



How to enroll

- 1 You can enroll in the TEZSPIRE Together Co-pay Program online or by phone.

 **Online:** copay.TEZSPIRETogether.com/patient/enroll/welcome

 **Phone:** (800) 818-1770



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

How to use your 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 EC112727001

The pharmacy will help coordinate the shipment of your medication directly to the site of care or to you.

How to 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 responsibility.
- 2 **Check:** If you paid out of pocket, 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 to use your co-pay card for services received at your 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
- Date of service
- Facility name
- J-code
- Patient name
- Administration code (CPT code)
- Amount billed, amount allowed, patient responsibility, amount paid to provider

You or your provider will send the itemized EOB within 180 days of the date of approval documented on the 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 your account on copay.TEZSPIRETogether.com

 **Fax:** (800) 683-6269

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

Once the claim is approved, you can use the TEZSPIRE Together Co-pay Program Card to reduce your out-of-pocket cost at your provider's office.

How to receive payment

- 1 **Debit card (default method):** After a submitted claim is approved, funds are loaded onto your TEZSPIRE Together Co-pay Card. You can use this card to pay the provider's office for eligible co-pay expenses.
- 2 **Check:** If you paid out of pocket, 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.

*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 normal out-of-pocket costs.

SUMMARY OF TEZSPIRE® CO-PAY CARD TERMS & CONDITIONS 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.)

Get even more support through the TEZSPIRE Together program.



Visit TEZSPIRETogether.com to start



Patient Portal: Tools to help manage your treatment journey



Asthma Symptom Tracker: Monitor your progress on TEZSPIRE



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

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

Questions?

We're here to help.



**For more information, visit
the Patient Co-pay Portal:
copay.TEZSPIRETogether.com**

Or call us at:

1-800-818-1770,
Monday-Friday, 9 am-8 pm ET