

Pay as little as

\$0

for
WAINUA



START, STAY, AND SAVE With the WAINUA Savings Program

The WAINUA Savings Program may help your eligible, commercially insured patients with their out-of-pocket costs for WAINUA so they can start and stay on treatment

If WAINUA is approved by insurance, eligible patients may pay as little as \$0 per month.*,[†]

The out-of-pocket costs covered by the program can include the cost of the product itself and injection training of the product (program maximum of \$100 per injection training).^{‡,§}

To be eligible, patients must:

- Have commercial insurance
- Have a valid prescription for WAINUA
- Have WAINUA approved by their insurance plan
- Be a resident of the United States or Puerto Rico
- Be enrolled in the WAINUA Savings Program

Healthcare providers (HCPs) can enroll their patients at www.azpatientsupport.com

- No login is required to enroll a patient into the program
- HCPs can also register for a Co-pay Savings Program portal account to enroll patients, view their status, and submit program claims^{II}

Patients or their legally authorized representatives can also self-enroll at www.azpatientsupport.com and should:

- Select "WAINUA" on the home page and complete the online form for the Savings Program

The **AstraZeneca Patient Support website** allows online enrollment of eligible patients into the WAINUA Savings Program.

For additional information, please visit www.MyAccess360.com or call 1-844-2-WAINUA (1-844-292-4682).

*Subject to eligibility rules. Additional restrictions may apply. Full details are included in the Eligibility and Terms of Use on the reverse side.

[†]Patients are responsible for any cost associated with the injection training above the \$100 per injection and injection training assistance provided by the program.

[‡]To request reimbursement for your patient's out-of-pocket costs related to WAINUA injection training, submit a copy of the explanation of benefits (EOB) form and a copy of the CMS 1500 form or UB-04 form at www.WAINUAcopayportal.com (with a valid log in).

[§]Patients who are residents of Massachusetts or Rhode Island are not eligible for injection training assistance.

^{II}Available options vary by program.

Eligibility:

You may be eligible for this offer with the following criteria:

- You have a valid prescription for WAINUA® (eplontersen) AND
- Insured by commercial insurance and your insurance covers your prescription AND
- A resident of the United States or Puerto Rico AND
- Enrolled in the WAINUA Savings Program AND
- Are not enrolled in a government-funded program

Patients who are enrolled in a state- or federally funded insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TRICARE, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state- or federally funded prescription insurance program, you are not eligible to use this Savings Program even if you elect to be processed as an uninsured (cash-paying) patient.

Terms of Use:

Eligible commercially insured/covered patients with a valid prescription for WAINUA who enroll in the WAINUA Savings Program may be eligible to receive payment assistance for out-of-pocket expenses. Patient out-of-pocket expenses may vary.

- Patient must be enrolled in the WAINUA Savings Program before use
- If you have any questions regarding the offer, please call WAINUA Way Support 1-844-2-WAINUA (1-844-292-4682)
- Offer is invalid for claims or transactions more than 365 days from the date of service

Other restrictions may apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer, including flexible spending account or healthcare savings account.

Maximum Savings Limit, Total Program Benefit, Benefits May Change, End or Vary: The program provides up to a **Maximum Savings Limit** of assistance to reduce a patient's out-of-pocket medication

costs that AstraZeneca will provide per patient for each calendar year, which must be applied to the patient's out-of-pocket costs (co-pay, deductible, or co-insurance). **Total Program Benefit** amounts are unilaterally determined by AstraZeneca in its sole discretion and will not exceed the Maximum Savings Limit. The Total Program Benefit may be less than the Maximum Savings Limit, depending on the terms of a patient's plan, and may vary among individual patients covered by different plans, based on factors determined solely by AstraZeneca, to ensure all programs funds are used for the benefit of the patient. Each patient is responsible for costs above the Patient Total Program Benefit amounts.

Some prescription drug plans have established programs referred to as 'co-pay maximizer' or 'co-pay accumulator' programs. Co-pay maximizer and co-pay accumulator programs are ones in which the amount of the patient's out-of-pocket costs is adjusted to reflect the availability of support offered by a co-pay support program. Patients enrolled in co-pay maximizer or co-pay accumulator programs may receive varied program benefits to ensure the program funds are used for the benefit of the patient.

AstraZeneca will monitor program utilization data and reserves the right to vary or discontinue program benefits at any time if AstraZeneca determines that patients are subject to a co-pay maximizer or co-pay accumulator program. Any potential program re-enrollment may be subject to similar program restrictions based on patient's prescription drug plan.

AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription at the time of purchase. The out-of-pocket costs covered by the program can include the cost of the product but does not cover the costs for office visits or any other associated costs.

BY USING THIS PROGRAM, YOU AND YOUR PHARMACIST AND/OR PHYSICIAN UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Pharmacist Instructions:

Pharmacist instructions for a patient with an authorized Third-Party Payer: For each treatment, submit the claim to the primary Third-Party Payer first, then submit the *balance due to Pharmacy Data Management Inc. (PDMI)* as a *Secondary Payer* as a *co-pay only billing using a valid Other Coverage Code, (eg, 8)*. Most eligible patients will receive monthly assistance. For any questions regarding PDMI online processing, please call the Help Desk at 1-800-800-7364.

For more information, please contact AstraZeneca Access 360™ at 1-844-2-WAINUA, Monday through Friday, 8 AM – 6 PM ET.



1-844-2-WAINUA (1-844-292-4682)



www.MyAccess360.com



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