

# PROVENTION BIO COMPASS™ COPAY ASSISTANCE GUIDE

This guide provides an overview of the Provention Bio Copay Program for patients treated with TZIELD™ (teplizumab-mzwv) and instructions on how to submit copay program claims for eligible patients enrolled in the program.

## Guiding your patients through treatment with TZIELD

The Provention Bio Copay Program is part of Provention Bio COMPASS, a support program that will provide helpful tools and resources, information on reimbursement and financial assistance options, and additional support throughout the treatment journey. Patients and their caregivers must enroll in Provention Bio COMPASS to enroll in the copay program.

To enroll your patient in Provention Bio COMPASS, you and your patient will complete the Patient START Form. Once the completed Patient START Form is submitted, a COMPASS Navigator can help your patients understand insurance coverage details. They will confirm what coverage they have and identify any financial assistance options that may be available.



### Your patients may be able to save on out-of-pocket costs for TZIELD

With the Provention Bio Copay Program,\* commercially or privately insured individuals may pay as little as \$0 for TZIELD. If your patient qualifies, their COMPASS Navigator can help enroll them into the copay program so they may be able to lower their out-of-pocket costs.

\*Eligibility requirements and terms and conditions apply. See <https://tzieldhcp.com/pdf/compass-program-terms-and-conditions.pdf> for more information. This program is intended to help with the cost of TZIELD and its infusion administration only. It does not help with the cost of other medicines your patients take at the same time as TZIELD or with other facility fees.

## THE PROVENTION BIO COPAY PROGRAM CLAIM SUBMISSION PROCESS

Patient copay claims can be submitted by fax, mail, or electronic data interchange (EDI) using the steps detailed below.

### Submissions by fax or mail†

- 1 Provider submits the claim to the insurer**
- 2 Upon receipt of the remittance advice from the patient's insurer(s), obtain:**
  - A copy of the explanation of benefits (EOB) from the insurance plan. For submission, the EOB must include detailing of the out-of-pocket costs for TZIELD
  - A copy of the Check Request Form, CMS 1500, or CMS 1450 associated with the treatment or explanation of payment if applicable

### 3 Submit the claim‡ by



**Faxing the documents to:**  
866-278-2315

OR



**Mailing the documents to:**  
ConnectiveRx  
Attn: Provention Bio Copay Program  
PO Box 2355  
Morristown, NJ 07962

**Provention Bio COMPASS is a patient support program that helps patients to gain access to TZIELD and provides patients with education and resources related to TZIELD. Provention Bio COMPASS is not a healthcare service or an insurance provider and does not provide care coordination. Provention Bio COMPASS and the COMPASS Navigator will not provide medical or treatment advice. Provention Bio COMPASS services are available only to those who have been prescribed TZIELD and are intended for US residents only.**

†Both providers and patients can submit claims by fax or mail.

‡Make sure to include both the claim form and the remittance advice to avoid a rejection and request for resubmission.

## Submissions by EDI

- 1 In your practice management software, select "PSKW0" as a payer**
  - If PSKW0 is not available, contact your software vendor and/or clearinghouse to make PSKW0 available in your system\*
  - Once PSKW0 is available to select as a payer in your system, you are ready to submit electronic claims transactions (EDI 837 files)

\*The process of adding a new payer to practice management software or a clearinghouse varies by vendor. Please work directly with your vendor's customer support team if you require assistance.
- 2 Add "ProventionBio - TzielD Copay Assistance Program" to your patient's insurance profile as a secondary payer**
  - When inputting ProventionBio - TzielD Copay Assistance Program to the patient's profile, make sure to include the following required information:
    - Payer ID: PSKW0
    - Program Group Number: EC42801001
    - Patient Member ID: Unique patient identifier provided to patient
  - Failure to include this information will result in your claim being rejected
- 3 Submit a request to your software vendor and/or clearinghouse to accept electronic remittance advice (ERA) transactions (EDI 835 files) from PSKW0**
  - Once this request is complete, you should begin to receive ERAs for claims submitted via EDI about 5 to 7 business days from the date of claim submission

## PROVENTION BIO COPAY PROGRAM TERMS AND CONDITIONS

- Individuals must have a valid TZIELD prescription for an FDA-approved indication
- Patient must have commercial (private or non-governmental) insurance. This includes plans available through state and federal health insurance marketplaces. Offer is not valid for cash-paying individuals
- Patient, or patient's parent or guardian, must be 18 years or older
- Patient must not be a government beneficiary or a participant in a federal or state-funded health insurance program (for example, Medicare, Medicare Advantage, Medigap, Medicaid, CHAMPUS, VA, DoD, TRICARE, Children's Health Insurance Program (CHIP), or the Indian Health Service). No cost of any portion of TZIELD that is dispensed can be submitted to a federal or state healthcare program for purposes of counting it toward out-of-pocket expenses
- Offer is not valid for use with any other program, discount, or offer involving TZIELD or where insurance is paying the entire cost of the prescription. Where third-party reimbursement covers a portion of the prescription, the offer is valid only for the actual out-of-pocket costs
- The Provention Bio Copay Program is exclusively and entirely for the benefit of the enrolled patient
- Patient or the patient's parent or guardian is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Provention Bio Copay Program
- The Provention Bio Copay Program is not valid where prohibited by law. Valid only in the United States and US Territories. For administration only, Program is not available in Rhode Island. Only patients may submit copay program claims in Massachusetts and Minnesota; any copay program claims submitted by healthcare providers will be rejected
- The Provention Bio Copay Program is not health insurance and may not be combined with any third-party rebate, coupon, or offer
- Provention Bio, Inc. reserves the right to rescind, revoke, or amend program benefits at any time without notice
- Expiration date is 12 months from enrollment. Individuals eligible for pharmacy benefits must have an out-of-pocket cost for TZIELD, and the product must be administered prior to the expiration date of the Provention Bio Copay Program
- The available benefit is valid for the out-of-pocket cost for TZIELD and the infusion process only. It is not valid for any other out-of-pocket costs (for example, office visit charges or medication administration charges, evaluations, or diagnostic testing) even if such costs are associated with the administration of TZIELD



**For more information about Provention Bio COMPASS or questions on patient billing and access, call 1-844-778-2246 Monday through Friday, 8 AM-8 PM ET.**

For questions or support regarding a patient's copay claim, call 1-855-469-1100.

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; DoD = US Department of Defense; FDA = US Food and Drug Administration; VA = US Department of Veterans Affairs.

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