

LIFYORLI Savings Card Eligibility and Terms & Conditions

Eligibility Criteria:

- To be eligible for the LIFYORLI Savings Card (“Copay Program”), patients must:
 - Have commercial prescription insurance coverage for LIFYORLI™ (relacorilant).
 - Have a valid prescription for an FDA-approved use of LIFYORLI.
 - Be 18 years of age or older.
 - Live in the United States or a US Territory.
- The Copay Program is **not** valid for patients whose prescriptions are reimbursed under any federal, state, or government-funded insurance programs, including but not limited to Medicare (including Part D), Medicare Advantage, Medigap, Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, or any other federal or state healthcare program.
- The Copay Program is **not** valid for cash-paying patients, patients whose insurance reimburses the entire cost of LIFYORLI, or where prohibited by law.

Program Benefits

- Eligible patients may pay as little as \$0 per month for LIFYORLI, subject to program limits.
- The maximum annual benefit is \$25,000 per calendar year and is subject to all other terms and conditions. This benefit is offered to, and intended for the sole benefit of the eligible patient and may not be transferred to or utilized for the benefit of third parties, including, without limitation, third party payers, pharmacy benefit managers, or the agents of either.
- After reaching the annual maximum, the patient is responsible for all additional out-of-pocket costs.
- Copay Program benefits may vary depending on the patient’s insurance plan and may be subject to monthly or per-claim maximums.
- The Copay Program covers eligible out-of-pocket medication costs (co-pay, deductible, or co-insurance) for LIFYORLI only. It does **not** cover costs related to office visits, administration, or other expenses.

Additional Terms and Conditions

- The Copay Program is not health insurance.

- By enrolling in this Copay Program and redeeming this offer, you agree that this program is intended solely for the benefit of you, the patient; you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.
- The Copay Program may not be combined with any other coupon, free trial, discount, prescription savings card, or similar offer for LIFYORLI.
- The Copay Program is non-transferable, limited to one per person, and void where prohibited by law, taxed, or restricted.
- Patients, pharmacists, and prescribers may not seek reimbursement from any insurer, health plan, or third party for any part of the benefit received through this Copay Program.
- Any individual or entity who enrolls or assists in the enrollment of a patient in the Copay Program represents that the patient meets the eligibility criteria and other requirements described herein.
- Proof of purchase may be required.
- The patient and participating pharmacists agree to report the receipt of Copay Program benefits to any insurer or other third party who pays for or reimburses any part of the prescription filled using the Program, as may be required by such insurer or third party.
- This offer is not conditioned on any past, present, or future purchase, including refills.
- By enrolling in this Copay Program and redeeming this card, you give permission for Corcept Therapeutics and its affiliates to use your prescription data to help you use this program. You agree that this data may also be de-identified and used to monitor and improve the LIFYORLI Copay Program for other patients.
- Corcept Therapeutics reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. Restrictions, including monthly maximums, may apply.

Accumulator and Maximizer Programs

- The benefit of this program is intended solely for you, the patient.
- Some health plans have established programs referred to as “accumulator adjustment” or “co-pay maximizer” programs. Accumulator adjustment programs

and co-pay maximizer programs generally prevent any manufacturer copay assistance from counting toward your health plan deductibles and maximum out-of-pocket expenses.

- If your insurance plan implements an accumulator adjustment or co-pay maximizer program, you will not be eligible for, and agree not to use, this Copay Program.
- If you learn that your insurance plan has implemented an accumulator or maximizer program, you agree to notify LIFYORLI Support™ by calling 1-85-LIFYORLI to discuss alternative options that may be available.
- Corcept Therapeutics reserves the right to monitor program utilization and to reduce, modify, or discontinue program benefits at any time if it determines that you are subject to an accumulator or maximizer program.

Pharmacy Instructions:

Pharmacist Instructions for a patient with an eligible, commercial third-party payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government health insurance programs for this prescription.

- Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim using BIN: 637765. Offer not valid for discount cards or uninsured/cash patients.
- Valid Other Coverage Code required (e.g., 08). For any questions regarding processing, please call the **Pharmacy Help Desk at (312) 449-1354**. Program managed by Apollo Care on behalf of Corcept Therapeutics.
- For general questions, patients and providers should call **1-85-LIFYORLI (1-855-439-6754)**.