BAXFENDY®
baxdrostat

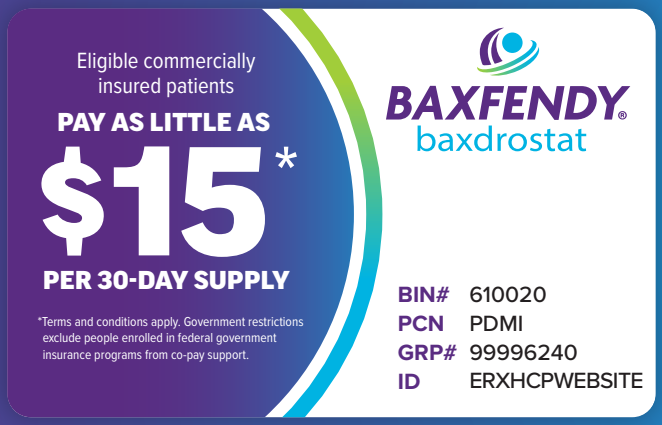
Eligible commercially insured patients

PAY AS LITTLE AS $15*

PER 30-DAY SUPPLY

BAXFENDY IS BY YOUR SIDE *WITH SAVINGS*

*Terms and conditions apply. Government restrictions exclude people enrolled in federal government insurance programs from co-pay support.



ELIGIBILITY: You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Co-pay support is not valid for patients who are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs, or TRICARE, even if they elect to be processed as an uninsured (cash-paying) patient and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. This offer is not insurance and is restricted to residents of the United States and its territories.

TERMS OF USE: Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and a valid prescription for BAXFENDY® (baxdrostat) who present this savings card at participating pharmacies may pay as low as $15 for each 30-day supply, subject to a maximum savings limit of $150 per 30-day supply. Patient out-of-pocket expenses may vary. If you are insured and your insurance does not cover, AstraZeneca will pay up to the first $900, and you will be responsible for any remaining balance for each 30-day supply. If you pay cash for your prescription, AstraZeneca will pay up to the first $100, and you will be responsible for any remaining balance for each 30-day supply. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer, including flexible spending account or healthcare savings account.

Maximum Savings Limit, Total Program Benefit, Benefits May Change, End or Vary: The program provides up to a **Maximum Savings Limit** of assistance to reduce a patient's out-of-pocket medication costs that AstraZeneca will provide per patient for each use, which must be applied to the patient's out-of-pocket costs (co-pay, deductible, or co-insurance). **Total Program Benefit** amounts are unilaterally determined by AstraZeneca in its sole discretion and will not exceed the Maximum Savings Limit. The Total Program Benefit may be *less than* the Maximum Savings Limit, depending on the terms of a patient's plan, and *may vary among individual patients covered by different plans*, based on factors determined solely by AstraZeneca, to ensure all programs funds are used for the benefit of the patient. Each patient is responsible for costs above the Patient Total Program Benefit amounts.

AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription at the time of purchase. Maximum savings limit applies. For additional details on this offer, please visit BAXFENDYsavings.com. If you have any questions regarding this offer, please call 1-844-CHAT-BAX (1-844-242-8229).

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Pharmacist Instructions for a Patient With an Eligible Third-Party Payer:

For Insured/Covered Patients: Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Valeris** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 8. This may reduce the eligible patient's out-of-pocket costs to as low as $15 for up to a 30-day supply, subject to a maximum savings limit; patient out-of-pocket expenses may vary. Reimbursement will be received from **Valeris**.

Pharmacist Instructions for Insured/Not Covered Patients: Submit the claim to the primary Third-Party Payer first; if the primary claim submission shows a managed-care restriction (step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance due to **Valeris** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This may reduce eligible patient's out-of-pocket costs to $15 for each 30-day supply, subject to a maximum savings limit; patient out-of-pocket expenses may vary. Reimbursement will be received from **Valeris**.

Pharmacist Instructions for a Cash-Paying Patient: Submit this claim to **Valeris**. A valid Other Coverage Code (eg, 1) is required. The card will cover up to a maximum of $100 per 30-day supply. Reimbursement will be received from **Valeris.**

For any questions regarding **Valeris** online processing, please call the Help Desk at 1-833-393-5697.

AstraZeneca