

An FAQ Guide for Patients

 **Eohilia**[™]
(budesonide oral suspension) 2mg

Get to Know More About Savings* and Coverage for EOHILIA

Supporting You Through Your Treatment Journey

If you and your doctor have decided that EOHILIA may be right for you, you may want to know if it's covered by your health insurance and how you might save on your prescription if eligible. **It's OK to have questions—here are some answers.**

*Must meet eligibility criteria.



EOHILIA Patient Support and Copay Program FAQs

Q How much will I have to pay for EOHILIA?

A Prescription drug coverage varies by health plan. Most health plans require patients to pay a copay, or sometimes a coinsurance. We know that being able to pay for your prescription is important to you. If you are covered by a commercial health plan, you may be eligible for the EOHILIA Patient Support and Copay Program. See additional eligibility and full terms and conditions on page 6.

Q Who is eligible for the EOHILIA Patient Support and Copay Program?

A The EOHILIA Patient Support and Copay Program provides financial support for commercially insured patients who qualify for the program. Patients are not eligible if they are beneficiaries of, or any part of the prescription is covered by, a government-funded healthcare program. See additional eligibility and full terms and conditions on page 6.

Q How does the EOHILIA Patient Support and Copay Program work?

A Eligible commercially insured patients may sign up for a digital copay card by visiting EOHILIA.com/copay-savings or calling **1-866-861-1482**. Signing up before going to the pharmacy can help with the insurance authorization process.

Once signed up, patients can bring the digital copay card to their pharmacy to start on EOHILIA for **as little as \$0**.* EOHILIA, like many other prescription medications, will likely need approval by your health insurance company for it to be covered. The doctor's office typically takes 1-2 weeks to complete this process. Stay in touch with your doctor's office or pharmacist while they work through insurance coverage for EOHILIA.

*Eligible patients may pay as little as \$0 if EOHILIA is covered by their commercial insurance, per 30-day supply of EOHILIA, with a max annual benefit of up to \$2500 off their copay or out-of-pocket expenses.



TAKE ACTION!

Sign up for the EOHILIA digital copay card now.

Go to EOHILIA.com/copay-savings.

Or scan the QR code.





COVERAGE FAQ

Q Will my health insurance cover my EOHILIA prescription?

A EOHILIA, like many other prescription medications, will likely need approval by your health insurance company for it to be covered. To get approval, the doctor's office may need to complete a prior authorization request form and send it to your health insurance for approval.

Sometimes, there may be additional documents that your doctor may need to send to your health insurance company, like a Letter of Medical Exception or a Letter of Appeal. It may be helpful to stay in touch with your doctor's office to ensure the paperwork is submitted.

With the EOHILIA Patient Support and Copay Program, eligible patients may pay as little as \$0 if EOHILIA is covered by their commercial insurance, per 30-day supply of EOHILIA, with a max annual benefit of up to \$2500 off their copay or out-of-pocket expenses.

See full terms and conditions on page 6.



TAKE ACTION!

Stay in touch with your doctor's office or pharmacist, while they work through insurance coverage for EOHILIA.



PHARMACY FAQ

Q Can I fill my EOHILIA prescription at my pharmacy?

A You can fill your prescription for EOHILIA at your local pharmacy. If the pharmacy does not have EOHILIA in stock, they can simply order it and may have it available in as little as 24 hours. Check with your pharmacy to learn more.



TAKE ACTION!

Take the EOHILIA digital copay card with you to the pharmacy when you fill your prescription for EOHILIA.

EOHILIA™ Copay Offer Terms and Conditions

Eligible patients may pay as little as \$0 if EOHILIA™ is covered by their commercial insurance, up to \$600 per 30-day supply of EOHILIA™, with a max annual benefit of up to \$2500 off their copay or out-of-pocket expenses. A valid Prescriber ID# is required on the prescription. Offer not valid for cash paying patients. You must be 18 years or older to use the EOHILIA™ Copay Offer for yourself or a minor.

Patient Instructions: Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Terms and Conditions section below and understand and acknowledge the Takeda Privacy Notice (www.takeda.com/privacy-notice). Patients with questions about the EOHILIA™ Copay Offer should call 1-866-861-1482.

Pharmacist Instructions: When you apply this offer, you certify that: (1) you have not submitted and will not submit a claim for reimbursement for the portion of the prescription covered by this offer to any payer; (2) your participation in this program is consistent with all applicable laws and any obligations, contractual or otherwise, that you may have as a pharmacy provider; (3) By participating in this program, you are certifying that you will comply with the terms and conditions described.

Pharmacist Instructions For A Patient With An Eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient pay amount submitted will be reduced by up to \$1800 and reimbursement will be received from CHANGE HEALTHCARE. Valid Other Coverage Code required. For any questions regarding Change Healthcare online processing, please call the Help Desk at 1-800-433-4893.

Terms and Conditions: The EOHILIA™ Copay Offer (“Offer”) provides financial support for commercially insured patients who qualify for the Offer. By using this Offer, the patient certifies that the program is intended solely for his or her benefit—not health plans and/or their partners. This Offer cannot be used if patient is a beneficiary of, or any part of the prescription is covered by: (1) any federal, state, or government-funded healthcare program (Medicare, Medicare Advantage, Medicaid, TRICARE, etc.), including a state pharmaceutical assistance program (the Federal Employees Health Benefit (FEHB) Program is not a government-funded healthcare program for the purpose of this Offer), (2) the Medicare Prescription Drug Program (Part D), or if patient is currently in the coverage gap, or (3) insurance that is paying the entire cost of the prescription. Patient may not seek reimbursement from any other plan or program (Flexible Spending Account [FSA], Health Savings Account [HSA], Health Reimbursement Account [HRA], etc.) for any out-of-pocket costs covered by this Offer. Cash Discount Cards and other non-insurance plans are not valid as primary under this Offer. This does not constitute health insurance. By using this Offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this Offer. It is illegal to (or offer to) sell, purchase, or trade this Offer. This Offer is not transferable and is limited to one Offer per person and may not be combined with any other coupon, discount, prescription savings card, rebate, free trial, patient assistance, co-pay maximizer, alternative funding program, co-pay accumulator, or other offer, including those from third parties and companies that help insurers or health plan manage costs. This Offer is valid in the United States, including Puerto Rico and other U.S. territories. This Offer is not valid if reproduced. Void where prohibited by: your insurance provider, law, taxed, or restricted. By utilizing this Offer, you hereby accept and agree to abide by these terms and conditions. Any individual or entity who enrolls or assists in the enrollment of a patient in this Offer represents that the patient meets the eligibility criteria and other requirements described herein. You must meet the program eligibility requirements every time you use the program. Program managed by ConnectiveRx on behalf of Takeda Pharmaceuticals U.S.A., Inc. The parties reserve the right to rescind, revoke, or amend this Offer without notice at any time.



Learn more about EOHILIA.
Visit [EOHILIA.com](https://www.eohilia.com).

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