

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, with an annual maximum benefit of \$15,000 a year for MYQORZO, and as little as \$0 for eligible echocardiogram(s), with an annual maximum benefit of \$2500 a year (limited to out-of-pocket costs not covered by insurance). Patients must have active commercial prescription insurance, have a valid prescription for MYQORZO with 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 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. Echocardiogram copay support is not available for patients residing in Massachusetts, Minnesota, or Rhode Island. 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 copayments, 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 limits 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.

This Program is subject to additional General Terms and Conditions, as listed below.

MYQORZO & You Free Trial Offer

The MYQORZO & You Free Trial Offer (“Program”) provides eligible government-insured patients with MYQORZO™ (aficamten) at no cost for up to 60 days of supply to initiate therapy and, in consultation with their healthcare provider, determine whether continued treatment is appropriate. 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. Patients must have active government insurance coverage (excluding Department of Defense, Veterans Affairs, and TRICARE), reside in the United States 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 Cytokinetics, Incorporated-designated pharmacies, shipped to a valid US or Puerto Rico residential address (no PO boxes), and limited to a lifetime of up to a 2-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.

This Program is subject to additional General Terms and Conditions, as listed below.

MYQORZO & You Bridge Program

The MYQORZO & You Bridge Program ("Program") may provide eligible commercially insured patients residing in the United States or Puerto Rico a monthly dose of MYQORZO for up to 12 months or until insurance coverage approval, whichever occurs first. Patients should have a valid prescription for MYQORZO with an FDA-approved indication and be enrolled in the MYQORZO & You Patient Support Program with valid consent and a signed Start Form. Not available to patients whose medications are reimbursed in whole or in part by 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, or where prohibited by law. Product is dispensed only through Cytokinetics, Incorporated-designated pharmacies, shipped to valid residential addresses (no PO boxes), and limited to quantities needed to bridge therapy until coverage is obtained or the Program ends. No purchase necessary. Program is not health insurance, and participation is not a guarantee of insurance coverage. Other limitations may apply. Cytokinetics reserves the right to rescind, revoke, or amend this Program without notice.

This Program is subject to additional General Terms and Conditions, as listed below.

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 have a valid prescription for MYQORZO with 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 until the end of the year, 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 1 year requires eligibility reassessment and reenrollment. Patients may be required to reverify insurance coverage status at any time during the Program. Program benefits are personal, nontransferable, 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.

This Program is subject to additional General Terms and Conditions, as listed below.

General Terms & Conditions

All MYQORZO & You 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, nontransferable, 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 payor for products or services provided under these Programs, unless otherwise permitted by law. Membership fees for these Programs do not apply. 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 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.