



MYQORZO & You offers personalized patient support for your treatment journey

Explore MYQORZO & You offerings best suited for you

Please see full [Prescribing Information](#), including **Boxed WARNING**, and [Medication Guide](#).



Personalized support with your dedicated MYQORZO Navigator

Your MYQORZO Navigator is here to help you start and stay on your MYQORZO™ treatment as prescribed by your doctor

Once enrolled in MYQORZO & You, your dedicated MYQORZO Navigator will:



Call to welcome you into the program within 1 business day

- Your MYQORZO Navigator will call you personally to guide you through the program benefits and help you understand the next steps



Explain affordability support options

- A MYQORZO Navigator will discuss coverage and out-of-pocket costs for MYQORZO, and explain available resources



Provide REMS education and support

- When you're prescribed MYQORZO, enrollment in the REMS Program is required. A MYQORZO Navigator can guide you through the process



Help with shipment coordination of MYQORZO from a specialty pharmacy

- A MYQORZO Navigator will work directly with a specialty pharmacy to have MYQORZO delivered to your home



Provide ongoing refill reminders and lifestyle support while on MYQORZO

- Your MYQORZO Navigator is here for you while you continue your MYQORZO treatment

REMS = Risk Evaluation and Mitigation Strategy.

Please see full [Prescribing Information](#), including **Boxed WARNING**, and [Medication Guide](#).



MYQORZO & You Personalized Patient Support offerings

MYQORZO & You offers coverage and affordability programs designed to support eligible patients throughout their treatment journey

If you are government-insured and meet eligibility requirements*



- **MYQORZO & You Free Trial Offer**
You may start on a **one-time, 30-day supply of MYQORZO™ at no cost** while your insurance is being verified

If you are commercially insured and meet eligibility requirements*



- **MYQORZO & You Bridge Program**
You may receive up to **12 months of MYQORZO at no cost** should you face an initial insurance denial



- **MYQORZO & You Copay Savings Program**
You may **pay as little as \$5** for MYQORZO



- **MYQORZO & You Echocardiogram Copay Savings Program**
You may **pay as little as \$0** for your echocardiograms

Eligible patients already enrolled in the MYQORZO & You Patient Support Program will automatically be enrolled in copay support. Get enrolled in both programs with one simple sign-up at myqorzo.com/copaysignup

*See program terms and conditions on page 4.

Affordability options are available for uninsured or underinsured patients.

To learn more about coverage assistance and support, call your MYQORZO Navigator at 833-MYQORZO (833-697-6796), or go to myqorzo.com/support

Questions?

Call 833-MYQORZO (833-697-6796), Monday through Friday, 8 AM to 8 PM ET

You may request ongoing support from a MYQORZO Navigator when your MYQORZO™ prescription is sent directly to a REMS-certified pharmacy. To request a MYQORZO Navigator, please go to MYQORZONavigator.com



MYQORZO & You Patient Support Program Terms and Conditions

By enrolling in the MYQORZO & You Patient Support Program ("Program"), the patient acknowledges that they currently meet the eligibility criteria and will comply with the following terms and conditions:

MYQORZO & You Free Trial Offer

The MYQORZO & You Free Trial Offer ("Program") provides eligible government-insured patients with a one-month supply of MYQORZO™ (aficamten) at no cost to initiate therapy and, in consultation with their healthcare provider, determine whether continued treatment is appropriate. Patients must have active government insurance coverage (excluding Department of Defense, Veterans Affairs, and TRICARE), reside in the United States, Washington, DC, or Puerto Rico, have a valid prescription for MYQORZO with an FDA-approved indication, have never received MYQORZO or participated in the Program, and complete a valid consent and signed start form with the MYQORZO & You Patient Support Program. Product is dispensed only through a Cytokinetics, Incorporated designated pharmacy, shipped to a valid U.S. or Puerto Rico residential address (no P.O. boxes), and limited to a lifetime one-month supply. No sale, trade, barter, export, distribution, or reimbursement from any insurer, government program, or third party is permitted, and the value may not be applied toward patient cost-sharing obligations, including Medicare Part D TrOOP expenses. For Medicare Part D beneficiaries, the applicable plan will be notified that the product is provided at no cost outside of the Part D benefit.

MYQORZO & You Copay Savings Program

The MYQORZO & You Copay Savings Program ("Program") provides financial assistance to eligible commercially insured patients to reduce out-of-pocket costs for MYQORZO and certain required echocardiograms. Eligible patients may pay as little as \$5 per month for MYQORZO and as little as \$0 for eligible echocardiogram reimbursement (limited to out-of-pocket costs not covered by insurance). Patients must have active commercial prescription insurance, be prescribed MYQORZO for an FDA-approved indication, be at least 18 years old, reside in the United States or Puerto Rico, and be enrolled in the MYQORZO & You Copay Savings Program with valid consent. The Program is not valid for prescriptions reimbursed, in whole or in part, by any federal or state healthcare program (including Medicare, Medicaid, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state pharmaceutical assistance programs) and is unavailable to residents of Massachusetts, Minnesota, or Rhode Island. Patients who move from commercial insurance to federal or state health insurance will no longer be eligible and agree to notify the Program of any such change. Enrollment may be renewed for up to 12 months if eligibility is maintained. Patients agree not to seek reimbursement from any health insurance or third party for all or any part of the benefit received through the Program. This offer is not conditioned on any past, present, or future purchase or prescription of MYQORZO. Insurance entities may implement "accumulator" or "maximizer" programs, which restrict the application of manufacturer assistance toward a patient's deductible or other cost-sharing obligations. The value of this program is intended exclusively to benefit patients by applying toward eligible out-of-pocket obligations, including co-payments, coinsurance, and deductibles. The Program uses advanced logic to identify whether a claim for an enrolled patient is subject to an "accumulator" or "maximizer" program. The use of "accumulator" or "maximizer" programs by insurance entities limit the program benefits. These limits can be modified without prior notice. Use of the program for any purpose related to "accumulator" or "maximizer" programs constitutes a violation of these Terms and Conditions. Cytokinetics, Incorporated reserves the right to audit program activity, investigate suspected violations, and modify or terminate the program, including these Terms and Conditions, at any time without prior notice.

MYQORZO & You Bridge Program

The MYQORZO & You Bridge Program ("Program") provides, at no cost, up to a twelve (12)

month supply of MYQORZO to eligible commercially insured patients for whom insurance coverage is being pursued but remains subject to delay. Patients must reside in the United States or Puerto Rico, have a valid prescription for MYQORZO with an FDA-approved indication, be enrolled in the MYQORZO & You Patient Support Program with valid consent and a signed start form, and not be enrolled in, eligible for, or receiving benefits from any federal or state healthcare program, including but not limited to Medicare (Part A, B, C, or D), Medicaid, Medigap, the Department of Defense (DoD) health programs, Veterans Affairs (VA) health programs, TRICARE, Puerto Rico Government Health Insurance, or any other similar federal or state patient or pharmaceutical assistance program, unless otherwise expressly permitted by applicable law. Product is dispensed only through Cytokinetics, Incorporated designated pharmacies, shipped to valid residential addresses (no P.O. boxes), and limited to quantities needed to bridge therapy until coverage is obtained or the Program ends. Enrollment is limited to one per qualifying event unless otherwise approved.

MYQORZO & You Patient Assistance Program (PAP)

The MYQORZO & You Patient Assistance Program (PAP) ("Program") provides MYQORZO at no cost to eligible patients meeting financial criteria who have no insurance coverage, have been denied coverage with no available appeal options or cannot afford their medication. Patients must be prescribed MYQORZO for an FDA-approved indication, reside in the United States or Puerto Rico, meet financial eligibility criteria and have no insurance or inadequate coverage for MYQORZO. Enrollment requires a completed start form with prescriber certification and patient attestation, and proof of income and insurance status may be required. Enrollment is valid for up to 12 months, or until the patient obtains insurance coverage, whichever occurs first, for commercially insured, underinsured, and uninsured patients. For government-insured patients, enrollment is valid through the end of the calendar year, unless otherwise restricted by applicable laws, regulations, or program terms and conditions. Continued participation in the Program beyond one year requires eligibility reassessment and re-enrollment. Patients may be required to re-verify insurance coverage status at any time during the Program. Program benefits are personal, non-transferable, and may not be sold, traded, or distributed. The Program does not guarantee continuous supply, and for Medicare Part D beneficiaries, the applicable plan will be notified that the product is provided at no cost outside of the Part D benefit, with no value applied toward TrOOP expenses.

General Terms & Conditions

All MYQORZO & You Patient Support Programs are intended for patients prescribed MYQORZO for an FDA-approved indication and are void where prohibited, restricted, or taxed by law. None of the programs constitute health insurance, a discount, rebate, coupon, or cost-sharing program. Participation is not conditioned on any past, present, or future purchase of MYQORZO or any other Cytokinetics, Incorporated product. Program benefits are personal to the enrolled patient, non-transferable, and may not be sold, purchased, traded, bartered, exported, or distributed. No party may seek reimbursement, credit, or other compensation from any insurer, government healthcare program, or third-party payer for products or services provided under these programs, unless otherwise permitted by law. No membership fees for the Program. Cytokinetics, Incorporated reserves the right, in its sole discretion, to interpret, modify, suspend, or terminate any program or its eligibility criteria at any time without prior notice. Certain other rules and restrictions may apply. Participation in any MYQORZO & You program constitutes agreement to the applicable program Terms and Conditions and authorization for the use of personal health and, if applicable, personally identifiable and financial information solely for program administration in accordance with applicable laws and the Cytokinetics, Incorporated Privacy Policy <https://cytokinetics.com/privacy-policy/>. If you are a resident of California or certain other states (Colorado, Connecticut, Delaware, Florida, Iowa, Nebraska, New Hampshire, New Jersey), please see our Privacy Policy for privacy rights that may apply to you or contact privacy@cytokinetics.com.

Please see full [Prescribing Information](#), including **Boxed WARNING**, and [Medication Guide](#).



CYTOKINETICS® and the CYTOKINETICS C-shaped logo are registered trademarks of Cytokinetics in the U.S. and certain other countries. MYQORZO™, the MYQORZO logo, and the MYQORZO & You logo are trademarks of Cytokinetics in the U.S.

© 2025 CYTOKINETICS. All Rights Reserved. US-AFI-00046 12/2025