



## **CINQAIR® (reslizumab) Injection Cost Support Program Terms and Conditions:**

- This CINQAIR Cost Support Program (the "Program") helps commercially insured individuals in the United States (including the United States territories) who are prescribed CINQAIR pay for their eligible out-of-pocket costs for the drug and for administration of the drug, including co-pays, co-insurance, and deductibles. The Program does not cover the costs of physician office visits or evaluations, blood work or other testing, or transportation.
- Eligible individuals must have commercial insurance coverage for CINQAIR. Uninsured and cash-paying individuals are NOT eligible for this Program nor are individuals with commercial insurance coverage that does not provide coverage for CINQAIR.
- Individuals enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medicare Advantage Plans, Medicare Part D, Medicaid, Medigap, VA, DoD, TRICARE, and the Puerto Rico Government Health Insurance Plan are NOT eligible for this Program.
- Void if copied, transferred, purchased, altered or traded, and where prohibited and restricted by law.
- Persons 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.
- Individuals who are Medicare eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., you are eligible for Medicare Part D but receive a prescription drug benefit through a former employer) are NOT eligible for this Program.
- Patients who move from commercial to federally funded insurance will no longer be eligible for the Program.
- Eligible Patients may pay as little as \$0 on each fill. Annual benefit limits per individual apply and out of pocket expenses may vary. Patients enrolled in the 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.
- All coverage requirements mandated by the insurance company of the eligible patient must be satisfied in order for the Program to take effect. When submitting claims under this Program, patients and their treating providers are certifying that they understand the program rules, regulations and terms and conditions and comply with the Program terms as set forth herein. Specifically, you are certifying that a claim has not been submitted under a state or federally funded healthcare program, including but not limited to, Medicare, Medicare Advantage Plans, Medicare Part D, Medicaid, Medigap, VA, DoD, TRICARE, and the Puerto Rico Government Health Insurance Plan.
- Teva Respiratory, LLC reserves the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Program at any time without notice. Limit one Program enrollment per individual.
- 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 CINQAIR) 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 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 1-844-838-2211
- 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.

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- If you have any questions regarding this Program, your eligibility or benefits or if you wish to discontinue your participation, call the CINQAIR Cost Support Program at 1-844-838-2211 (Monday–Friday, 8:00 am–8:00 pm ET).

### Medical Claims:

- Eligible patients must have an out-of-pocket cost for CINQAIR 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 CINQAIR.
- 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 CINQAIR, 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 CINQAIR 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 CINQAIR administration date. Patient or provider may contact the CINQAIR Cost Support Program at 1-844-838-2211 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 listed herein.
- 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 PDML. 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 Paysign Help Desk at 1-844-838-2211
- [Please see full Prescribing Information, including BOXED WARNINGS for CINQAIR.](#)

### To the Patient:

- By redeeming this Copay Card, you are certifying that you understand and agree to comply with the Terms and Conditions listed herein.
- [Please see full Prescribing Information, including BOXED WARNINGS for CINQAIR.](#)
- 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 listed herein.
- 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 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: 1-844-838-2213

Mail to: CINQAIR Cost Support Program

PO Box 530492

Henderson, NV 89053

[Please see full Prescribing Information, including BOXED WARNINGS for CINQAIR.](#)