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CoverOne[®]

Access and reimbursement support for eligible
TEPMETKO[®] (tepotinib) patients

**EMD
SERONO**

CoverOne.com

Phone: 1-844-8COVER1 (1-844-826-8371)

Fax: 1-800-214-7295

Monday–Friday: 8:00 AM–8:00 PM Eastern Time

Support for Eligible TEPMETKO® (tepotinib) Patients

CoverOne is a patient access and reimbursement support program available to help eligible patients gain appropriate access to TEPMETKO® (tepotinib) in the United States.*

- Reimbursement Support
- Co-Pay Assistance for Privately Insured Patients
- Bridge Program for New Patients with Insurance Delays
- Patient Assistance Program/Free Drug Program for Eligible Patients

*Additional program rules and restrictions or conditions may apply.

Our CoverOne Access Navigators are committed to helping patients access TEPMETKO.

Please contact us if you have any questions or fax a completed CoverOne Enrollment Form to verify patient-specific coverage or request assistance.

Enrollment Forms and complete program information are available through [CoverOne.com](https://www.coverone.com).

Reimbursement Support Services

Access Navigators are available to help patients and their care teams understand how TEPMETKO® (tepotinib) may be covered under each patient's insurance/pharmacy benefits.

Reimbursement support includes:

- Patient-specific Benefit Verification
- Formulary Research – Medicare Part D, Private Rx Payers, Medicaid
- Information on NDCs/Relevant Billing Codes for TEPMETKO
- Prior Authorization Assistance
- Appeals Assistance

11-digit NDCs for TEPMETKO

44087-5000-03 - Box of 30 tablets:
3 blister cards each containing 10 tablets

44087-5000-06 - Box of 60 tablets:
6 blister cards each containing 10 tablets

Please fax a completed CoverOne Enrollment Form to verify benefits or request assistance.

CoverOne Co-Pay Assistance Program

CoverOne provides a co-pay assistance program to help privately insured TEPMETKO® (tepotinib) patients who meet the program eligibility criteria with co-pay/co-insurance responsibilities.

- Privately insured patients may apply for co-pay assistance [online at CoverOne.com](https://www.coverone.com) or by submitting a CoverOne Enrollment Form
- Government insured patients, including Medicare Part D/Medicare Advantage and Medicaid beneficiaries, are not eligible for the CoverOne Co-Pay Assistance Program
- Enrolled patients may be eligible to pay as little as a \$0 co-pay for each prescription of TEPMETKO up to a maximum of \$15,000 per year
- For enrolled patients, co-pay assistance will be applied when the privately insured pharmacy claim is adjudicated

The patient co-pay assistance program is not contingent on any past or commercial sale of TEPMETKO.

The CoverOne Co-Pay Assistance Program is entirely for the benefit of the enrolled TEPMETKO patient.

Please see full terms and conditions on the following page.

CoverOne Co-Pay Assistance Program Terms and Conditions

By enrolling in the CoverOne Co-Pay Assistance Program, you acknowledge that you currently meet the eligibility criteria and will comply with the Terms and Conditions described below:

1. The CoverOne Co-Pay Program is offered to eligible TEPMETKO® (tepotinib) patients who are insured through a private/commercial health plan/Pharmacy Benefit Manager and are enrolled in CoverOne.
2. This offer is not valid for medicines that are eligible to be reimbursed, in whole or in part, by Medicare, Medicaid, or any other federal or state healthcare programs.
3. If your insurance status changes, you must notify us immediately.
4. This offer is not valid for medicines that are eligible to be reimbursed by private/commercial insurance plans or other health or pharmacy benefit programs, which reimburse you for the entire cost of TEPMETKO.
5. CoverOne may provide co-pay assistance to eligible TEPMETKO patients up to \$15,000 per calendar year. Enrolled patients are responsible for all co-pays and any other balances not covered by the CoverOne Co-Pay Assistance Program.
6. The value of this program is exclusively and entirely for the benefit of enrolled patients.
7. Cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified medicine. **This offer is not health insurance.**
8. The CoverOne Co-Pay Assistance Program offer is good only in the United States and US Territories. Patient must be a US resident.
9. **The CoverOne Co-Pay Card is only available at participating pharmacies.**
10. EMD Serono, Inc. reserves the right to rescind, revoke, or amend the program without notice at any time.
11. No membership fees.
12. The co-pay assistance program offer is limited to 1 per person during this offering period and is not transferable.
13. Expiration date: 12/31/2026.
14. The CoverOne Co-Pay Assistance Program is not available where prohibited by law.

Bridge Program for Eligible Patients with Insurance Delay

CoverOne has established a Bridge program to assist eligible patients obtain their initial prescription of TEPMETKO® (tepotinib) free of charge, if the following criteria are met. The patient must:

1. Be a new patient with a prescription for TEPMETKO
2. Be diagnosed by their physician with the FDA approved indication of TEPMETKO.
3. Be insured (i.e., a commercial insurer or a federal health care program)
4. Have experienced a delay in a coverage determination of at least 5 business days

Please fax a completed CoverOne Enrollment Form to verify benefits or request assistance.

The CoverOne Patient Assistance Program

CoverOne includes a Patient Assistance Program (PAP) that provides TEPMETKO® (tepotinib) at no charge to patients who meet certain insurance (i.e., uninsured), income, and residency eligibility criteria.

- To determine patient eligibility, providers should complete and fax the CoverOne Enrollment Form **prior to treatment** to 1-800-214-7295
- An Access Navigator will notify you as soon as possible about the patient's eligibility status
- If eligible, the CoverOne PAP will ship the free supply of TEPMETKO to the patient

The CoverOne PAP is a support program for patients in need and is not contingent on any past or future commercial sale of TEPMETKO.

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EMD Serono, Inc. does not guarantee coverage and/or reimbursement for TEPMETKO. Coverage, coding, and reimbursement policies vary significantly by payer, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. Patients and healthcare professionals should always verify coverage, coding, and reimbursement guidelines on a payer and patient-specific basis.



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