized patient support program; or (ii) have received assistance from the Program in 2022 under a prior version of these Terms and Conditions and received assistance from the Program in the year prior to which the patient seeks copay support.
- Reside and receive treatment in the United States or its territories.
- The person who is financially responsible for the patient’s copay is 18 years of age or older.

Participation Rules: Claims must be submitted in a timely manner. For billing provider-initiated claims, an explanation of benefits, claim form or similar documentation from the patient’s commercial health insurance must be submitted within 365 days of the date of service for the patient to receive out-of-pocket assistance. When the patient is seeking direct reimbursement, proof of payment, an explanation of benefits and a Copay Reimbursement Request form is required and must be submitted within 365 days of the date of service for the patient to receive out-of-pocket assistance. The Program will not pay for claims with a date of service that precedes the patient’s enrollment in the Program by more than 90 days. Program participants and providers are responsible, as applicable, for reporting receipt of the Program benefits to any insurer, health plan, or other third party who pays for or reimburses any part of the medication cost paid for by the Program, or as may otherwise be required by law. No claim for reimbursement of any out-of-pocket expense amount covered by the Program may be submitted to any third-party payer, whether public or private. Program participants are required to immediately inform OneSource if the patient’s insurance changes or if the patient is no longer eligible to receive Program benefits. If a patient moves from commercial insurance to government-supported insurance during a calendar year, that patient will no longer be eligible to receive Program benefits. Patient is responsible for applicable taxes, if any.

Additional Terms and Disclosures: This Program is not a health insurance or a benefit plan. The Program does not obligate the use of any specific medication or healthcare provider. This Program cannot be combined with any other rebate, coupon, free trial, or similar offer. Participation in the Program is not

conditioned on any past, present, or future purchase. Program benefits may not be sold, purchased, traded, or offered for sale, purchase, or trade. The Program is not valid where prohibited by law, taxed, or otherwise restricted.

In addition, Program participants acknowledge and agree that their personal information will be collected, used, and disclosed in accordance with the Alexion Privacy Notice, available at <https://alexion.com/Legal#privacy>, and any applicable enrollment forms provided by OneSource, which collectively provide information about Alexion's privacy practices and the privacy rights that may be available to Program participants. Program participants authorize Alexion and its affiliates, business partners, employees, subcontractors, agents, designees, and other representatives to (i) use and share information with their healthcare providers, specialty pharmacies, insurers and others for the purposes of coordinating enrollment and participation in the Program; (ii) contact them by mail, telephone and/or email in connection with the Program; and (iii) inform them of available assistance programs, treatment and therapies and insurance-related information.

This is a voluntary program. Patients may choose not to enroll in the Program and will still receive medication. Patients may participate in OneSource without being a member of the Program. After enrolling in the Program, Program participants may later opt out of the Program at any time by contacting OneSource. By participating in the Program, Program participants acknowledge that they understand and agree to comply with these Terms and Conditions. Alexion (also known as Alexion, AstraZeneca Rare Disease, a member of the AstraZeneca group of companies) reserves the right to rescind, revoke, or amend the Program and/or these Terms and Conditions without notice.