

myAgios® Patient Support Services: Financial Assistance Terms and Conditions*

The Copay Program

This program is available to eligible adult patients who have been diagnosed with pyruvate kinase (PK) deficiency with commercial or private insurance. The program lowers out-of-pocket costs for eligible patients to \$0 per prescription, if their copay or coinsurance exceeds that amount. Patients participating in government health insurance programs are not eligible, including patients participating in Medicare Part D, Medicaid, Medigap, Tricare, Veterans Affairs (VA), Department of Defense (DoD), or any state-funded programs. Patients who have Medicare Part A & B only with no prescription benefits (Part D) are eligible. Patients must qualify for the program each calendar year. Amounts paid under the program are not eligible for reimbursement by any third party. Patients may be required to notify their insurance company of any benefits received under the program. The program is not insurance. Agios reserves the right to rescind, revoke, or amend the program at any time, without notice.

Patient Assistance Program (PAP)

This program is available to eligible uninsured and underinsured adult patients with PK deficiency. Patients must meet specific financial and eligibility requirements to qualify for assistance. Once determined eligible, patients will receive product at no cost for up to a full calendar year. Patients must reapply for the program each calendar year. Patients must have a home address in the United States (including Puerto Rico). The no-cost prescription will be filled by myAgios.

Access to this program will end once insurance coverage for the product is secured and out-of-pocket cost is affordable. After these are determined, a new prescription will be required and will then be fulfilled by an exclusive specialty pharmacy.

Coverage Interruption Program

This program is available to eligible adult patients with PK deficiency who have commercial insurance. Patients must have a home address in the United States (including Puerto Rico) and be currently on treatment, with at least one prior dispense, and have experienced a temporary loss or change in coverage. Once determined eligible, the patient will receive a 28-day prescription (with up to 2 refills) at no cost. The no-cost prescription will be filled by myAgios. Patients participating in government or state health programs are not eligible.

Access to this program will end once insurance coverage for the product is secured. Upon insurance approval, a new prescription will be required and will then be fulfilled by an exclusive specialty pharmacy.

**This program is not intended as medical advice and patients should consult their healthcare team with questions related to their treatment.*