Epysqli®
(eculizumab-aagh)
Injection • 300mg/30mL

TERMS & CONDITIONS:

- Subject to EPYSQLI® Savings Program limitations, terms, and conditions, the EPYSQLI Copay Card is available to patients who have a valid EPYSQLI prescription and who have commercial insurance coverage for EPYSQLI administered through a pharmacy or medical benefit plan. No substitutions permitted. Patients with commercial health insurance that does not provide formulary coverage for EPYSQLI are NOT eligible for the Copay Card.
- **Patients enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medigap, Medicaid, VA, DOD, TRICARE, Puerto Rico Government Health Insurance Plan, and Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for the Copay Card.**
- Uninsured and cash-paying patients are NOT eligible for the Copay Card.
- Eligible Patients may pay as little as $0 on each prescription. Annual benefit limits per individual apply and out of pocket expenses may vary. Patients are responsible for all amounts that exceed these Copay Card benefit limits. Patients enrolled in the Savings Program will be automatically enrolled in the Program for the next calendar year unless they opt out of the Program or their insurance coverage changes. If your insurance coverage changes or if you have any questions regarding your eligibility or benefits, please call 1-844-478-1644.
- Teva Pharmaceuticals, Inc. and its affiliates ("Teva") has the right to reduce or eliminate patient benefit amounts, based on factors determined solely by Teva, including the terms of a patient's prescription drug plan and whether the plan uses all program funds for the benefit of the patient.
- The Copay Card is intended for the benefit of patients, not their insurance plans or other third parties. Patients whose commercial insurance plans do not apply Copay Card payments to satisfy patient out-of-pocket cost sharing amounts may not be eligible for the Copay Card. Similarly, patients whose commercial insurance plans require use of the Copay Card as a condition of the plan waiving some or all of otherwise applicable patient out-of-pocket cost sharing amounts may not be eligible for the Copay Card or have a reduced annual maximum program benefit. If you believe your commercial insurance plan may have such limitations, please call 1-844-478-1644.
- Data related to a patient's receipt of Copay Card benefits may be collected, analyzed, and shared with Teva for market research and other purposes (including with the patient's treating physician for helping verify or coordinate insurance coverage or otherwise obtain payment for the patient's treatment with EPYSQLI) related to assessing the Copay Card program. Data shared with Teva will be aggregated and de-identified, meaning it will not identify patients.
- The Copay Card is restricted to residents of the United States and United States territories. Patients residing in a state that does NOT allow financial assistance for the administration of the drug may ONLY be eligible to receive out-of-pocket cost support for the drug.
- The Copay Card is not health insurance. Patients may not seek reimbursement for the value received from the Copay Card from any third-party payers, including a flexible spending account or healthcare savings account. Participating in this program means that you are ensuring you comply with any required disclosure regarding your participation in the Copay Card Program of your insurance carrier or pharmacy benefit manager.
- The Copay Card is void if copied, transferred, purchased, altered, or traded, and where prohibited and restricted by law. The Copay Card is not transferable. No substitutions are permitted. The Copay Card may not be sold, purchased, traded, or counterfeited. Void if reproduced. The Copay Card benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer. Teva reserves the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Copay Card program at any time without notice. **If you have any questions regarding this** Copay Card program, your eligibility or benefits, or if you wish to discontinue your participation, call 1-844-478-1644. These Terms and Conditions are valid for EPYSQLI dispensed between 04/01/2025 and 12/31/2026. E**xpiration Date:** 12/31/2026.

Medical Claims:

- Eligible patients must have an out-of-pocket cost for EPYSQLI and be administered the product prior to the expiration date of the Program. The benefit available under the Program is valid for the eligible patient's out-of-pocket cost for the product and administration unless prohibited by law. It is not valid for any other out-of-pocket costs (for example, office visit charges or evaluations, or diagnostic testing) even if such costs are associated with the administration of EPYSQLI.

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- A provider or patient is required to submit a copy of the Explanation of Benefits (EOB) from their commercial insurance plan detailing the patient's out-of-pocket costs for EPYSQLI, and a copy of the insurance claim form (CMS-1500, UB04, or electronic equivalent) to receive reimbursement from the Copay Assistance Program. All claims must be submitted within 180 days of the EOB date.
- The Program may apply to eligible out-of-pocket costs incurred by the patient for EPYSQLI up to 180 days prior to the date an eligible patient is enrolled in the Program, subject to annual Program maximum and the applicable Terms and Conditions based on EPYSQLI administration date. Patient or provider may contact the EPYSQLI Savings Program at 1-844-478-1644 for more information.

To the Pharmacist:

- By redeeming this Copay Card, you are certifying that you understand and agree to comply with the Terms and Conditions above.
- When you apply this offer, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.
- Submit claim to PDMI. If primary coverage exists, input offer information as secondary coverage and transmit using the COB segment of the NCPDP transaction.
- For questions, please call the PDMI Help Desk at 1-800-800-7364
- Please see full Prescribing Information, including BOXED WARNINGS and Medication Guide for EPYSQLI.

To the Patient:

- By redeeming this Copay Card, you are certifying that you understand and agree to comply with the Terms and Conditions above.
- Please see full Prescribing Information, including BOXED WARNINGS and Medication Guide for EPYSQLI.
- For patients residing in Maine and Maryland, please click here.

To the Prescriber:

- By redeeming this Copay Card, you are certifying that you understand and agree to comply with the Terms and Conditions above.
- When you apply this offer, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.
- All claim submissions must include a copy of the Explanation of Benefits and a copy of the insurance claim form (CMS-1500, UB04, or electronic equivalent).
- Claims may be submitted by one of the below methods:

  Electronic submission to PAYER ID PSN22

  Fax: 1-888-235-0404

  Email: EPYSQLIclaims@paysign.com

  Mail to: EPYSQLI Savings Program
  PO BOX 530492
  Henderson, NV 89053

- For claim related questions, please call 1-844-478-1644 for assistance.
- Please see full Prescribing Information, including BOXED WARNINGS and Medication Guide for EPYSQLI.

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