

Interconnect Savings Program Terms and Conditions

The Interconnect Savings Program ("the Program") will provide financial assistance for the out-of-pocket costs for eligible patients with a valid prescription, up to a maximum of \$10,000 per calendar year.

The Interconnect Savings Program is not insurance and is not intended to substitute for insurance.

Before you enroll in the Program, you will be asked to provide personal information to your specialty pharmacy that may include your name, address, phone number, email address, information related to your prescription medication insurance and treatment, and your financial information necessary to determine eligibility and administer the Program. This information will be collected and processed by your specialty pharmacy and is needed to enroll you in the Program. Your personal information may be shared with Alfasigma and with third parties only where necessary to fulfill the purposes of the Program. This may include facilitating reimbursement for out-of-pocket costs such as co-payments or reaching out to you via email, phone, or text message to provide support related to the Program.

The patient must meet the Program requirements every time the co-pay program card/coupon is used. **The Interconnect Savings Program terms will expire at the end of each calendar year. The Program may change or end without notice, including within specific states. Significant changes to the Program will be communicated in a timely manner to all participants of the program.**

In order to participate in the Interconnect Savings Program and receive a benefit, the patient must meet certain eligibility criteria and comply with all the terms and conditions described below:

• **This Program is only available for patients 18 years or older who use commercial or private insurance.**

• This Program is not for patients who use:

- any state or federal government funded health program. Examples of these programs are Medicaid, Medicare, Medigap, Veterans Affairs, Department of Defense, TRICARE, or other federal or state healthcare programs (including any state prescription drug assistance programs); or
- private insurance plans or other health or pharmacy benefit programs that reimburse you for the entire cost of your prescription drugs.

• The savings received under this program must be deducted from any reimbursement request submitted to the patient's insurance plan, either directly or on behalf of the patient.

• The patient and the pharmacist each must report the patient's receipt of benefits under this Program as required by any insurer, health plan, or other third-party payer.

• Absent a change in Massachusetts law, effective until January 1, 2031, this offer is not valid for Massachusetts residents whose prescriptions are covered, in whole or in part, by third-party insurance.

• This Program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer.

• This Program offer is valid only in the United States and Puerto Rico and void where prohibited, taxed, or limited by law.

• Alfasigma may change or discontinue the Program at any time. Significant changes to the Program will be communicated in a timely manner to all participants of the Program.

You may end your participation in the INTERCONNECT Savings Program at any time by calling 1-844-622-4278.

Contact your Care Coordinator with any questions at 1-844-622-4278 // Monday-Friday, 8 AM-8 PM ET

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