

ENSPRYNG CO-PAY PROGRAM

This program may help eligible commercially insured patients who have been prescribed **ENSPRYNG** with their drug costs.

Patients may pay as little as \$5 per treatment for ENSPRYNG drug co-pays* with a benefit limit of \$20,000 per year and no income restrictions.

*Depending on how the health insurance plan applies manufacturer co-pay assistance for out-of-pocket costs or if they match the maximum benefit of the program, patients may owe more than \$5 per treatment.

Learn more.

Call **844-NSPRYNG (844-677-7964)** Monday through Friday, 9 AM to 8 PM ET.

Or visit **[ENSPRYNGCOPAY.com](https://www.enspryngcopay.com)**

Patient eligibility

- Must have a valid prescription for a Food and Drug Administration (FDA)-approved indication of ENSPRYNG medication
- Patient or their guardian must be 18 years or older to enroll into the program
- Must have valid commercial (private or non-governmental) insurance
- Must reside and receive treatment in the United States or US Territories
- Must **not** reside or receive treatment in any state where the program is prohibited
- Must **not** be receiving assistance from charitable assistance programs (such as Genentech Patient Foundation or Independent Non-profit Organizations)
- Must **not** be using Medicare, Medicaid, Medigap, Veteran's Affairs (VA), Department of Defense (DoD), TRICARE or any other federal or state government program to pay for their medications

How to use the program

1. The provider sends the prescription to the specialty pharmacy (SP). Either the provider or patient sends the patient's Member ID and Rx BIN to the SP. **There is no physical program card for patients to carry.**
2. The SP collects the patient's co-pay and uses the Rx BIN to process the ENSPRYNG Co-pay Program as secondary insurance.
3. SP ships ENSPRYNG to the patient.
4. The ENSPRYNG Co-pay Program reimburses the SP for the patient's out-of-pocket costs for ENSPRYNG up to the annual program limit.

Sample coding for **ENSPRYNG**

| TYPE | CODE | | DESCRIPTION |
|--|-----------------|-----------------|---|
| Diagnosis: ICD-10 | G36.0 | | Neuromyelitis optica [Devic] |
| Drug NDC Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference. | 10-digit | 11-digit | ENSPRYNG (satralizumab-mwge) pre-filled syringe |
| | 50242-007-01 | 50242-0007-01 | |
| Administration procedures: CPT | 96372 | | Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular |

CPT=Current Procedural Terminology; ICD-10=International Classification of Diseases, 10th Revision; NDC=National Drug Code.

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care, and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Terms and conditions for drug assistance

This **ENSPRYNG** Co-pay Program is valid **ONLY** for patients with commercial (private or non-governmental) insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication of a Genentech medication. Patients using Medicare, Medicaid, Medigap, Veteran's Affairs (VA), Department of Defense (DoD), TRICARE or any other federal or state government programs (collectively "Government Programs") to pay for their medications are not eligible. The program is not valid for medications that are eligible to be reimbursed in their entirety by private insurance plans or other programs.

Under the program, the patient will pay a co-pay. After reaching the maximum program benefit, the patient will be responsible for all remaining out-of-pocket expenses. This program is not health insurance or a benefit plan. The program does not obligate the use of any specific product or provider. Patients receiving assistance from charitable assistance programs (such as Genentech Patient Foundation) are not eligible. The co-pay benefit cannot be combined with any other rebate, free trial, or similar offer for the medication. No party may seek reimbursement for all or any part of the benefit received through this program.

The program may be accepted by participating pharmacies, physician offices, or hospitals. Once a patient is enrolled, this program will not honor claims with date of service or medication dispensing that precede program enrollment by more than 180 days. Use of this program must be consistent with all relevant health insurance requirements. Participating patients, pharmacies, physician offices, and hospitals are responsible for reporting the receipt of all program benefits as required by any insurer or by law. Program benefits may not be sold, purchased, traded, or offered for sale.

The patient or their guardian must be 18 years or older to receive program assistance. This program is only valid in the United States and U.S. Territories. This program is void where prohibited by law and shall follow state restrictions in relation to AB-rated generic equivalents (e.g. MA, CA) where applicable. Program eligibility is contingent upon the patient's ability to meet and maintain all requirements set forth by the program. Genentech reserves the right to rescind, revoke, or amend the program without notice at any time.

Genentech

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