

# If you're commercially insured, you **may pay** **\$5 per month\*** with the **Repatha<sup>®</sup> Co-Pay Card**

Sign up for a Repatha<sup>®</sup> Co-Pay Card today by taking these **3 simple steps**:



**Sign up** at [Repatha.com/copay](https://Repatha.com/copay) or by calling **1-844-REPATHA (1-844-737-2842)**



**Share** your co-pay card information with your pharmacist.



**Pick up** your prescription and pay **as little as \$5 per month\*** for Repatha<sup>®</sup>

\*Subject to eligibility criteria. Program maximums apply. See below for full terms & conditions.

## Instructions for the pharmacist

Submit the claim to the primary third-party payer first, then submit the balance due to "Change Healthcare" as a secondary payer with the patient responsibility amount and a valid other coverage code (OCC) of "8."

If eligible, the patient is responsible for the first \$5, and reimbursement will be received from Change Healthcare up to program maximum limits.

## Repatha<sup>®</sup> Co-pay Card Terms and Conditions SUMMARY OF TERMS AND CONDITIONS

It is important that every patient read and understand the full Repatha<sup>®</sup> (evolocumab) Co-pay Card Terms and Conditions. The following summary is not a substitute for reviewing the Terms and Conditions in their entirety.

As further described in the full terms and conditions, in general:

- The Repatha<sup>®</sup> Co-pay Card is open to patients with commercial insurance, regardless of financial need. The program is not valid for patients whose Repatha<sup>®</sup> prescription is paid for in whole or in part by Medicare, Medicaid, or any other federal or state healthcare program. It is not valid for cash-paying patients or where prohibited by law.
- With the Repatha<sup>®</sup> Co-pay Card, a commercially insured patient who meets eligibility criteria may pay as little as a \$5 co-pay per month for their Repatha<sup>®</sup> monthly out-of-pocket costs. Monthly out-of-pocket costs include co-payment, co-insurance, and deductible out-of-pocket costs. Amgen will pay the remaining eligible out-of-pocket costs on behalf of the patient up to a Maximum Monthly Benefit, a Maximum Annual Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed these limits.
- Offer is subject to change or discontinuation without notice.
- The Repatha<sup>®</sup> Co-pay Card provides support up to the Maximum Monthly Benefit, the Maximum Annual Program Benefit and/or Patient Total Program Benefit. If a patient's commercial insurance plan imposes different or additional requirements on patients who receive Repatha<sup>®</sup> Co-pay Card benefits, Amgen has the right to modify or eliminate those benefits. Whether you are eligible to receive the Maximum Monthly Benefit, Maximum Program Benefit or Patient Total Program Benefit is determined by the type of plan coverage you have. Please ask your Amgen SupportPlus Representative to help you understand eligibility for the Repatha<sup>®</sup> Co-pay Card, and whether your particular insurance coverage is likely to result in your reaching the Maximum Monthly Benefit, the Maximum Annual Program Benefit, or your Patient Total Program Benefit, by calling 1-844-REPATHA (1-844-737-2842).
- Please see the full Terms and Conditions at [Repatha.com/copay](https://Repatha.com/copay).

