

Shire's CoPay Assistance Program

Terms and Conditions

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- This manufacturer coupon program is not valid for prescriptions reimbursed, in whole or in part, by Medicaid, Medicare, Medigap, VA, DoD, TRICARE or any other federal or state healthcare programs, including state pharmaceutical assistance programs, and where prohibited by the health insurance provider or by law.
- Shire's CoPay Assistance Program provides a maximum benefit of \$12,000 for eligible out-of-pocket costs and expires 12 months from date of activation. Eligible costs include deductible, copayment, and coinsurance costs for eligible Shire factor or bypass products. Non-medication expenses, such as ancillary supplies or administration-related costs, are not eligible.
- To be eligible, patients must: 1) be starting or receiving treatment with (and have current prescription for) an eligible Shire factor or bypass product with an ICD9 or ICD10, as applicable, for a diagnosis of mild, moderate, or severe Hemophilia A or B, a Hemophilia A or B inhibitor, or von Willebrand disease; and 2) have commercial insurance that covers medication costs for Shire factor or bypass product and allows for CoPay assistance; and 3) meet any applicable age restrictions as indicated for Shire factor or bypass products.
- Acceptance of this offer must be consistent with the terms of benefits provided by patient's health insurance provider.
- If your insurance situation changes it is your responsibility to notify Shire's CoPay Assistance Program.
- Offer limited to one card per person and may not be combined with any other coupon, discount, prescription savings card, rebate, free trial, patient assistance or other offer.
- This program is only valid for residents of the United States, excluding Puerto Rico and other U.S. territories.
- Shire reserves the right to change or discontinue this program at any time without notice.
- This is not health insurance.

Patient Instructions

By using this program, you are certifying that:

- You meet the eligibility criteria and have read and agree to the terms and conditions terms of this manufacturer CoPay program
- You will not, at any time, submit any costs for the product dispensed pursuant to this program to any government healthcare program for reimbursement
- You are permitting your personal information, including name, address, phone number, email address, and information related to health insurance and treatment, to be shared with Shire and companies working with Shire for the purpose of administering this program
- You will notify your health insurance provider or other third-party payer of the use of Shire's CoPay Assistance Program if required to do so

Pharmacy Instructions

By submitting a claim for reimbursement pursuant to this manufacturer CoPay assistance program, the Pharmacy represents and warrants that:

- It has dispensed a Shire factor or bypass product to an eligible patient and in accordance with the terms and conditions of this program and the accompanying prescription
- Its participation in this program is consistent with all applicable laws and any obligations, including its contract with the applicable payer
- It will report CoPay assistance received to payers
- The entire benefit amount received will go to eligible expenses and it will not retain any portion of the benefit as payment to it for administration or ineligible expenses