



# COPAY ASSISTANCE GUIDE

This guide provides an overview of the TZIELD Copay Program for patients treated with TZIELD® (teplizumab-mzwv) Injection 2 mg/2 mL and instructions on how to submit copay program claims for eligible patients enrolled in the program.

TZIELD COMPASS is a patient support program that helps eligible patients gain access to TZIELD and provides them with education and resources related to TZIELD.

Eligibility requirements and terms and conditions apply. See <https://tzielhcp.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 patients take at the same time as TZIELD or with other facility fees.

# TZIELD Copay Program Overview

## TZIELD Copay Program Overview

The TZIELD Copay Program is an offering through TZIELD 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. In order to enroll in the copay program, patients and their caregivers must have enrolled in TZIELD COMPASS by completing the Patient START Form.

**\$0**

The TZIELD Copay Program provides assistance to eligible\* commercially insured patients. **Eligible enrolled patients may pay as little as \$0 for TZIELD**

Copay expenses may include TZIELD and the administration of infusion services. If a patient qualifies, a COMPASS Navigator can help enroll them into the copay program so they may be able to lower their out-of-pocket costs.

\*The TZIELD Copay Program is not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs including any state pharmaceutical assistance programs. Not valid where prohibited by law, taxed, or restricted. Sanofi reserves the right to rescind or amend this offer, eligibility, and terms of use at any time without notice. Upon registration, patients receive all Program details.

## Getting Started

The TZIELD Copay Assistance Guide will provide you with the information and documentation required to obtain reimbursement through the TZIELD Copay Program. Note that claims can be submitted by the patient, healthcare provider (HCP), or specialty pharmacy.

**The following documentation is required when submitting all copay claims:**

- ☒ Patient name
- ☒ Patient TZIELD Copay Program member ID
- ☒ Patient date of birth
- ☒ Remittance address (address where check should be mailed)
- ☒ Dates of service
- ☒ Proof TZIELD was administered
- ☒ Incurred costs
- ☒ Patient responsibility

# How to Submit Claims via Fax or Mail

Copay claims may be submitted by completing the following steps and can be submitted by patient, healthcare provider/facility/infusion site, specialty pharmacy, or billing entity:

- **Patient pays** out-of-pocket expenses for drug and/or administration (infusion services) upfront, and is reimbursed for amounts paid **OR**
- **Patient does not pay** for out-of-pocket expenses upfront, and the healthcare provider/facility/infusion site, specialty pharmacy, or billing entity is paid directly by the copay program

## Step 1: Fill out the Reimbursement Request Form

Complete every field on the form, including:

- ☐ Patient's name and contact information
- ☐ HCP's name and contact information
- ☐ TZIELD Copay Program member ID
- ☐ Payee information (including mailing address)  
If patient is seeking reimbursement, list name of the patient or a legally authorized person for patient claims  
**OR**  
If reimbursement is being sent to the provider, list name of the HCP or infusion site for provider claims

- ☐ Amount of out-of-pocket cost to be reimbursed
- ☐ Patient Attestation section
  - Read attestation
  - Patient or parent/legal guardian signs and dates

**NOTE:** Be sure to double check everything is completed.

**For questions or more information, contact Paysign.**

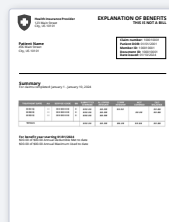
Visit: [paysign.com](https://paysign.com)

Call: 1-844-320-8860

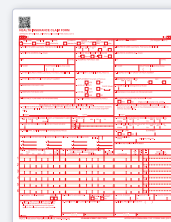
## Step 2: Include required documents with the completed form

Provide the following documents:

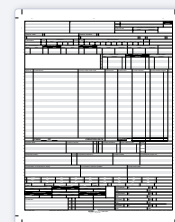
- ☐ Explanation of Benefits (EOB) from the HCP that includes
  - Insurance carrier's name and logo
  - Plan name
  - Patient responsibility
  - Date of service
  - Drug information
    - Name, J-code, and/or National Drug Code
- ☐ Health Insurance Claim Form from the HCP or infusion site  
CMS-1500 **OR** CMS-1450
- ☐ Copy of patient's payment receipt if the patient paid upfront



Sample  
EOB



Sample  
CMS-1500



Sample  
CMS-1450

## Step 3: Send the completed form and documentation

Claims may be submitted by fax or mail:



**Fax**  
888-230-9325



**Mail**  
Paysign, PO Box 530492, Henderson, NV 89053

# How to Submit Electronic Data Interchange (EDI) Claims

Copay claims can be submitted directly via electronic submission by completing the following:

## Medical Claims

### 1 In your practice management software, select "PSN22" as a payer

- ☐ If PSN22 is not available, contact your software vendor and/or clearinghouse to make PSN22 available in your system\*
- ☐ Once PSN22 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 "Tziel Copay Program" to your patient's insurance profile as a secondary payer

- ☐ When inputting Tziel Copay Program to the patient's profile, make sure to include the following required information:
  - Payer ID: PSN22
  - Program Group Number: 99995296
  - 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 PSN22

- ☐ 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

## Prescription Drug Benefit Claims Run by SP

SP enters the following:

- ☐ **Payer ID: PSN22**
  - Program Group Number: 99995296
  - Patient Member ID: Unique patient identifier provided to patient

## Coding Considerations for HCP:

**Approvable CPT® Codes<sup>1</sup>:** 36415, 36569, 36573, 36584, 96413, 96365, 96366, 99601, 99234, 99235, 99236

**Approvable HCPCS Codes<sup>2-7</sup>:** A4222, C9149, E0780, J9381, S9329, S9379

For more information, please see the TZIELD Billing and Coding Guide.

These codes are provided as examples only and are not all-inclusive; appropriate codes can vary by patient, setting of care, and payer. This guide is not meant to provide medical or legal advice or recommendations regarding the use of specific codes for billing purposes. The provider submitting the claim is responsible for determining the medical necessity, appropriate coding, and accuracy of claims.

Current as of February 2025.

CPT® is a registered trademark of the American Medical Association.

For questions on completing the **Reimbursement Form** or regarding a **copay claim**, please call **Paysign, the Copay Program administrator**, at 1-844-320-8860 Monday through Friday, 8 AM–8 PM ET.

If you have questions or would like to learn more about **TZIELD COMPASS**, please call 1-844-778-2246 Monday through Friday, 8 AM–8 PM ET.

## TZIELD COPAY PROGRAM TERMS AND CONDITIONS

- Individuals must have a valid TZIELD® (teplizumab-mzwv) Injection 2 mg/2 mL prescription for a United States Food and Drug Administration (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 and/or participant in a federal or state-funded health insurance program (for example, Medicare, Medicare Advantage, Medigap, Medicaid, Civilian Health and Medical Program of the Uniformed Services [CHAMPUS], Veterans Affairs [VA], United States Department of Defense [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
- Patients may have insurance plans that attempt to dilute the impact of the assistance available under the program. In those situations the program may change its terms
- The TZIELD 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 TZIELD Copay Program
- The TZIELD Copay Program is not valid where prohibited by law. Valid only in the United States and US Territories. For administration claims only: the 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 TZIELD Copay Program is not health insurance and may not be combined with any third-party rebate, coupon or offer
- Sanofi 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 TZIELD 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

**References:** 1. American Medical Association. *CPT® 2023 Professional Edition*. American Medical Association; 2023. 2. HCPCS.Codes. Search results for A4222. Accessed February, 13, 2025. <https://hcpcs.codes/search/?q=A4222>. 3. HCPCS.Codes. Search results for C9149. Accessed February, 13, 2025. <https://hcpcs.codes/search/?q=C9149>. 4. HCPCS.Codes. Search results for E0780. Accessed February, 13, 2025. <https://hcpcs.codes/search/?q=E0780>. 5. HCPCS.Codes. Search results for J9381. Accessed February, 13, 2025. <https://hcpcs.codes/search/?q=J9381>. 6. HCPCS.Codes. Search results for S9329. Accessed February, 13, 2025. <https://hcpcs.codes/search/?q=S9329>. 7. HCPCS.Codes. Search results for S9379. Accessed February, 13, 2025. <https://hcpcs.codes/search/?q=S9379>.

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