

A photograph of a man and a woman looking at a laptop together. The man is leaning over the woman's shoulder, smiling, and has his hand on her shoulder. The woman is looking at the laptop screen with a neutral expression. The background is a bright, out-of-focus indoor setting.

VYLOY[®]
zolbetuximab-clzb
for injection 100mg vial



SUPPORT[™]
SOLUTIONS

Patient and Caregiver
Support Services and
Financial Assistance Options

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**Ask your healthcare provider to enroll you in VYLOY Support Solutions.
Once enrolled, you will have access to the full range of support.**
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Patient Connect

Helps You and Your Caregiver Manage Daily Living

Patient Connect helps connect you and your caregiver to educational resources and support to help manage daily life while on treatment.

When you or your caregiver calls VYLOY Support Solutions, a trained representative will assess your specific needs and customize a search of various independent local and national organizations^a that may provide the support and resources requested, such as:



Emotional Support

- Social workers, counseling services, or online communities for patients
- Emotional support for the caregiver



Logistical Support

- Transportation and lodging assistance for treatment
- Help with other day-to-day tasks



Informational Support

- Other educational resources about your disease and treatment
- Advice and recommendations on nutrition and self-care

Learn more about VYLOY Support Solutions



Call VYLOY Support Solutions at **1-855-272-6609**, Monday–Friday, 8:00 AM–8:00 PM ET to learn about resources that may be available.



Astellas Patient Assistance Program

If You Don't Have Insurance Coverage for VYLOY® (zolbetuximab-clzb)

The Astellas Patient Assistance Program^a provides VYLOY **at no cost** to those who are uninsured or have insurance that does not cover VYLOY, provided they meet the program eligibility requirements. VYLOY Support Solutions can assess your eligibility for the Astellas Patient Assistance Program and answer any questions you may have.

You may be eligible for the Astellas Patient Assistance Program if you:



Do not have insurance or have insurance that excludes coverage for VYLOY



Have been prescribed VYLOY for an FDA-approved indication



Have a verifiable shipping address in the United States or Puerto Rico



Meet the program financial eligibility requirements

VYLOY Copay Assistance Program

If You Have Commercial Insurance

If you have private commercial health insurance and are not insured by any federal or state healthcare program, you may be eligible for the VYLOY Copay Assistance Program^b ("Program").

- You may pay **as little as \$5 per dose** of VYLOY
- You will be enrolled in the Program for up to a **12-month period**
- You may save up to a maximum of **\$25,000** per calendar year
- There are **no income requirements**

Financial Assistance Information

If you need additional financial assistance, VYLOY Support Solutions can provide information about other sources of support that may be able to help.

You can call VYLOY Support Solutions at **1-855-272-6609** for more information.

^aSubject to eligibility. Program terms and conditions apply. Void where prohibited by law.

^bBy enrolling in the VYLOY Copay Assistance Program ("Program"), the patient acknowledges that they currently meet the eligibility criteria and will comply with the following terms and conditions: The Program is for eligible patients with commercial prescription insurance for VYLOY® (zolbetuximab-clzb) and is good for use only with a valid prescription for VYLOY. The Program has an annual maximum copay assistance limit of \$25,000 per calendar year. After the annual maximum on copay assistance is reached, patient will be responsible for the remaining monthly out-of-pocket costs for VYLOY. **The Program is not valid for patients who are insured by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program.** Patients who move from commercial insurance to federal or state prescription health insurance will no longer be eligible, and agree to notify the Program of any such change. This offer is not valid for cash paying patients. Patients agree not to seek reimbursement from any health insurance or third party for all or any part of the benefit received by the patient through the Program. This offer is not conditioned on any past, present, or future purchase of VYLOY. This offer is not transferrable, has no cash value, and cannot be combined with any other offer, free trial, prescription savings card, or discount. The full value of the Program benefits is intended to pass entirely to the eligible patient. The benefit available under this Program is valid only for the patient's out-of-pocket medication costs for VYLOY. The benefit is not valid for any other out-of-pocket costs such as medication administration charges or other healthcare provider services. No other individual or entity (including, without limitation, third party payers, pharmacy benefit managers, or the agents of either) is entitled to receive any benefit, discount, or other amount in connection with this Program. **This offer is not health insurance** and is only valid for patients in the 50 United States, Washington DC, and Puerto Rico. This Program is void where prohibited by law. No membership fees. Certain rules and restrictions apply. Astellas reserves the right to revoke, rescind, or amend this offer without notice for any reason (including to ensure that the offer is utilized solely for the patient's benefit).

If You Have Questions or Need Assistance, Contact VYLOY Support Solutions



BY PHONE

VYLOY Support Solutions Call Center

Every time you call, you will be assisted by a VYLOY Support Solutions Case Manager.

1-855-272-6609, Monday–Friday, 8:00 AM–8:00 PM ET



ONLINE

VYLOYSupportSolutions.com

Our website provides information about access, reimbursement, and other patient support offerings.



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