



The TEZSPIRE Together Co-pay Program

This guide shows **healthcare providers** how to use the program and help eligible patients reduce their out-of-pocket costs.*



Eligible patients pay as little as
\$0 for each
dose of medication

Covers up to
\$100/month
for in-office TEZSPIRE injections
(pre-filled syringe only)

*For eligible commercially insured patients only. Eligibility criteria and program maximums apply. See [TEZSPIRETogether.com](https://tezspiretogether.com) for full Terms and Conditions.

How to help your eligible patients enroll

through the doctor's office or alternative site of care

Offices can assist patients with enrollment and access co-pay card details online or by phone.*



Online:

copayHCP.TEZSPIRETogetherHCP.com



Phone: (800) 818-1770



Form: [TEZSPIRE Together Program Enrollment Form](#)

How to submit a claim

The office sends in the itemized **Explanation of Benefits (EOB)**[†] to the TEZSPIRE Together Co-pay Program after each treatment date. The office should use one of the following options:



Online: Submit a claim by uploading it to your account on copayHCP.TEZSPIRETogetherHCP.com



Fax: (800) 683-6269



Electronic Data Interchange (EDI)[‡]: HCP offices may submit claims using EDI if available via their existing EHR system.

- Payer ID: PSKW0
- Program Group Number: EC12727001
- For more information on EDI, see the [EDI Resource](#) on the Resources page of the TEZSPIRE Together HCP Co-pay Portal



Mail:

TEZSPIRE Together Co-pay Program
PO Box 1096
Morristown, NJ 07962

Once the claim is approved, your patients can use the TEZSPIRE Together Co-pay Program Card to reduce their out-of-pocket cost.

- Co-pay claims should be submitted to the co-pay program within 180 days of the date on the EOB for claim reimbursement.

How to receive payment



Debit card (default method)

After a submitted claim is approved, funds are loaded onto the patient's TEZSPIRE Together Co-pay Card.



Electronic Funds Transfer (EFT)

Once set up, EFT will be the default method of reimbursement, and reimbursements will be directly deposited into the account provided.

- 1 Log in to the **HCP Co-pay Portal** (copayHCP.TEZSPIRETogetherHCP.com) and navigate to the electronic funds transfer (EFT) option at the bottom of the Profile tab. If there is no EFT option, call (800) 818-1770 for initial setup.
- 2 Read and accept the Federal ACH (Automated Clearing House) Terms and Conditions.
- 3 Complete the Bank Account Information Form and tap Submit. Please allow up to 10 business days to process the initial setup.
- 4 Once setup is complete, EFT reimbursements will be the default for submitted claims.



Check

If the office prefers reimbursement via check, please call (800) 818-1770 to make check reimbursements the default method of reimbursement.

*Healthcare representatives, including pharmacists, may not enroll patients in the co-pay card program. However, they may assist eligible commercially insured patients with enrollment. The patient must be physically present, or on the phone, during the enrollment to answer the eligibility questions and agree to the required consents.

[†]An itemized EOB is an explanation of benefits from a health plan that typically indicates the amount of insurance coverage for each service and/or treatment at the doctor's office, as well as the patient's out-of-pocket costs.

[‡]The process of adding a new payer to a practice management software or clearinghouse varies by vendor. Please work directly with your vendor's customer support team if you require assistance.

HOW YOUR PATIENTS

CAN ENROLL IN AND USE THE TEZSPIRE TOGETHER CO-PAY PROGRAM* FOR TEZSPIRE® (TEZPELUMAB-EKKO)

How to enroll

- 1 Your eligible commercially insured patients can enroll in the co-pay program online or by phone.



Online:

copay.TEZSPIRETogether.com/patient/enroll/welcome



Phone: (800) 818-1770

- 2 Once enrolled, your patient will be able to access their co-pay card details via the online patient co-pay portal or by phone.

How patients use the co-pay card at the network specialty pharmacy

The specialty pharmacy will process the claim with the details below:

- Member ID (unique identifier given after successful enrollment)
- PCN CNRX
- Rx BIN 019158
- Group Number ECII2727001

The pharmacy will help coordinate the shipment of medication directly to the site of care, to your office for administration, or to the patient.

How patients receive payment

- 1 When TEZSPIRE is processed at the specialty pharmacy, the co-pay benefit is applied at the same time the prescription is processed. If any out-of-pocket costs remain after the co-pay benefit is applied, that is considered your patient's responsibility.
- 2 **Check:** If your patient paid out of pocket, they can complete and submit the Check Request Form found here: copay.TEZSPIRETogether.com/patient/resources and submit along with the Explanation of Benefits (EOB) and proof of payment.

How patients use the co-pay card for services received at the doctor's office or alternative site of care

How to submit a claim

After TEZSPIRE is administered, insurance will process the date of service and generate an itemized **Explanation of Benefits (EOB)**[†] that must include:

- Name of insurance company
- Facility name
- Patient name
- Date of service
- J-code
- Administration code (CPT code)
- Amount billed, amount allowed, patient responsibility, amount paid to provider

The patient or your office will send the itemized EOB to the TEZSPIRE Together Co-pay Program after each treatment date using one of these options:



Online: Submit a claim by uploading it to the patient's co-pay portal account on copay.TEZSPIRETogether.com



Mail:
TEZSPIRE Together
Co-pay Program
PO Box 1096
Morristown, NJ 07962



Fax: (800) 683-6269

Once the claim is approved, your patient can use the TEZSPIRE Together Co-pay Program Card to reduce their out-of-pocket cost.

- Co-pay claims should be submitted to the co-pay benefit program within 180 days of the date on the EOB for claim reimbursement.

How patients receive payment

- 1 **Debit card (default method):** After a submitted claim is approved, funds are loaded onto your patient's TEZSPIRE Together Co-pay Card. They can use this card to pay the provider's office for eligible co-pay expenses.
- 2 **Check:** If your patient paid out of pocket, they can complete and submit the Check Request Form found here: copay.TEZSPIRETogether.com/patient/resources and submit along with the Explanation of Benefits (EOB) and proof of payment.

*Your patients can access a similar document with instructions for patients on how to use the co-pay program by visiting copay.TEZSPIRETogether.com/patient/resources.

[†]An itemized EOB is an explanation of benefits from a health plan that typically indicates the amount of insurance coverage for each service and/or treatment at the doctor's office, as well as the patient's out-of-pocket costs.

The TEZSPIRE Together Co-pay Program for TEZSPIRE® (tezepelumab-ekko) online portals provide more information and helpful resources for you and your patients. Click or scan below to visit:



HCP Co-pay Portal

copayHCP.TEZSPIRETogetherHCP.com



Patient Co-pay Portal

copay.TEZSPIRETogether.com

The co-pay program is just one part of TEZSPIRE Together, which provides additional support for your patients.



Patient Portal: Tools to help manage the treatment journey



Asthma Symptom Tracker: Monitor progress on TEZSPIRE



Nurse Educator Support*: Call 800-TZSPIRE to ask questions about TEZSPIRE

Visit TEZSPIRE Together for providers: TEZSPIRETogetherHCP.com

Refer patients to the TEZSPIRE Together program: TEZSPIRETogether.com

*Nurse Educators are nurses by training, but they are not part of a treatment team or an extension of a doctor's office. Nurse Educators do not inject patients with TEZSPIRE. Patients will be referred to their doctor's office for clinical advice.

SUMMARY OF TEZSPIRE TOGETHER CO-PAY PROGRAM FOR TEZSPIRE® (TEZPELUMAB-EKKO)

SUMMARY OF TERMS AND CONDITIONS

It is important that every patient read and understand the full TEZSPIRE® Co-Pay Card Terms and Conditions. The following summary is not a substitute for reviewing the Terms and Conditions in their entirety.

As further described below, in general:

- The TEZSPIRE Co-Pay Card is open to patients with commercial insurance that covers TEZSPIRE, regardless of financial need. The program is not valid for patients whose TEZSPIRE prescription and/or in-office administration costs are paid for in whole or in part by Medicare, Medicaid, or any other federal or state healthcare program. The TEZSPIRE Co-Pay Card cannot be combined with any other savings, free trial, free goods or similar offer related to TEZSPIRE. It is not valid for cash paying patients or where prohibited by law. (See ELIGIBILITY section in full Terms & Conditions.)
- The TEZSPIRE Co-Pay Card may help lower your TEZSPIRE out-of-pocket medication and in-office administration costs. Patients who are residents of Massachusetts or Rhode Island are not eligible for injection administration support. Out-of-pocket costs may include co-payment, co-insurance, and deductible out-of-pocket costs. The TEZSPIRE Co-Pay Card does not cover any other costs related to office visits. The TEZSPIRE Co-Pay Card provides support up to the Maximum Program Benefit or Patient Total Program Benefit. If a patient's commercial insurance plan imposes different or additional requirements on patients who receive TEZSPIRE Co-Pay Card benefits, Amgen and AstraZeneca have the right to modify or eliminate those benefits. Whether you are eligible to receive the Maximum Program Benefit or Patient Total Program Benefit is determined by the type of plan coverage you have. Please ask your TEZSPIRE Together Co-Pay Program Representative to help you understand eligibility for the TEZSPIRE Co-Pay Card and whether your particular insurance coverage is likely to result in your reaching the Maximum Program Benefit or your Patient Total Program Benefit amount by calling (1-800-818-1770). (See PROGRAM BENEFITS section in full Terms & Conditions.)
- TEZSPIRE patients may pay as little as \$0 for each dose of TEZSPIRE medication. They may also receive up to \$100 per month for out-of-pocket costs for in-office administration for pre-filled syringe of TEZSPIRE but are responsible for all administration costs that exceed this amount. Patients who are residents of Massachusetts or Rhode Island are not eligible for injection administration support. Amgen and AstraZeneca will pay the remaining eligible TEZSPIRE out-of-pocket costs on behalf of the patient until the Amgen and AstraZeneca payments have reached either the Maximum Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed this limit. Please ask your TEZSPIRE Together Co-Pay Program Representative to help you understand eligibility for the TEZSPIRE Together Co-Pay Card by calling 1-800-818-1770. (See PROGRAM BENEFITS and PROGRAM DETAILS sections in full Terms & Conditions.)
- Program coverage through the TEZSPIRE Co-pay Card is contingent on (1) the submission of the required Explanation of Benefits (EOB) form within 180 days of the date of approval documented on the EOB for medical benefit claims or (2) the submission of the claim within 180 days of the date of service for pharmacy benefit claims. (See PROGRAM DETAILS section in full Terms & Conditions.)



The TEZSPIRE Together Co-pay Program

Questions?

We're here to help.

Call us at:

(800) 818-1770,
Monday–Friday,
9 am–8 pm ET

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