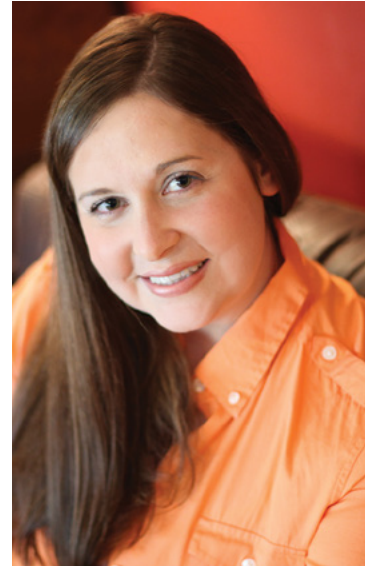


# Alexion ™ CoPay Program



# Alexion <sup>ONESOURCE™</sup> CoPay Program

## How to apply for the Alexion OneSource CoPay Program

The Alexion OneSource CoPay Program helps patients pay for eligible out-of-pocket medication and infusion costs.

### Program eligibility

|   |   |
|---|---|
| ✓ | Patient enrolled in OneSource   |
| ✓ | Patient with commercial insurance who has a valid prescription for a US Food and Drug Administration–approved indication for Soliris® (eculizumab) or ULTOMIRIS® (ravulizumab-cwvz) |
| ✓ | Patient must be a citizen or permanent resident of the United States or its territories   |

Please see Important Safety Information and full Prescribing Information and Medication Guide for Soliris, including Boxed WARNING regarding serious and life-threatening meningococcal infections, at [www.Soliris.net](http://www.Soliris.net).

Please see Important Safety Information and full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis, at [www.ULTOMIRIS.com](http://www.ULTOMIRIS.com).



Fill out the Alexion OneSource CoPay Program enrollment form

The enrollment form can be found at [www.AlexionOneSource.com/CoPayForm](http://www.AlexionOneSource.com/CoPayForm).



Submit form to OneSource

Fill out the form with patient information and fax to OneSource at [1.800.420.5150](tel:18004205150) or email to [OneSource@alexion.com](mailto:OneSource@alexion.com).



Receive CoPay ID number from OneSource

You will receive communication from OneSource containing the CoPay ID number.



Provide CoPay ID number to site of care

Have a question? Received an invoice?

Contact OneSource at [1.888.765.4747](tel:18887654747)

Please refer to the full Terms and Conditions on the back of this brochure for additional eligibility requirements.

## Alexion OneSource CoPay Program Terms and Conditions

The Alexion OneSource™ Copay Program (the “Program”) pays for eligible out-of-pocket medication and infusion costs associated with Soliris® (eculizumab) or ULTOMIRIS® (ravulizumab-cwvz) up to \$15,000 US dollars per calendar year. After reaching the maximum Program benefit, the patient will be responsible for any remaining out-of-pocket costs incurred during that calendar year.

The Program is valid ONLY for patients with commercial insurance who have a valid prescription for a U.S. Food and Drug Administration-approved indication for SOLIRIS or ULTOMIRIS. The Program is not valid for costs eligible to be reimbursed, in whole or in part, by government insurance programs, including Medicaid, Medicare (including Medicare Part D), Medicare Advantage Plans, Medigap, Veterans Affairs, Department of Defense or TRICARE, or other federal or state programs (including any state prescription drug assistance programs). Patients residing in Massachusetts, Michigan, Minnesota, and Rhode Island are eligible for assistance with medication costs, but are not eligible for assistance with infusion costs. No claim for reimbursement of any out-of-pocket expense amount covered by the Program may be submitted to any third-party payer, whether public or private.

To enroll in the Program, the patient must also enroll in OneSource™, a personalized patient support program offered by Alexion and must be a citizen or permanent resident of the United States or its territories. In addition, the person who is financially responsible for the patient's copay must be 18 years of age or older.

Claims must be submitted in a timely manner. An explanation of benefits or similar documentation from the patient's commercial health insurance must be submitted within 120 days of the date of service for the patient to receive out-of-pocket assistance. The Program will not pay for claims with a date of service that precedes the patient's enrollment in the Program by more than 90 days. In addition, the Program will not pay for claims with a date of service prior to the effective date of the Program, July 27, 2020.

Program participants and providers are responsible, as applicable, for reporting receipt of the Program benefits to any insurer, health plan, or other third party who pays for or reimburses any part of the medication cost paid for by the Program, or as may otherwise be required by law.

Program participants are required to immediately inform OneSource™ if the patient's insurance changes or if the patient is no longer eligible to receive Program benefits. If a patient moves from commercial insurance to government-supported insurance during a calendar year, that patient will no longer be eligible to receive Program benefits.

This Program is not health insurance or a benefit plan. The Program does not obligate the use of any specific medication or health care provider. This Program cannot be combined with any other rebate, coupon, free trial, or similar offer. Participation in the Program is not conditioned on any past, present, or future purchase. Program benefits may not be sold, purchased, traded, or offered for sale, purchase, or trade. The Program is not valid where prohibited by law, taxed, or otherwise restricted.

In addition, Program participants acknowledge and agree that their personal information will be collected, used, and disclosed in accordance with the Alexion Privacy Notice, available at <https://alexion.com/Legal#privacy>, and the OneSource Enrollment and Authorization Form, available at <https://alexiononesource.com> which collectively provide information about Alexion's privacy practices and the privacy rights that may be available to Program participants. Program participants authorize Alexion and its affiliates, business partners, employees, subcontractors, agents, designees, and other representatives to (i) use and share information with their healthcare providers, specialty pharmacies, insurers and others for the purposes of coordinating enrollment and participation in the Program; (ii) contact them by mail, telephone and/or email in connection with the Program; and (iii) inform them of available assistance programs, treatment and therapies and insurance-related information.

This is a voluntary program. Patients may choose not to enroll in the Program and will still receive medication. Patients may participate in OneSource without being a member of the Program. After enrolling in the Program, Program participants may later opt out of the Program at any time by contacting OneSource. By participating in the Program, Program participants acknowledge that they understand and agree to comply with these Terms and Conditions. Alexion reserves the right to rescind, revoke, or amend the Program and these Terms and Conditions without notice.

Please see Important Safety Information and [full Prescribing Information](#) and Medication Guide for Soliris, including Boxed WARNING regarding serious and life-threatening meningococcal infections, at [www.Soliris.net](http://www.Soliris.net).

Please see Important Safety Information and [full Prescribing Information](#) and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis, at [www.ULTOMIRIS.com](http://www.ULTOMIRIS.com).

