Co-pay Savings Benefits

- Subject to the Gilead CAYSTON® Co-pay Savings Program ("Savings Program") and ALTERA Co-pay Savings Program Terms and Conditions, the programs provide the following financial assistance for the out-of-pocket costs for eligible commercially insured patients with a valid prescription:

    - Up to a maximum of $8,000 in cost-sharing assistance per calendar year with no monthly limit for the following product:

        - CAYSTON® (aztreonam for inhalation solution)

    - Up to a maximum of $430 in cost-sharing assistance per calendar year when they pay a $10 co-pay for purchase of an ALTERA Nebulizer System or ALTERA replacement unit. People are eligible to receive up to two per calendar year. Contact the CAYSTON Access Program (CAP) for more information.

- As described in the Savings Terms and Conditions, Gilead may reduce or discontinue the financial assistance available under the Savings if it determines the patient is subject to an "accumulator adjustment" or "co-pay maximizer" program.

    - If Gilead determines that a patient's insurer (or its agent) has implemented a program that adjusts patient cost-sharing obligations based on the availability of support under the Savings program (sometimes called a "co-pay maximizer program"), unless prohibited by law, Gilead may reduce or discontinue the cost-sharing assistance available under the Savings.

    - If Gilead determines that a patient's insurer (or its agent) has implemented a program that excludes the financial assistance provided under the Savings program from counting towards the patient's deductible or out-of-pocket cost limitations (sometimes called an "accumulator adjustment program"), unless prohibited by law, Gilead may reduce the cost-sharing assistance available under the Savings to a per claim maximum of $25. Please contact CAYSTON Access Program at 1-877-722-9786 to determine if additional cost-sharing assistance is available.

- These Savings benefits are subject to change for any reason at any time without notice.

Gilead CAYSTON Co-pay Savings Program and ALTERA Co-pay Savings Program Terms and Conditions:

- The Gilead CAYSTON Co-pay Savings Program ("Savings Program") and ALTERA Co-pay Savings Program provides financial assistance for the out-of-pocket costs for eligible commercially insured patients as described in the Savings Benefits above. Savings benefits are limited to financial assistance for patient cost-sharing for the applicable Gilead product and ALTERA Nebulizer System or ALTERA replacement unit.
- The Savings can be used only by eligible residents of the US, Puerto Rico, or US territories at participating eligible pharmacies in the US, Puerto Rico, or US territories. The product and device must be dispensed in the US, Puerto Rico, or US territories. Individuals must be at least 18 years old to use the Savings themselves or to enroll in the Savings on behalf of a minor.

- To use the Savings, the patient (or the patient's legal representative on behalf of the patient, as applicable) must personally complete the enrollment process for the Savings. Third-party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the Savings. Any decision to enroll in the Savings must be made voluntarily by the patient.
- The Savings is not insurance and is not intended to substitute for insurance. Uninsured and cash-paying patients are not eligible to use the Savings. The Savings is valid only for prescriptions that are reimbursed by commercial insurance and is not valid for prescriptions that are eligible to be reimbursed:

- in whole or in part by Medicare or a Medicare Part D plan, Medicaid, TRICARE, VA, DOD, Puerto Rico Government Health Insurance Plan, or any other state or federally funded healthcare benefit program (collectively, “Government Programs”); or
- by commercial plans or other health or pharmacy benefit programs that reimburse for the entire cost of prescription drugs or prohibit the Savings’ use.

- Patients who begin receiving prescription benefits from Government Programs at any time must notify Gilead of this fact by contacting CAYSTON Access Program at 1-877-722-9786 and will no longer be eligible to use the Savings.
- The Savings are limited to one per person and is not transferable. No substitutions are permitted. These Savings is offered to, and intended for the sole benefit of, eligible patients and may not be utilized for the benefit of third parties, including, without limitation, third-party payers, pharmacy benefit managers, or the agents of either. If Gilead determines that a patient’s insurer has implemented a program that adjusts patient cost-sharing obligations based on the availability of support under the Savings program (sometimes called a “co-pay maximizer program”), unless prohibited by law, Gilead may reduce or discontinue the cost-sharing assistance available under the Savings. If Gilead determines that a patient’s insurer has implemented a program that excludes the financial assistance provided under the Savings program from counting towards the patient’s deductible or out-of-pocket cost limitations (sometimes called an “accumulator adjustment program”), unless prohibited by law, Gilead may reduce the cost-sharing assistance available under the Savings to a per claim maximum of $25. Patients may contact CAYSTON Access Program at 1-877-722-9786 to determine if additional cost-sharing assistance is available.
- The Savings are only available with a valid prescription. No other purchase is necessary to redeem this offer.
- The Savings cannot be combined with any other Savings, free trial, discount, prescription savings card, or other offer (including, without limitation, any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations). Patients are not eligible to use the Savings for a product if they are currently receiving free drug assistance through Gilead Sciences, Inc. (“Gilead”)’s patient assistance program for that product.
- The Savings will not reimburse any payments made by Flexible Spending Account (FSA), Health Savings Account (HSA), Health Reimbursement Account (HRA), or any other payor, discount/co-pay program, or other offer.
- Void where prohibited by law, taxed, or restricted.
- Patient, pharmacist, and prescriber agree not to seek reimbursement for all, or any part of the benefit received by the patient through the Savings. Both patient and pharmacist are each individually responsible for reporting receipt of the Savings benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Savings, as may be required.
- It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Savings.
- Certain information pertaining to your use of the Savings Program will be shared with Gilead, the sponsor of the Savings Program, and its affiliates. The information disclosed will include the patient co-pay ID, pharmacy demographics, prescriber information, and details relating to the co-pay claim, such as co-pay amount, insurance details, and the therapy received. For more information, please see the Gilead’s Privacy Statement and Consumer Health Data Privacy Policy available at www.gilead.com.
- Gilead Sciences reserves the right to terminate, rescind, revoke, or modify the Savings for any reason at any time without notice.