

Corcept Patient Assistance Program (PAP) Eligibility and Terms & Conditions for LIFYORLI™ (relacorilant)

Eligibility Criteria:

To qualify to receive LIFYORLI at no cost through the Corcept Patient Assistance Program (Corcept PAP), you must meet the following eligibility criteria:

- Be prescribed LIFYORLI
- Live in the United States or a US Territory
- Have no insurance or have insurance that doesn't fully cover LIFYORLI
- Be unable to afford the cost of LIFYORLI
- Have no other financial support available (*you must not be eligible for Medicare Extra Help, your State's Medicaid program, or any other financial support options*)
- Meet the household income limits for the program:

# of People in Household	Maximum Annual Household Income Allowed
1	\$79,800
2	\$108,200
3	\$136,600
4	\$165,000

If your household income is at or below the amount listed for your household size, you may be able to qualify. These limits are based on federal guidelines. To learn more, visit:

www.aspe.hhs.gov/poverty

Terms and Conditions:

- Corcept offers the Corcept Patient Assistance Program ("Corcept PAP") as a charitable program for patients with financial need who meet certain income and eligibility criteria.*
- To qualify to receive medication at no cost through Corcept PAP, you must: (1) Be prescribed LIFYORLI by a doctor licensed in the US or US Territories; (2) Live in the US or a US Territory; (3) Be uninsured or have insurance that doesn't fully cover your LIFYORLI medication; (4) Be unable to afford the cost of their LIFYORLI prescription; (5) Have no other financial support available (*you must not be eligible for Medicare Extra Help, your State's Medicaid or any other financial support options*); and (6) Meet the annual household income limits.

- You may be required to apply to and provide proof of denial from various alternate funding sources in order to be eligible for program enrollment. You may also be required to provide documentation to verify household income.
- If you are a government health insured patient who qualifies, you understand that you are eligible to receive free product for the entire coverage (calendar) year, and that Corcept will notify your government health insurance plan that you are enrolled in Corcept PAP. You understand that to continue in the program, you are required to re-apply every year and to continue to meet program eligibility requirements to re-qualify.
- If you are a Medicare Part D participant, you agree that you will not seek to have any medicine or any cost from it reimbursed by your Part D plan or counted towards your Medicare Part D true out-of-pocket costs (TrOOP) for prescription drugs.
- If you are uninsured or in a commercially insured plan and enroll in Corcept PAP, you understand that you may be eligible to receive LIFYORLI at no cost through the calendar year as long as you continue to meet Corcept PAP eligibility requirements. You understand that Corcept PAP requires you to continue to meet program eligibility requirements and to re-apply every year to re-qualify.
- You understand that no patient, pharmacy, payer, or other third party may be billed for the free product provided through Corcept PAP.
- Patients enrolled in Corcept PAP and participating prescribers agree not to seek reimbursement for all, or any part of, the free product received by the patient through Corcept PAP and agree that any medicines supplied by Corcept PAP shall not be sold, traded, bartered, or otherwise transferred.
- You understand that you are not eligible for Corcept PAP if you have an insurance plan (or a third party acting on behalf of your insurance plan) that requires you to apply to Corcept PAP as a condition, requirement, or prerequisite for coverage of LIFYORLI. The Corcept PAP is a charitable program for patients with an unmet financial need who meet program eligibility requirements. If an employer, plan, or other third-party on behalf of an employer or plan (often referred to as an Alternative Funding Program (“AFP”)) directs patients to apply to Corcept PAP as a condition of, requirement for, or prerequisite to coverage, or in any way adjusts coverage based on application to or availability of Corcept PAP, those individuals will not be eligible for assistance from Corcept PAP, even if the eligibility criteria are otherwise met. Applications that violate these requirements will be blocked from participating in

Corcept PAP and Corcept Therapeutics reserves the right to take further action as necessary, including against third party AFPs.

- By enrolling in the Corcept PAP Program and receiving your LIFYORLI prescription through this program, 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 Corcept PAP Program for other patients.
- Corcept reserves the right to make the final decision regarding any Corcept PAP eligibility and to verify the accuracy of the information submitted. All applications are subject to review at Corcept's sole discretion.
- Participation in Corcept PAP is free. No purchase necessary. Program is not health insurance, nor is participation a guarantee of insurance coverage. Other limitations may apply. Corcept Therapeutics reserves the right to rescind, revoke, or amend the Corcept PAP and discontinue support at any time without notice.