



If you're commercially insured, you may pay **\$5 per month** with the Repatha® Copay Card*



Sign up for a Repatha® Copay Card today by taking these **3 simple steps**:



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



Share your copay card information with your pharmacist



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

*Subject to eligibility criteria; see below for 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 the maximum limit for the program.

Eligibility Information and Repatha® Copay Program Terms & Conditions

Open to patients 18 years or older with commercial prescription insurance and who are not enrolled in any government-funded program that pays for prescription drugs. This offer is not valid if patient is uninsured or receiving prescription reimbursement under any federal-, state-, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, the Retiree Drug Subsidy Program, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD), or TRICARE®, or where prohibited by law. This offer may not be combined with cash discount cards or other noninsurance plans. If at any time patient begins receiving coverage under any such federal-, state-, or government-funded healthcare program, patient will no longer be able to use this offer and patient must call 1-844-REPATHA to stop participation. This applies to copayments, coinsurance, and prescription deductibles (subject to plan design).

Patient may not seek reimbursement for value received from this offer from any third-party payers, including flexible spending accounts or healthcare savings accounts. This is not health insurance. Participation is not a guarantee of insurance coverage. If patient qualifies, the Repatha® Copay Card may cover out-of-pocket costs for Repatha® up to an annual maximum dollar limit. This program does not cover out-of-pocket costs for any patient whose commercial insurance plan does not apply Repatha® Copay Card payments to satisfy the patient's copayment, deductible or coinsurance for Repatha®. Patients with these plan limitations are not eligible for the Repatha® Copay Card program but may be eligible for other needs based assistance provided by Amgen. If you believe your commercial insurance plan may have such limitations, or if you have questions regarding the annual maximum dollar limit, please call 1-844-REPATHA.

This offer may only be valid in the United States, Puerto Rico, and the US territories. Other restrictions may apply. This offer is subject to change or discontinuation without notice. If you become aware that your health plan or pharmacy benefit manager does not allow the use of manufacturer copay support as part of your health plan design, you agree to comply with your obligations, if any, to disclose your use of the card to your insurer. Enrollment in the copay program is not ongoing and in order to remain eligible, patient must re-enroll when notified by Amgen by visiting [Repatha.com/reenroll](https://www.Repatha.com/reenroll).

If you have questions regarding these terms and conditions or the Repatha® Copay Card program, please call 1-844-REPATHA or visit [Repatha.com/copay](https://www.Repatha.com/copay).

