Papzimeos®
zopapogene imadenovec-drba
For subcutaneous injection 5 x 10^{11} PU/mL

Copay Support Guide

Important information on savings that may reduce out-of-pocket costs for PAPZIMEOS for eligible patients

This resource is provided for informational purposes only. It is always the healthcare provider's (HCP) responsibility to determine details specific to individual patients and to submit factual and accurate claims for the products and services rendered. HCPs should contact third-party insurers for specific information on their coding, coverage, payment policies, and fee schedules. Precigen makes no guarantee regarding reimbursement for any service or item. **This resource is not intended as reimbursement advice, legal advice, medical advice, or a substitute for an HCP's independent professional judgment.**

INDICATION

PAPZIMEOS is a non-replicating adenoviral vector-based immunotherapy indicated for the treatment of recurrent respiratory papillomatosis in adults.

Important Safety Information

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Injection-Site Reactions: Injection-site reactions have occurred with PAPZIMEOS injection. Monitor patients for local site reactions for at least 30 minutes after the initial treatment.

Thrombotic Events: Thrombotic events may occur following administration of adenoviral vector-based therapies. Monitor patients for signs and symptoms of thrombotic events and treat events according to clinical practice.

Please see Important Safety Information on page 6 and full Prescribing Information.

Papzimeos SUPPORT

Copay Support for Eligible Patients

The Papzimeos SUPPORT Copay Assistance Program offers savings that may reduce out-of-pocket costs for PAPZIMEOS for eligible patients.

Eligible patients may pay as little as **$0 out-of-pocket**

Lifetime maximum **up to $25,000** in assistance

No income requirements to qualify

The copay program provides assistance only for the cost of PAPZIMEOS and its administration for adult patients (aged 18 years or older) who:

- Have received PAPZIMEOS for the FDA-approved indication of recurrent respiratory papillomatosis (RRP)
- Are currently enrolled in the Papzimeos SUPPORT Program
- Are covered under commercial insurance
  - Patients with government-funded insurance (Medicare, Medicaid, VA/DoD, or Tricare), or those receiving alternative foundation assistance are not eligible
- Reside within the 50 US states (those in US territories are not eligible)

Please see the full terms and conditions for the Papzimeos SUPPORT Copay Program on page 5.

For access support, visit PapzimeosSUPPORT.com or call (866) 827-8180, Monday to Friday, 8 AM to 8 PM ET.

Enrolling in Papzimeos SUPPORT Program

To be eligible for copay assistance, patients must be enrolled in the Papzimeos SUPPORT Program. Enrollment can be initiated by either the patient or their healthcare professional (HCP) by completing and submitting the Papzimeos SUPPORT Enrollment Form:

- Online through our secure HCP portal at **PapzimeosHCPSUPPORT.com**
- Online through our secure patient portal at **PapzimeosPatientSUPPORT.com**
- Download and complete the enrollment form; and fax it to **(833) 813-8580**

When completing the enrollment form, whether online or via download, make sure to select Copay Support at the top of the form under Papzimeos SUPPORT Services.

After the enrollment form is submitted, Papzimeos SUPPORT will:

Review the application and reach out to the patient and/or HCP if any additional information is needed

Conduct a benefits investigation to confirm coverage and financial responsibility

Notify the patient directly about their financial responsibility and their eligibility for the copay assistance program

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FOR BUY-AND-BILL OFFICES ONLY

Submitting Copay Claims and Receiving Copay Reimbursement

For buy-and-bill offices only, eligible HCP offices administering PAPZIMEOS can submit copay claims on behalf of enrolled patients and receive copay reimbursement for qualifying amounts in accordance with the program's terms and conditions.

Submitting a Copay Claim

After PAPZIMEOS has been administered, HCPs must submit the appropriate documents **within 90 days of treatment.**

- Claim Forms:
  - **CMS-1500:** Non-institutional healthcare settings (professional, outpatient, and physician services)
  - **UB-04:** Institutional healthcare settings (inpatient and outpatient services)
- Additional Documentation:
  - Explanation of Benefits (EOB)

Copay reimbursement claims should be submitted by the office/department that billed for the treatment and is listed on the EOB. All eligible copay reimbursement claims should be submitted via the **dedicated copay submission fax number at (877) 493-1653**. Please note that this is a different fax number from the one that may have been used for enrollment form submissions.

For buy-and-bill offices, copay reimbursement is paid directly to the office/department that submitted the copay reimbursement claim, not the patient.

Copay Reimbursement Determination and Payment Process

After the claim documentation is submitted, Papzimeos SUPPORT will:

Review the claim.
- The average time to process a claim is **7 to 10 business days**.

Notify the HCP office **by mail** if they qualify for copay reimbursement.
- An EOB and an Explanation of Payment (EOP) letter outlining the calculated copay reimbursement amount will be included.

Issue payment to the provider.
- **Paper checks** are issued daily once claims are approved and processed. Delivery times for mailed checks may vary based on the location of the HCP office.
- For providers enrolled in **electronic funds transfer (EFT)**, payments are processed the same day following approval. EFT is the fastest payment option.

Papzimeos SUPPORT Copay Program Terms and Conditions

The Papzimeos SUPPORT Copay Program is for eligible patients enrolled in Papzimeos SUPPORT who are commercially insured and are not covered under government insurance programs such as Medicare, Medicaid, VA/DoD, or TRICARE. The program assists only with the cost of PAPZIMEOS and its administration, up to the program maximum. It does not assist with the cost of other administrations, medicines, procedures, or other visits. Patients receiving assistance through another program or foundation are not eligible for the program. Precigen reserves the right to modify or terminate the program at any time without notice. If I seek copay reimbursement under the Papzimeos SUPPORT Copay Program on behalf of my patient(s), I certify the following for each request: (i) I have provided true and accurate information; (ii) the expenses requested for copay reimbursement are eligible under the program, and were actually incurred and not paid by the patient or any party; (iii) the patient is not insured under Medicare, Medicaid, VA/DoD, TRICARE, or any other federal or state government-funded program and has received PAPZIMEOS for the FDA-approved indication; (iv) I have not requested or received, and will not request or receive, any payments from the patient or any party for the amounts I seek copay reimbursement under the program.

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Indication and Important Safety Information

INDICATION

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WARNINGS AND PRECAUTIONS

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ADVERSE REACTIONS

The most commonly reported adverse reactions (≥5% of patients) in PAPZIMEOS-treated patients were injection site reactions, fatigue, chills, pyrexia, myalgia, nausea, headache, tachycardia, diarrhea, vomiting, and hyperhidrosis.

USE IN SPECIFIC POPULATIONS

Pregnancy: There are no available data with PAPZIMEOS in pregnant women.

Lactation: There is no information available on the presence of PAPZIMEOS in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for PAPZIMEOS and any potential adverse effects on the breastfed child from PAPZIMEOS or from the underlying maternal condition.

Pediatric Use: The safety and effectiveness of PAPZIMEOS have not been established in pediatric patients.

Geriatric Use: Clinical studies of PAPZIMEOS did not include sufficient numbers of patients 65 years of age and older to determine whether they respond differently from younger patients.

Please see full Prescribing Information.

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