

aimovig ally access card



eligible commercially insured patients

pay as little as
\$5 per month for Aimovig®*
or
free for up to 3 doses†



*If approved by the patient's health plan to take Aimovig® (erenumab-aooe), a patient pays as little as a \$5 copay per month, up to an annual maximum benefit. This applies to patient out-of-pocket costs, including deductible, co-insurance, and copayments for Aimovig®. Patient is responsible for costs above the annual maximum. See full Terms and Conditions on the next page.

†If the patient's health plan does not cover Aimovig® or requires a prior authorization, the patient can qualify for the Bridge to Commercial Coverage Offer and receive Aimovig® free for up to 3 doses, while pursuing approval from their health plan. No purchase necessary. See full Terms and Conditions on the next page.

simple steps for enrolling



visit aimovigaccesscard.com
to sign up and get your Access Card information



give your card information to your pharmacist
with the Pharmacist Instructions included in this brochure



get Aimovig®
at your local pharmacy

Use the spaces below to fill in your Access Card **GROUP** and **MEMBER** numbers. You will need these numbers when you bring your card to the pharmacy.

GROUP NUMBER

MEMBER NUMBER

BIN NUMBER

004682

PNC

CN



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information along the way

Please see next page for full program details and
terms and conditions.



PROGRAM DETAILS AND TERMS AND CONDITIONS

Program details:

With the Aimovig Ally™ Access Card, an eligible commercially insured patient can receive one of the following two offers:

- **If the patient's health plan does not cover Aimovig® (ereenumab-aooe) or requires a prior authorization**, a patient who enrolls before or by December 31, 2020, can receive Aimovig® free for up to 12 doses over 24 months from the date of the first prescription filled under the Bridge to Commercial Coverage Offer. A patient who enrolls on or after January 1, 2021, can receive Aimovig® free for up to 3 doses over 90 days from the date of the first prescription filled under the Bridge Offer. See full Terms and Conditions below.
- **If Aimovig® is approved by the patient's health plan**, a patient pays as little as a \$5 copay per month up to an annual maximum benefit. This applies to patient out-of-pocket costs, including deductible, co-insurance, and copayments for Aimovig®. Patient is responsible for costs above the annual maximum. See full Terms and Conditions below.

Terms and Conditions for Bridge to Commercial Coverage Offer ("Bridge Offer"):

- A patient who enrolls before or by December 31, 2020, can receive Aimovig® free for up to 12 doses over 24 months (whichever occurs first) from the first prescription filled under the Bridge Offer. Ongoing eligibility requires that patient has a prior authorization or medical exception denied within 90 days of first use of offer.
- A patient who enrolls on or after January 1, 2021, can receive Aimovig® free for up to 3 doses over 90 days (whichever occurs first) from the first prescription filled under the Bridge Offer.

Available if patient has a prescription, is commercially insured, and 18 years or older. 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. Cash Discount Cards and other noninsurance plans are not valid as primary under this offer. 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 833-AIMOVIG to stop participation. By participating in this offer, patient acknowledges intent to pursue insurance coverage for Aimovig® with their healthcare provider. Once insurance approval is obtained, patient is no longer eligible for this offer. No purchase necessary. **This is not health insurance.** Participation is not a guarantee of insurance coverage. This offer is not renewable. 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.

Terms and Conditions for Copay Offer: Pay as little as a \$5 copay per month, up to an annual maximum benefit. Available if patient has a prescription, is commercially insured, and 18 years or older. 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. Cash Discount Cards and other noninsurance plans are not valid as primary under this offer. 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 833-AIMOVIG to stop participation. 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. 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. This offer is ongoing and in order to remain eligible, patient must re-enroll every 12 months by visiting www.aimovigaccesscard.com or by calling 833-AIMOVIG (833-246-6844).

For more information, visit aimovigaccesscard.com or call our Aimovig Ally™ support team at **833-AIMOVIG (833-246-6844)**, Monday - Friday, 8 am - 9 pm ET.



Pharmacist instructions

The Aimovig Ally™ Access Card has two offers within the program depending on whether the patient has eligible commercial coverage at the point of adjudication.

1. If patient with commercial coverage is rejected or has a managed care restriction (i.e. Prior Authorization (PA), Step Edit or NDC Block), continue to process the card→ Bridge Offer (i.e. Code 03):

- Submit the claim to the primary Third-Party Payer first.
- If you receive a rejection due to a Managed Care Restriction, continue processing the Aimovig Ally™ Access Card as a Secondary Payer with valid Other Coverage Code (OCC) of 03. Note that the patient is not responsible for any copay, and reimbursement will be received from Change Healthcare. Patient is limited to 3 total fills over 90 days, not to exceed one fill per month. Offer is subject to a per fill cap of wholesale acquisition cost plus usual and customary pharmacy charges.

2. If patient with commercial coverage is approved→ Copay Offer (i.e. Code 08): Submit the claim to the primary Third-Party Payer first, then submit the balance due to Change Healthcare as a Secondary Payer with patient responsibility amount and a valid Other Coverage Code (OCC) of 08. The patient is responsible for the first \$5 and reimbursement will be received from Change Healthcare up to the maximum limit for the program.

The Aimovig Ally™ Access Card is not valid for any patient uninsured or receiving prescription reimbursement under any federal-, state-, or government-funded healthcare program (e.g. Medicare).

PLEASE NOTE: Every pharmacy has different systems and procedures. For any questions, the pharmacist or pharmacy tech can call the **Aimovig Ally™ support team at 833-Aimovig (833-246-6844)**.