

Papzimeos SUPPORT

Providing Support for Patients and Healthcare Providers Navigating the Access Journey

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.**

Papzimeos SUPPORT

Support Through the Access Process

For Patients

Papzimeos SUPPORT helps patients navigate access once they have been prescribed PAPZIMEOS and are enrolled in the program. Once enrolled, patients receive:



Treatment Education

Support through the treatment process, including education about PAPZIMEOS



Understanding Coverage

Help understanding the insurance process and the information their health plan may need



Financial Assistance

Information about available resources that may help to reduce or eliminate their out-of-pocket costs

For Your Staff

Once a patient is enrolled, the Papzimeos SUPPORT team can help your staff navigate the patient access journey:



Order Support

Help coordinating delivery of PAPZIMEOS



Insurance Navigation

Support during the process of determining a patient's insurance benefits for PAPZIMEOS and eligibility for affordability programs



Review the Papzimeos SUPPORT Enrollment Form or ask your Key Account Director for a copy. Together with your patient, complete all required fields, including patient signature. Fax the completed form to (833) 813-8580.

Copay Program

The Papzimeos SUPPORT Copay Program offers savings that may reduce out-of-pocket costs per calendar year for eligible commercially insured patients, subject to certain terms and conditions. Eligible patients may pay **as little as \$0 out-of-pocket** for PAPZIMEOS. There are no income requirements to participate in the program.



Application Process

- Evaluation of eligibility for the Papzimeos SUPPORT Copay Program begins with the submission of the Papzimeos SUPPORT Enrollment Form
- A Papzimeos SUPPORT Case Manager will track the status of a prior authorization
- Patients with a high copay will automatically be considered for the Papzimeos SUPPORT Copay Program and eligible patients will be informed if they are approved

Patients will need to be enrolled in Papzimeos SUPPORT to participate in the Papzimeos SUPPORT Copay Program. See the back page for the full terms and conditions of the Papzimeos SUPPORT Copay Program.



Enroll your patients so they can start receiving support

Review the Papzimeos SUPPORT Enrollment Form or ask your Key Account Director for a copy. Together with your patient, complete all required fields, including patient signature. Fax the completed form to (833) 813-8580.

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 not covered under government insurance programs, such as Medicare, Medicaid, Veterans Affairs/Department of Defense (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 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 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 reimbursement under the program.

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