ASSOCIATION OF COMMUNITY CANCER CENTERS / 2018

Patient ASSISTANCE & REIMBURSEMENT GUIDE

Association of Community Cancer Centers
This publication is a benefit of membership.
ACCC
Association of Community Cancer Centers

ASSOCIATION OF COMMUNITY CANCER CENTERS (ACCC)

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ABOUT THE ASSOCIATION OF COMMUNITY CANCER CENTERS

The Association of Community Cancer Centers (ACCC) is the leading advocacy and education organization for the multidisciplinary cancer care team. Approximately 23,000 cancer care professionals from more than 2,000 hospitals and practices nationwide are affiliated with ACCC. Providing a national forum for addressing issues that affect community cancer programs, ACCC is recognized as the premier provider of resources for the entire oncology care team. Our members include medical and radiation oncologists, surgeons, cancer program administrators and medical directors, senior hospital executives, practice managers, pharmacists, oncology nurses, radiation therapists, social workers, and cancer program data managers. Not a member? Join today at accc-cancer.org/membership or email: membership@accc-cancer.org. For more information, visit the ACCC website at accc-cancer.org. Follow us on Facebook, Twitter, LinkedIn, and read our blog, ACCCBuzz.

ASSOCIATION OF COMMUNITY CANCER CENTERS

2018

Patient ASSISTANCE & REIMBURSEMENT GUIDE

Pharmaceutical Company Patient Assistance & Reimbursement Programs

Other Patient Assistance Programs & Resources

Patient Assistance and Reimbursement Assistance Programs

by Drug or Product

ACCC
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A ROBUST *menu* OF LEARNING OPPORTUNITIES FOR THE CANCER TEAM

The Association of Community Cancer Centers delivers an exciting array of educational resources to suit your professional interests. Too much on your plate? Pick the opportunities that best match your needs and preferred learning style.

READ

Benefit from effective practices, peer-to-peer expertise, process improvement models, and proven tools from multidisciplinary colleagues by reading ACCC white papers, educational supplements, and articles.

PARTICIPATE

Experience timely and engaging content on operational, clinical, and administrative topics by participating in interactive webinars and online learning modules, facilitated by today's leading subject matter experts.

EXPERIENCE

Attend a regional meeting or national conference to find new ways of thinking, thrive in a live-learning atmosphere, and make career-building connections with peers and oncology thought leaders.

VOLUNTEER

Get involved on a deeper level—serve on a committee, advocate on Capitol Hill Day, contribute to an *Oncology Issues* article or ACCCBuzz blog post, apply for an Innovator Award, or assist in the development of an education initiative.

ACCC-CANCER.ORG/MENU

Supporting Patients Through Their Journey on Jakafi® (ruxolitinib)

IncyteCARES (**C**onnecting to **A**ccess, **R**eimbursement, **E**ducation and **S**upport) provides a single point of contact through a registered nurse, OCN®, to assist eligible patients and healthcare providers in obtaining access to Jakafi® (ruxolitinib) and to connect them with continuing support and resources. The program offers:

REIMBURSEMENT SUPPORT

- Insurance benefit verification
- Information about prior authorizations
- Guidance with appealing insurance denials or coverage restrictions

ACCESS ASSISTANCE

- Copay/Coinsurance assistance
- Free medication program
- Temporary access for insurance coverage delays
- Referrals to independent nonprofit organizations and foundations

EDUCATION & SUPPORT

- Access to a registered nurse, OCN®
- Educational information for your patients about their condition and Jakafi
- Patient Welcome Kit

CONNECTION TO SUPPORT SERVICES

- Referrals for transportation assistance
- Access to patient advocacy organizations for counseling and emotional support resources

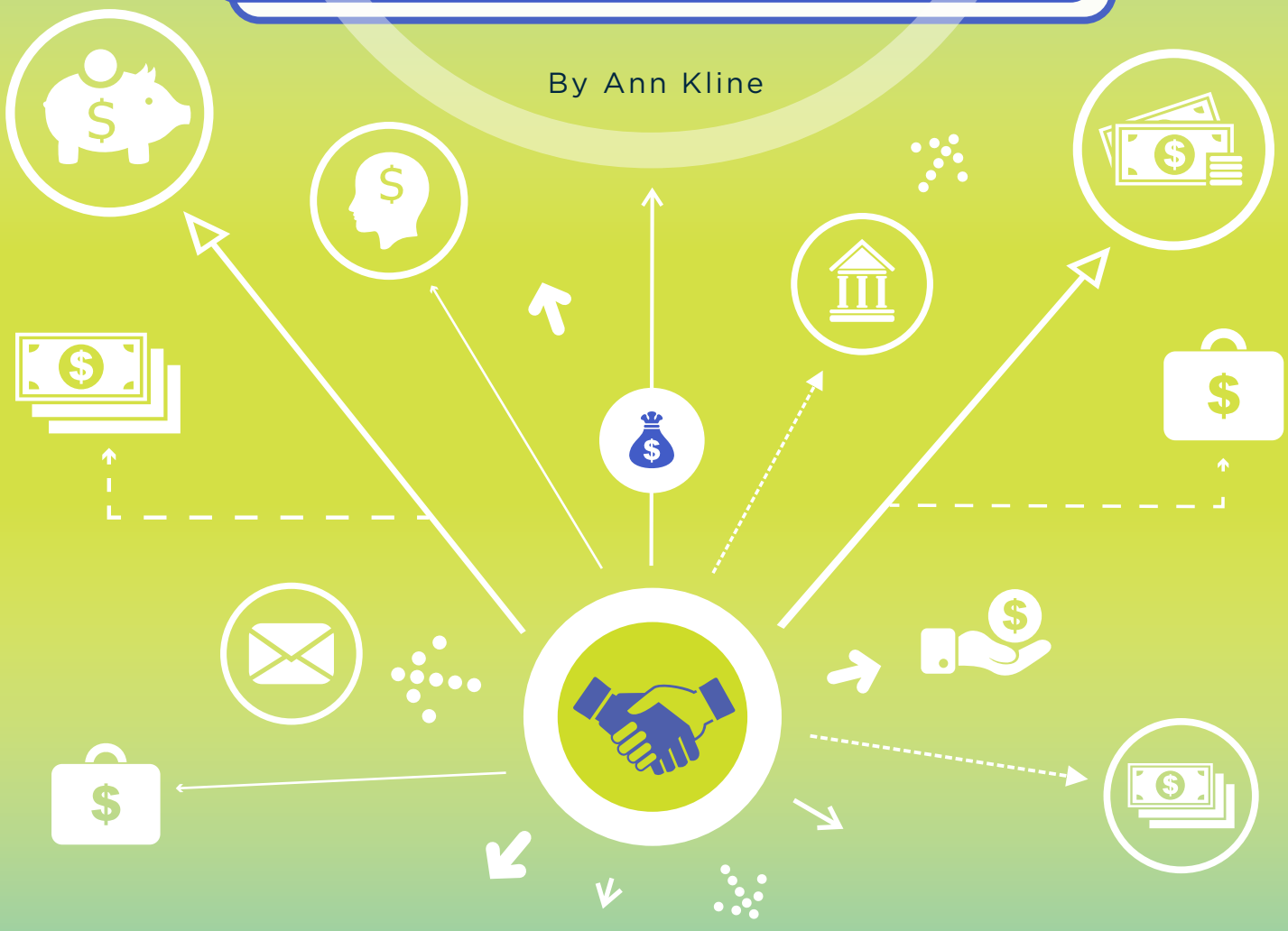
Connect with IncyteCARES

For full program terms and eligibility,
visit IncyteCARES.com or call 1-855-4-Jakafi (1-855-452-5234).

IncyteCARES Connecting to Access, Reimbursement, Education and Support | Jakafi® ruxolitinib (tablets)

Implementing a Co-Pay Card, FOUNDATION, and Patient Assistance Billing Process

By Ann Kline



As an oncology service line within a healthcare system, St. Luke's Mountain States Tumor Institute (MSTI), Boise, Idaho, is the only service line that has a dedicated financial advocacy program staffed with 19 FTEs. The Advocates are budgeted under the Administrative Support of each of the five MSTI clinics. Key to the success of our financial advocacy program is our ability to leverage co-pay, foundation, and patient assistance programs for our patients through our consistent authorization process, successful management of our self-pay population, and documented data on all levels of assistance provided to our patients.

Step 1. Engage Key Stakeholders

When setting up a process for accessing co-pay, foundation, and patient assistance funds, transparency and good communication are essential. The first step in setting up the billing process for these financial advocacy services is to engage key stakeholders, including:

- Payments and Cash Posting Management
- Billing
- Customer Service
- Financial Advocacy team members.

These stakeholders have a vital role in ensuring the long-term viability of the billing process. For example, Payments and Cash Posting Management must establish a process for identifying and tracking payments from co-pay, foundation, and patient assistance programs, which can come in a variety of forms, including credit card authorization numbers and checks from third-party payers that look like they are coming from an insurance company.

Billing needs to submit patient claims in a timely fashion to avoid bottlenecks and so co-pay, foundation, and patient assistance programs can be billed in a timely manner.

Customer Service may receive calls from patients trying to pay with their Co-Pay Card or from patients who are upset at being balanced-billed when they have a Co-Pay Card or Foundation Assistance, and must be prepared to respond or refer these patients to the appropriate staff member. A designated billing coordinator assigned to track patients and their co-pay, foundation, and patient assistance funds can help to alleviate confusion.

Financial Advocacy needs to screen all patients to not only ensure claims are getting paid but also to help limit and/or decrease patient financial liability. Financial advocates must be aware of patients' prescribed treatments, and then apply for available assistance based on disease and treatment type. If your financial advocates do not handle authorizations, the authorizations team can set up a process to notify Financial Advocacy to apply for patient assistance when needs are identified.

Step 2. Develop a Process for Insurance Billing & Follow-Up

When we first designed our financial advocacy program, the billing coordinator role was initially envisioned as a clerical one, but it quickly became clear that we needed more from this position. We hired someone from our Insurance Follow-Up team within our healthcare system's billing department who already knew how to access the correct forms needed to bill the programs and how to identify when claims needed to be billed, rebilled, or corrected. This individual also had working relationships established in all areas of the billing department, making her job easier. In addition to billing co-pay cards, foundations, and patient assistance programs, the coordinator also bills patients' cancer policies and provides billing support to our Financial Advocacy team. The savings realized from our billing process continue to exceed the cost of hiring this vital staff person.

To bill a co-pay, foundation, and/or patient assistance program, the billing coordinator faxes the Explanation of Benefits (EOB), showing the program-designated charge (for example, the supported drug) that was charged by the provider and then processed by the payer and the subsequent patient responsibility resulting from that charge after claim processing. This process is more efficient than waiting for patients to bring in their EOBs. In some situations, the billing coordinator is able to upload these documents if the program portal has that capability.

The response time for payment by the co-pay, foundation, and/or patient assistance program

varies. Sometimes you receive an instant fax response or, in some cases, an email confirmation, while other times the billing coordinator must make multiple follow-up queries to ensure payment. To expedite claims processes, clarify that patients have not met their out-of-pocket responsibilities and that the co-pay, foundation, and/or patient assistance program award amount has not yet been exceeded prior to sending claims. While these steps may seem obvious, they can cause delays in payment.

Step 3. Identify Future Needs & Process Improvements

MSTI started its financial advocacy program three years ago in January 2014, and we are still working to simplify our billing and payment recovery processes. Our health system uses Epic as its electronic health record (EHR), and we have not yet found a way to bill co-pay, foundation, and/or patient assistance programs electronically or to set up a secondary payer plan to print out paper claims. This limitation creates work queues with patient responsibility claims that are waiting for programs to pay, which can drive up our Accounts Receivable days.

Payment identification is another area that needs improvement. Any payments other than insurance payments are listed as "patient payments," even though these payments may be co-pay, foundation, and/or patient assistance payments. This lack of clarity causes additional work for the billing coordinator to determine if payments have been received. Communication is critical between the billing coordinator and Payment and Cash Posting Management. Currently, when Cash Management does not recognize a payment or identifies that payment as one of the programs that our billing coordinator follows up on, a notification is sent out to the billing coordinator to follow up on these payments.

We continue to talk with pharmaceutical representatives and foundation groups about how we can remove these barriers. One avenue that I have yet to explore is talking with various EHR vendors since they create the billing modules that we all work with.

Our healthcare system has not yet instituted automated billing; however, automated reports would be a huge win for the Financial Advocacy program. Currently we manually track data in Excel spreadsheets to show administration the dollar amount brought in as a service line to help drive down patient collections, charity write-offs, and bad debt. Those Excel reports are good, but automated reports would certainly contain less human error and could be generated faster.

Neglecting to implement a streamlined process to bill these co-pay, foundation, and/or patient assistance programs is like saying you don't want to get paid. Assistance funds are available and—with a bit of work—can be relatively easy to access for your patients. Our innovative financial advocacy process has increased patient satisfaction, freed up financial advocacy staff to perform other duties, helped patients pay down out-of-pocket costs, and reduced our charity and bad debt write-offs.

Ann Kline is the former manager of Revenue & Reimbursement at St. Luke's Mountain States Tumor Institute, Boise, Idaho. Ann has returned to being a Patient Advocate and continues to help other facilities learn how to have a successful advocacy program through ACCC and Genentech Speakers Bureau.

Learn more about MSTI's Financial Advocacy services by reading Ann Kline's article, "Accessing Co-Pay Assistance Opportunities" online at accc-cancer.org/publications/pdf/Kaley-Article-PAGuide-2016.pdf.

THE ASSOCIATION OF COMMUNITY CANCER CENTERS (ACCC)

FINANCIAL ADVOCACY BOOT CAMP

Powerful Training to Boost Your Financial Advocacy Skills

Whether you're an experienced financial advocate or new to the field, there's no better time to shape up your skills.

The ACCC FINANCIAL ADVOCACY BOOT CAMP offers a dynamic curriculum with the tools you need to help cancer patients navigate today's complex and fragmented healthcare system.

This online program provides the key knowledge and skills to excel in the increasingly essential arena of financial advocacy:

- Financial Advocacy Fundamentals
- Enhancing Communication
- Improving Insurance Coverage
- Maximizing External Assistance
- Developing and Improving Financial Advocacy Programs and Services

Who Should Enroll?

Financial advocates, nurses, patient navigators, social workers, pharmacists and techs, medical coders, administrative staff, cancer program administrators, and other healthcare providers.

Cost

FREE to ACCC members and $149 for non-members.
Join ACCC as an Individual Member ($149 annual dues) to access this resource—and others—for FREE!

GET STARTED TODAY!
accc-cancer.org/FANBootCamp

The ACCC Financial Advocacy Network is supported by:

Celgene MERCK Pfizer Oncology

1,200+ participants

265+ cancer programs and practices enrolled

"The Financial Advocacy Boot Camp is the most comprehensive and useful training method for new and seasoned financial advocates. It is a crucial tool in the field of financial advocacy and in this ever-changing healthcare system."

Steven Ackerman
Patient Support Coordinator, Kadlec Clinic Hematology & Oncology

ACCC
Association of Community Cancer Centers

The ACCC Financial Advocacy Network provides needed resources and expands the skills and knowledge base of providers who deal directly with patients on complex financial issues surrounding their cancer diagnosis and treatment.

THANK YOU/ to our supporters

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TECHNICAL ADVISORY COUNCIL

Walgreens

PAP/ flowchart

STEP 1. Provider writes chemotherapy order for patient.

STEP 3. Staff identifies the patient's financial status and follows the appropriate flowchart below.

NO INSURANCE	Identify if patient qualifies for any programs (SSDI, Medicaid, etc.). Identify if replacement drugs are available.	Fill out forms for all programs. Complete forms for companies that have a replacement program if patient qualifies.	Identify if foundation funding is available for any drugs not replaced.	Fill out forms for foundation funding that is available.
MEDICAID PROGRAM	Verify benefits.	Verify drugs are indicated for diagnosis and authorize if necessary.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility.
MEDICARE ONLY	Verify benefits.	Verify drugs are indicated for diagnosis.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility.
MEDICARE & SUPPLEMENTAL	Verify benefits.	Verify drugs are indicated for diagnosis.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility; if none, start treatment.
MEDICARE & SECONDARY	Verify benefits.	Verify drugs are indicated for diagnosis and authorize secondary insurance if necessary.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility.
MEDICARE ADVANTAGE	Verify benefits.	Verify drugs are indicated for diagnosis and authorize secondary insurance if necessary.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility.
OTHER GOVERNMENT PROGRAMS	Verify benefits.	Verify drugs are indicated for diagnosis and authorize secondary insurance if necessary.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility.
MANAGED CARE	Verify benefits.	Verify drugs are indicated for diagnosis and authorize secondary insurance if necessary.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility.
COMMERCIAL & INSURANCE EXCHANGES	Verify benefits.	Verify drugs are indicated for diagnosis and authorize secondary insurance if necessary.	Identify if replacement drugs are available if necessary; will need to appeal to receive drugs.	Identify patient's responsibility.

STEP 2. Chemotherapy order is sent to finance staff.

Identify if patient qualifies for charity care within the clinic or institution and complete paperwork.	Create payment plan for any balance (if available) or collect balance.				
Collect out-of-pocket costs.					
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	Identify if patient qualifies for charity care within the clinic or institution and complete paperwork.	Create payment plan for any balance (if available) or collect balance.		
If patient has responsibility, identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan for any balance (if available) or collect balance.		
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan for any balance (if available) or collect balance.		
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan for any balance (if available) or collect balance.		
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan for any balance (if available) or collect balance.		
Identify if manu-facturer assistance is available and fill out forms if applicable.	If no manufacturer assistance, then identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies for manufacturer or foundation assistance, send in EOB and/or anything else to help verify amount owed.	Process payment using co-pay card or whatever form of payment the program has.	If any balance, create payment plan (if available) or collect balance from patient.
Identify if manu-facturer assistance is available and fill out forms if applicable.	If no manufacturer assistance, then identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies for manufacturer or foundation assistance, send in EOB and/or anything else to help verify amount owed.	Process payment using co-pay card or whatever form of payment the program has.	If any balance, create payment plan (if available) or collect balance from patient.

ACCC 44TH ANNUAL MEETING & CANCER CENTER BUSINESS SUMMIT

March 14–16, 2018

Renaissance Washington, DC Downtown Hotel

A NEW MEETING Focused on the **CONVERGENCE** of **BUSINESS**, **QUALITY**, **TECHNOLOGY**, and **POLICY**.

The oncology landscape continues its dramatic evolution, requiring new skills, cutting-edge technologies, and personalized services to grow market share and effectively deliver care to patients.

Annual Meeting sessions will be divided into **FOUR TRACKS** to address the toughest challenges facing cancer professionals today, each providing strategic insights and forward-thinking solutions within specialized learning settings.

BUSINESS: Physician Practice Models That Succeed in a Value-Based World; Organizing & Optimizing a Regional Cancer Delivery System; Strategies for Mitigating the Financial Impact of Cancer Treatment

QUALITY: Managing Clinical Trials & Improving Patient Accrual in the Community Setting; Physician Burnout and Oncology Workforce Redesign; Accreditation, Standards & Metrics—Challenges & Successes

TECHNOLOGY: Leveraging Data Collection & Quality Reporting to Drive Change; Precision Medicine & Genetic Testing in the Community Setting; Streamlining Cancer Program Operations Through Technology

POLICY: MIPS and MACRA Update; Drug Pricing & Drug Access; Everything You Need to Know About 340B and Site of Service; Strategies for Meeting USP ‹800› and Other Pharmacy Standards

ACCC MEMBERS—PARTICIPATE IN CAPITOL HILL DAY ON MARCH 14!
Join colleagues from across your state to share the real-world impact that federal health policy has on cancer patients and care delivery in your community.

Capitol Hill Day is open exclusively to ACCC members on the multidisciplinary cancer team, and is included in your meeting registration.

Save up to $125 with early bird rates through Wednesday, January 24, 2018!
REGISTER TODAY at accc-cancer.org/AMCCBS

CO-HOSTS

ACCC Association of Community Cancer Centers

CCBD GROUP CANCER CENTER BUSINESS DEVELOPMENT

FOLEY FOLEY & LARDNER LLP

accc-cancer.org/drugdatabase

Association of Community Cancer Centers

Oncology Drug Database

Find comprehensive coding, billing, and reimbursement information for every approved oncology drug in a single, easy-to-use location, including information on both provider-administered (Part B) and provider-prescribed (Part D) drugs.

Search for a generic or brand name drug to find information on:

- Billing (HCPCS, NDC) and diagnosis (ICD-9 and ICD-10) codes
- Medicare payment limits (does not include the reduction due to sequestration)
- Reimbursement amounts
- FDA-approved indications
- Drug manufacturer information, including contact information for the medical affairs department and reimbursement specialists

For more information, visit accc-cancer.org/drugdatabase

Questions on how to use the ACCC Oncology Drug Database? Email drugdatabase@accc-cancer.org.

Reimbursement Made Easy

Brought to you by

ACCC
Association of Community Cancer Centers

INNOVATE. ACHIEVE. INSPIRE.

ACCC INNOVATOR AWARDS CALL FOR ENTRIES

In its eighth year, the **Association of Community Cancer Centers Innovator Awards** honor Cancer Program Members for their pioneering achievements in oncology.

Innovations should advance the goals of improving access, quality, and value in cancer care delivery.

Some suggested areas of focus are:

- New Models in Care Coordination
- At-Risk and Underserved Populations
- Process Improvement Strategies
- Quality Improvement Initiatives
- Immuno-Oncology Implementation
- Community Outreach, Prevention, and Screenings
- Supportive Care Services

Winners will present their innovations at the ACCC 35th National Oncology Conference, October 17–19, 2018, in Phoenix, AZ, and will be featured in our journal, *Oncology Issues*.

Winners receive regional and national exposure as their innovations are shared with oncology care providers, the broader healthcare community, and national press outlets.

Past Innovator Award winner topics include:

- A Model Immunotherapy Program at an Oncology Practice
- Fusing Clinical and Business Metrics to Improve Quality
- Value-Driven Symptom Management Clinics
- Bridging the Psychosocial and Financial Needs of Oncology Patients
- Maximizing Tele-Health Technology
- From Distress Screening to Solutions: Patient-Centered Support
- Bringing Lung Cancer Education & Screening to Rural Patients

DEADLINE FOR SUBMISSIONS: March 9, 2018

CRITERIA FOR SUBMISSIONS

1. Is your program ***innovative***, creating positive change for your patients and staff?
2. Does this innovation advance patients' access to quality cancer care?
3. Does your program demonstrate value to patients and payers?
4. Can your innovation be replicated in other community-based cancer programs?
5. Does your innovation look to eliminate inefficiencies and reduce cost of care?

For details, the application form, and to learn about past Innovator Award winners, please visit accc-cancer.org/innovator.

AbbVie, Inc.

Oncology-related products: Lupron Depot® (leuprolide acetate for depot suspension)

Patient and Reimbursement Assistance Website
abbviepaf.org

PATIENT ASSISTANCE

AbbVie Patient Assistance Foundation

The foundation offers a variety of assistance programs to meet the needs of the specific people who are prescribed AbbVie medications. Income eligibility criteria varies by medication and is based on the federal poverty guidelines, which are adjusted each year. To apply:

- Click on the medication (abbviepaf.org/apply.cfm).
- Complete the application. Fill out the sections completely (please refer to the checklist on the application).
- Attach proof of income if required.
- Be sure the patient and provider sign and date the application.
- If you have insurance, please include a detailed list of prescriptions and medical expenses for the household.

Submit the completed application and any additional documentation by mail or fax it to 866.483.1305. For additional assistance, call 1.800.222.6885, Monday through Friday, 8:00 am to 5:00 pm CST.

The foundation will contact patients and providers about the application within a week to let patients know if they are approved for assistance. If the application is missing information the patient and/or provider will be asked to provide missing information. Once received, the foundation will evaluate the application.

If the patient is eligible for assistance, a supply of the medication will be shipped to the prescriber's office. It is the responsibility of the prescriber or office staff to reorder at least 7 business days prior to the patient requiring further medication.

REIMBURSEMENT ASSISTANCE

Reimbursement Resources

If you are having issues with reimbursement of your Lupron Depot purchases, call the toll-free reimbursement hotline at 1.800.453.8438.

Amgen, Inc.

Oncology-related products: Aranesp® (darbepoetin alfa), Blincyto® (blinatumomab), Imlygic® (talimogene laherparepvec) suspension for intralesional injection, Kyprolis® (carfilzomib) for injection, Neulasta® (pegfilgrastim), Neupogen® (filgrastim), Nplate® (romiplostim), Prolia® (denosumab), Sensipar® (cinacalcet), Vectibix® (panitumumab), Xgeva® (denosumab)

Patient and Reimbursement Assistance Websites

amgenassist360.com

amgenfirststep.com

PATIENT ASSISTANCE

Co-pay Assistance Support

Amgen offers co-pay coupon programs for Blincyto, Imlygic, Kyprolis, Neulasta, Neupogen, Nplate, Prolia, Vectibix, and Xgeva to help eligible patients who are commercially insured with their deductible, co-insurance, and/or co-payment requirements. To confirm patient eligibility and enroll in one of these programs, call 1.888.65.STEP1 (888.657.8371) or visit amgenfirststep.com.

Amgen FIRST STEP™ Program

This financial support program helps commercially-insured eligible patients with their co-pay and other treatment costs. Patient eligibility requirements:

- Patients must be prescribed one of the drugs listed above.
- Patients must have private commercial health insurance that covers medication costs for the drugs listed above.
- Patients must not participate in any federal, state, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, VA, DoD, or TRICARE.
- Patients may not seek reimbursement for value received from the Amgen FIRST STEP Program from any third-party payers, including flexible spending accounts or healthcare savings accounts.

Coverage Limits

- Program covers out-of-pocket medication costs for the Amgen product only. Program does not cover any other costs related to office visit or administration of the Amgen product. Other restrictions may apply.
- No out-of-pocket cost for first dose or cycle; $25 out-of-pocket cost for subsequent dose or cycle. Maximum benefit of $10,000 per patient per calendar year. (For Prolia: maximum benefit of $1,500 per patient per calendar year. For Kyprolis: maximum benefit of $20,000 per patient per calendar year.) Patient is responsible for costs above these amounts.

Restrictions may apply. Amgen reserves the right to revise or terminate this program, in whole or in part, without notice at any time. This is not health insurance. Program invalid where otherwise prohibited by law. Register before any Amgen treatment.

Learn more at the Amgen FIRST STEP Co-pay Card Program Health Care Provider Portal: https://amgenfirststep.com/hcp. From the portal, healthcare providers can enroll patients, review records, download forms, and upload documents. Questions? Call 1.888.65.STEP1

(1.888.657.8371) Monday through Friday, 9:00 am to 8:00 pm ET.

Uninsured Patients

Patients may be able to receive Amgen medications at no cost from The Safety Net Foundation (safetynetfoundation.com/index.html) if they meet the following eligibility requirements:

- Are a resident of the U.S. or its territories
- Satisfy income eligibility requirements
- Have no or limited drug coverage
- Do not have any other insurance or financial support options.

NOTE: For Medicare Part D patients, meet all plan requirements, guidelines, and prior authorizations required by the Standard Medicare plan, and demonstrate an inability to afford their Amgen medication.

To enroll in The Safety Net Foundation, patients must meet program eligibility requirements and complete the Patient Application Form:

- (English) http://www.safetynetfoundation.com/pdf/Application_V12_Physician_Administered_English_June_2016.pdf
- (Spanish) http://www.safetynetfoundation.com/pdf/Application_V12_Physician_Administered_Spanish_June_2016.pdf.

Please note: As of March 1, 2017, Amgen Safety Net Foundation will only accept the current version of the Patient Application Form, released in February 2017 (see above). Previous versions of the application received after this date will not be accepted.

Questions? Call 1.888.762.6436, Monday through Friday, 9:00 am to 8:00 pm ET.

Amgen Assist 360™

Amgen Assist 360™ Nurse Ambassadors take the time to help patients and caregivers identify which types of assistance are most important to them. The Nurse Ambassador is a single point of contact who helps patients connect with resources to address their needs. The Nurse Ambassador makes finding resources easier so that patients and caregivers can stay focused on treatment.

- Co-pay and product reimbursement assistance
  - Nurse Ambassadors can connect patients with programs that help them afford their Amgen medication.
- Transportations and lodging assistance
  - The Nurse Ambassador puts patients needing assistance with travel related to their therapy in contact with independent third-party organizations that can provide travel cost assistance for gas, tolls, parking, airfare, and lodging.
- Connections to resources for day-to-day living
  - The Nurse Ambassador refers patients and providers to independent third-party organizations that connect them to one-on-one counseling services, local support groups, and community resources at no cost.
- Medical information
  - Nurse Ambassadors can answer questions patients may have about Amgen products.

Providers can enroll their patients online at: http://www.amgenassist360.com/hcp/. All services are subject to eligibility requirements.

Patients can also be enrolled calling 1.888.4ASSIST (1.888.427.7478) Monday through Friday, 9:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Amgen Assist 360™

Connect with an Amgen Reimbursement Counselor by phone or schedule a visit with a Field Reimbursement Specialist to receive Amgen product reimbursement assistance with the following:

- Insurance verifications
- Prior authorizations
- Billing and claims support and updates
- Local payer information
- Benefit verification support, including sending a summary of benefit letters, prior authorization details, and follow-up appeals assistance.

Providers can enroll their patients online at: http://www.amgenassist360.com/hcp/ (see the instructions above) or by calling: 1.888.4ASSIST (1.888.427.7478) Monday through Friday, 9:00 am to 8:00 pm ET.

Astellas Pharma US, Inc.

Oncology-related products: Tarceva® (erlotinib) tablets (co-marketed with Genentech, Inc.), Xtandi® (enzalutamide) capsules

Patient and Reimbursement Assistance Website
astellaspharmasupportsolutions.com

PATIENT ASSISTANCE

Xtandi Support Solutions℠

Xtandi Support Solutions, a component of Astellas Pharma Support Solutions℠, offers access and reimbursement services to help patients and providers overcome challenges to accessing Xtandi. It provides information regarding patient healthcare coverage options and financial assistance programs to help patients with financial needs. Xtandi Support Solutions offers:

- Instructions for filling out the Xtandi Solutions patient enrollment form
- Benefits verification
- Prior authorization requests
- Assistance with appeals when prior authorization requests are denied
- Xtandi Quick Start+ Program
- Patient assistance
- Specialty pharmacy coordination.

To enroll your patient in Xtandi Support Solutions, complete the Patient Enrollment Form (astellaspharmasupportsolutions.com/docs/xtandi/XSS_Patient_Enrollment_Form.pdf) in its entirety (required fields marked with an asterisk), including the signatures section. (NOTE: It is critical that the enrollment form is signed by both the prescribing doctor and the patient or the patient's authorized representative.) Return by fax to 1.855.982.6341.

Xtandi Quick Start+™ Program

The Xtandi Quick Start+ Program provides a free, one-time, 14-day supply of Xtandi to new patients who experience a delay in insurance coverage. Providers should complete the Quick Start+ Program portion of the Patient Enrollment Form so their patients will be eligible for the program if needed. Overnight shipping is offered directly to the patient.

In order to be eligible for the Quick Start+ program, patients need to:

- Be new to Xtandi therapy
- Have experienced an insurance-related access delay
- Have been prescribed Xtandi for an FDA-approved indication.

Xtandi Quick Start+ Program allows your patient to start their Xtandi treatment while Xtandi Support Solutions or a network specialty pharmacy works with the patient's insurer to resolve coverage issues.

Commercially Insured Patients

The Xtandi Patient Savings Program is for patients who have commercial and/or private health insurance. A patient must have a valid prescription and meet the eligibility requirements. Under this program:

- Patients should expect to pay no more than $20 per prescription
- Co-pay assistance is available for up to 12 refills during a 12-month period after enrollment
- Your patient is covered for savings up to $5,000 for each prescription and a maximum savings up to $25,000 per year
- There are no income requirements.

The program is not available to patients who have prescription drug coverage paid in part or in full under any state or federally-funded programs, including but not limited to Medicaid, Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program.

To enroll your patient in Xtandi Patient Savings Program, apply for the Xtandi Patient Savings Program Savings Card by contacting their specialty pharmacy or by applying for the savings card at https://www.activatethecard.com/xtandi/.

Uninsured Patients

The Astellas Patient Assistance Program provides Xtandi at no cost to patients who meet the program eligibility criteria:

- Patient is uninsured or has insurance that excludes coverage for Xtandi
- Patient has a verifiable shipping address in the United States
- Patient has been prescribed Xtandi for an FDA-approved indication
- Patient has a gross income of less than $125,000 per year.

To enroll a patient in the Astellas Patient Assistance Program, complete the Patient Enrollment Form (http://astellaspharmasupportsolutions.com/docs/xtandi/XSS_Patient_Enrollment_Form.pdf), including all healthcare provider and patient signatures, and fax to 1.855.982.6341. The patient will be evaluated for program eligibility. If the patient is eligible, the patient and provider will be notified, and the Xtandi prescription will be shipped directly to the patient's home.

Medicare Patients

Medicare typically covers Xtandi under the Medicare Part D prescription drug benefit. However, a patient's cost share may vary, depending on their Medicare plan. Xtandi Support Solutions can help evaluate a Medicare patient's financial need and assistance options. Xtandi Support Solutions can:

- Help determine what type of cost-sharing the patient has, such as a flat co-payment or a percentage-based co-insurance
- Evaluate eligibility for Medicare Part D patients who may qualify for the Low-Income Subsidy (LIS)
- Help determine whether a patient is eligible for assistance from an independent co-pay foundation.

REIMBURSEMENT ASSISTANCE

Xtandi Support Solutions

Xtandi Support Solutions can help your patients obtain Xtandi through our network of specialty pharmacies, help problem-solve financial assistance, and provide educational resources included with prescription delivery. Xtandi Support Solutions can also help with:

- Insurance support (benefits verification and prior authorization assistance)
- Financial support (customized solutions)
- Prescription delivery (range of specialty pharmacy support, including direct delivery of Xtandi prescriptions and patient materials)
- 24/7 patient support line (nurse-staffed support line for patients)
- Patient education (educational materials to support patients throughout their treatment).

To speak with a dedicated access specialist, call 1.855.8XTANDI (1.855.898.2634), Monday through Friday, 8:00 am to 8:00 pm ET.

Benefits Verification

Xtandi Support Solutions performs the benefits verification upon receipt of the Patient Enrollment Form. After performing a comprehensive assessment of patient coverage for Xtandi, Xtandi Support Solutions provides patients with a summary of benefits that includes:

- The patient's insurance coverage requirements for Xtandi
- Requirements for prior authorization, step edit, or other coverage restrictions
- Cost-sharing responsibility, including deductibles, co-insurance or co-payment, and out-of-pocket maximums
- A list of specialty pharmacies that participate in your patient's insurance coverage.

Upon completion of the patient enrollment process, the benefits verication process will begin. Once it is complete, the provider will be sent a summary of benefits.

Prior Authorization

Xtandi Support Solutions will determine whether a patient's plan requires prior authorization for Xtandi, and if it does, how to obtain the prior authorization. Xtandi Support Solutions will also:

- Provide a summary of prior authorization requirements and obtain the appropriate prior authorization form
- Pre-populate the prior authorization form using the information provided on the patient enrollment form
- Send the form to the healthcare provider to complete and sign
- If the healthcare provider returns the completed form to Xtandi Support Solutions, Xtandi Support Solutions will submit the completed form to the patient's insurer, or it can be submitted by the provider.

At the request of the healthcare provider, Xtandi Support Solutions will follow up with the patient's insurer to confirm receipt of the prior authorization form, check on the status of the form, and determine the outcome. Xtandi Support Solutions will follow up with the healthcare provider regarding the prior authorization results, inform them if any additional information is required, and assist with denial appeals as necessary.

Prior Authorization Denial Appeals

If a patient's insurer denies a claim or prior authorization request, Xtandi Support Solutions can assist with the appeals process by:

- Identifying the reason for the denied claim or prior authorization request
- Determining the additional required documentation
- Informing the healthcare provider what information is needed and where to send the appeal
- Tracking and relaying the status of the appeal.

Astellas Access eService Portal

The Astellas Access eService tool is an interactive website for healthcare providers to securely and efficiently submit, track, and manage requests online. Available 24 hours a day, eService allows providers to:

- Submit, track, and view the results of benefit verifications
- Submit, track, and view the results of Astellas Access Program applications.

Go to https://eservice.astellasaccess.com/ to get started with Astellas Access eService.

AstraZeneca

Products: Calquence® (acalabrutinib), Faslodex® (fulvestrant) injection, Imfinzi™ (durvalumab) injection, Iressa® (gefitinib) tablets, Lynparza® (olaparib) tablets and capsules, Tagrisso® (osimertinib) tablets

Patient and Reimbursement Assistance Websites

astrazenecaspecialtysavings.com

MyAccess360.com

PATIENT ASSISTANCE

AstraZeneca has a commitment to providing affordable access to its medications and wants to ensure that cost is not a barrier when a physician has determined that an AstraZeneca medication is appropriate for a patient.

Patient Savings Programs for Calquence, Faslodex, Imfinzi, Iressa, Lynparza, and Tagrisso help eligible commercially insured patients with the out-of-pocket costs of their prescriptions Patients enrolled in government-funded healthcareprograms such as Medicare, Medicaid, Medigap, Veterans Affairs (VA), or TRICARE are not eligible for AstraZeneca's patient savings programs.

How the Programs Work:

1. Your patient may have an out-of-pocket cost for an AstraZeneca treatment.
2. If the patient meets the eligibility requirements, you can enroll him or her into the Patient Savings Program via the online enrollment portal. The links to the portal for each product can be found at astrazenecaspecialtysavings.com.
3. A Patient Savings Program account will be created for the eligible patient. Once enrolled, patient-specific account information will be presented in the portal for immediate use.
4. The patient will pay a set amount of his or her out-of-pocket costs, based on the product. The pharmacy or provider will use the Patient Savings Program to cover the balance, up to the program maximum.

For more information about eligibility and details on these programs, please visit astrazenecaspecialtysavings.com or call AstraZeneca Access 360 at 1.844.ASK.A360 (1.844.275.2360).

AstraZeneca Access 360™ Program

The AstraZeneca Access 360™ program provides personal support to connect patients to affordability programs and streamline access and reimbursement for AstraZeneca's medicines. Our reimbursement counselors help patients and providers with:

- Identifying and understanding prescription coverage, out-of-pocket costs, and pharmacy options
- Prior authorization support
- Pharmacy coordination
- Reimbursement process
- Denial and appeal support
- Providing eligibility requirement information and enrollment assistance for specialty Patient Savings Programs
- Referring patients to patient assistance programs
- Connecting to nurse assistance or educational support programs, if applicable (not for all medicines).

To learn more about the AstraZeneca Access 360 program, call 1.844.ASK.A360 (1.844.275.2360), Monday through Friday, 8:00 am to 8:00 pm ET to speak with a knowledgeable member of the team or visit www.MyAccess360.com.

The AZ&Me™ Prescriptions Savings Programs

The AZ&Me™ Prescriptions Savings Programs are designed to help qualifying people without insurance and those in Medicare Part D who are still having trouble affording their AstraZeneca medications. There are two programs:

- AZ&Me Prescription Savings program for people without insurance
- AZ&Me Prescription Savings program for people with Medicare Part D

There is a shared application process for the AZ&Me Prescription Savings program for people without insurance and the AZ&Me Prescription Savings program for people with Medicare Part D, and the same application is used for both programs. To apply for the program you may either call 1.800.AZandMe (1.800.292.6363) or visit azandmeapp.com to download an application. For an updated list of the medications available through the AZ&Me Prescription Savings Program, please visit azandmeapp.com.

Patients without Insurance

Program Highlights

- AstraZeneca medicines provided at no cost
- Medicines mailed to patient's home or physician's office
- Up to 30 days of product provided for each fill
- Qualified patients provided with temporary enrollment and medication supply while application is being processed
- Applications accepted via phone, fax, or mail
- Annual enrollment; patients may re-enroll after 12 months if eligible.

Eligibility Requirements

- Patient must be without prescription drug coverage through private insurance or government programs
- Patient must have annual gross household income at or below a certain level
- Patient must be a legal U.S. resident
- Patient must not be eligible for Medicaid in their state of residence

Application Checklist

The following items must be submitted in order to complete enrollment in the program:

- A completed application signed and dated by the patient and prescriber
- A completed prescription (included on page 3 of the application)
- Proof of household income

Please note that faxed applications must be sent from a physician's office in order for their prescription to be processed.

For more information, please visit azandmeapp.com or call 1.800.AZandMe.

Patients with Medicare Part D

Program Highlights

- AstraZeneca medicines provided at no cost
- Medicines mailed to patient's home or physician's office
- Up to 30 days of product provided for each fill
- Qualified patients provided with temporary enrollment and medication supply while application is being processed
- Applications accepted via phone, fax, or mail
- Enrollment is by calendar year; patients are enrolled until 12/31 of the current year and may re-enroll if eligible

Eligibility Requirements

- Patient must be enrolled in a Medicare Part D Plan
- Patient must have annual gross household income at or below a certain level
- Patient must have spent 3% or more of total household income on prescription medicines through a Medicare Part D Prescription Drug Plan during the current year
- Patient must not be eligible for LIS ("extra help")
- Patient must be a legal U.S. resident
- Patient must not be eligible for Medicaid in their state of residence
- Patients with Medicare Part B coverage may also be eligible. Please call 1.800.AZandMe (1.800.292.6363) for more information.

Application Checklist

The following items must be submitted in order to complete enrollment in the program:

- A completed application signed and dated by the patient and prescriber
- A completed prescription (included on page 3 of the application)
- Proof of household income
- A copy of the front and back of the patient's Medicare Part D Plan Card
- A copy of the patient's Medicare Part D Prescription Drug Plan statement (Explanation of Benefits [EOB]), a pharmacy printout, or a summary document from a pharmacy indicating the amount spent on prescriptions in the current calendar year; this total should be at least 3% of the patient's total household income.

Please note that faxed applications must be sent from a physician's office in order for their prescription to be processed.

For more information, please visit azandmeapp.com or call 1.800.AZandMe.

Communication Skills 101

Effective communication is a two-way process involving listening and speaking. It is a learned skill that requires practice. Listening and speaking are equally important to the process. To listen effectively, you must resist formulating your response while the other person is still speaking. The better option: allow a thoughtful pause while you both digest what has been said.

Tips for Effective Speaking

- Pay attention—not just to your words, but also to your non-verbal message(s).
- Putting a desk between you and the patient and family can foster a perception of distance. If possible, position yourself at a 35 to 45 degree angle towards the patient and keep your arms relaxed and open towards their body.
- Try not to look tense or stressed, instead adopt a relaxed and calm demeanor. Look up frequently to maintain eye contact.
- DO smile, sit, or stand comfortably.
- Have at least 2 to 3 minutes of discussion with the patient and family before you begin to take notes. Never "doodle." Shuffle papers as little as possible. The patient must feel that your focus is on him or her and what they are saying.
- Allow patients and families to see your notes before the end of your visit. Remember: transparency builds trust.

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

Bayer HealthCare Pharmaceuticals, Inc.

Oncology-related product: Aliqopa™ (copanlisib) for injection, Nexavar® (sorafenib) tablets, Stivarga® (regorafenib) tablets, Xofigo® (radium Ra 223 dichloride) injection

Patient and Reimbursement Assistance Websites

hcp.xofigo-us.com/patient-financial-assistance
reachpatientsupport.com
hcp.aliqopa-us.com/access-and-reimbursement/patient-and-financial-support/

PATIENT ASSISTANCE

Xofigo Access Services

Uninsured Patients

You must apply for assistance on your patient's behalf by submitting a completed application (hcp.xofigo-us.com/downloads/PP-600-US-1278_Xofigo_Access%20Services%20PAP_Copay%20App_Digital.pdf), including a signed patient authorization. Eligibility criteria include:

- Financial criteria based on adjusted gross household income (documentation of income is required)
- Residency in the United States, including the District of Columbia, Puerto Rico, Guam, or the U.S. Virgin Islands.

Call an Access Counselor at 855.6XOFIGO (1.855.696-3446), 9:00 am to 7:00 pm ET, Monday through Friday, if you have any questions or to obtain more information. Fax a completed application, including the signed patient authorization to 1.855.963.4463. Registered users can also submit an application for patient assistance via the secure Xofigo Access Services Provider Portal: xofigoaccessonline.com.

Co-Pay Assistance for Patients with Private Commercial Insurance

You must apply for assistance on your patient's behalf by submitting a completed application, including a signed patient authorization. Eligibility criteria include:

- Financial criteria based on adjusted gross household income (documentation of income is required)
- Residency in the United States, including the District of Columbia, Puerto Rico, Guam, or the U.S. Virgin Islands
- Treatment provided in an outpatient setting.

You and your patient must sign and submit the Application for Patient Assistance/Commercial Co-pay Assistance that includes a signed patient authorization. By signing this form, the patient gives permission for the program to pay co-pay/co-insurance assistance funds directly to the provider. Once approved, your patient receives an approval letter with a Commercial Co-pay/Co-insurance Assistance identification (ID) card. Patients approved for assistance will not have to pay anything to access Xofigo. Call an Access Counselor at 1.855.6XOFIGO (1.855.696.3446), 9:00 am to 7:00 pm ET, Monday through Friday, if you have any questions or to obtain more information. Registered users can also submit an application for patient assistance via the secure Xofigo Access Services Provider Portal: xofigoaccessonline.com.

Co-Pay Assistance for Patients Insured by Public Payers

Medicare beneficiaries and patients with other government insurance who need help paying for treatment with Xofigo ***are not*** eligible for co-pay assistance

through Xofigo Access Services. These patients may be eligible for co-pay or co-insurance assistance through an independent co-pay assistance foundation. If co-pay assistance needs are identified, a Xofigo Access Services Access Counselor can provide information about other foundations that will determine a patient's eligibility for co-pay or co-insurance assistance based on their own criteria.

REACH®

Patients taking Stivarga or Nexavar can enroll in REACH® (Resources for Expert Assistance and Care Helpline). This free program is here to support patients and caregivers with information about therapy and financial assistance options. The REACH program offers Nurse Counselors to answer medical questions and provide educational and support materials, as well as guidance on side effects, and Financial Access Counselors to provide help with:

- Benefit verification and specialty pharmacy provider (SPP) identification
- Patient Assistance Program (PAP) for the uninsured or underinsured
- Prior authorizations and denial/appeal information
- Co-pay assistance for eligible commercially insured patients not previously enrolled in the REACH Commercial Co-Pay Assistance Program
- Alternative coverage research
- Referral to independent organizations that may assist eligible patients with their out-of-pocket.

Privately Insured Patients

- No monthly cap
- Up to $25,000 per year
- Enroll at: zerocopaysupport.com
- Obtain BIN & Group # and provide to your pharmacist.

Call 1.866.581.4992 for more information on enrolling online.

Government Insured

- Information on Part D prescription drug plans
- Financial assistance may be available through independent charitable organizations
- Alternate funding options.

Call 1.866.639.2827 to speak with a reimbursement counselor (9:00 am to 5:00 pm ET).

Uninsured/Underinsured

- Patient Assistance Program (PAP)
- Eligibility requirements apply
- Up to 12 months of free drug for qualified patients
- Alternate funding options.

Call 1.866.639.2827 to speak with a reimbursement counselor (9:00 am to 5:00 pm ET).

Aliqopa Resource Connections

The ARC Patient Support Program offers comprehensive access, reimbursement support, and patient assistance services:

- The Bayer Patient Assistance Program provides Aliqopa free of charge for eligible patients who are uninsured or underinsured. In order to qualify for assistance, patients must meet certain eligibility criteria.
- The Temporary Patient Assistance Program is for patients whose coverage is delayed or who experience a temporary lapse in coverage for Aliqopa.
- The Aliqopa $0 Co-Pay Program is for eligible patients with commercial insurance. Patients must not be enrolled in a government-sponsored program and must meet certain other eligibility criteria to qualify for this program. If approved, the patient may pay as little as $0, with a maximum benefit of $25,000 per year.
- Referrals to independent assistance foundations for publicly insured patients and those requiring travel assistance may be provided.

For more information, visit https://www.hcp.aliqopa-us.com/access-and-reimbursement/patient-and-financial-support/ or call an Access Counselor at 833.ALIQOPA (833.254.7672), Monday through Friday, 9:00 am to 7:00 pm.

REIMBURSEMENT ASSISTANCE

Xofigo Access Services

Comprehensive reimbursement assistance, including:

- Insurance benefit verifications
- Prior authorization support
- Claims appeal research and information
- Claims tracking
- Billing and coding information
- Payer policy information.

To access these services, call 1.855.6XOFIGO (1.855.696.3446) 9:00 am to 7:00 pm ET, Monday through Friday. You can also access these services online 24/7 through the Xofigo Access Services Provider Portal: xofigoaccessonline.com. Or download the Quick Reference Reimbursement Guide Hospital Outpatient and Quick Reference Reimbursement Guide Freestanding Center forms at: https://xofigoaccessonline.com/StaticPageContent.aspx?Category=StaticReimbursementForms.

REACH®

Some insurance plans require patients to obtain approval for coverage before starting therapy (known as Prior Authorization), which can take time and delay the start of therapy. REACH may be able to provide temporary assistance for patients to start therapy right away while waiting for their Prior Authorization approval.

The REACH program has Nurse Counselors to answer medical questions and provide educational and support materials, as well as guidance on side effects, and Financial Access Counselors to provide help with:

- Benefit verification and specialty pharmacy provider (SPP) identification
- Patient Assistance Program (PAP) for the uninsured or underinsured
- Prior authorizations and denial/appeal information
- Co-pay assistance for eligible commercially insured patients not previously enrolled in the REACH Commercial Co-Pay Assistance Program
- Alternative coverage research
- Referral to independent organizations that may assist eligible patients with their out-of-pocket expenses.

Aliqopa Resource Connections

The ARC program provides support for prescribers, office staff, patients, and caregivers through the access and reimbursement process. Access Counselors are available to provide the following support services:

- Benefit verifications
- Prior authorization guidance (providers must submit prior authorizations)
- Denial and appeal support
- Billing and coding support, including miscellaneous HCPCS coding

For more information, call 833.ALIQOPA (833.254.7672), Monday through Friday, 9:00 am to 7:00 pm ET, or visit https://www.hcp.aliqopa-us.com/access-and-reimbursement/patient-and-financial-support/.

Boehringer Ingelheim Pharmaceuticals, Inc.

Oncology-related product: Gilotrif™ (afatinib)

Patient and Reimbursement Assistance Website
gilotrifhcp.com/solutions-plus/access-reimbursement

PATIENT ASSISTANCE

Solutions Plus™

This program offers a range of services to help alleviate financial concerns around access. Insurance coverage should not be a barrier to cancer treatment—we will explore multiple options to help a variety of patients afford their treatment, including:

- ***Commercially insured patients*** who are eligible pay no more than a $25 co-pay per month through the Co-pay Assistance Program. (NOTE: patients must be U.S. residents.)
- ***Publicly insured patients*** are connected to alternative funding support, which may help offset co-pays, deductibles, or other treatment-related expenses. If denied alternative funding, publicly insured patients may be eligible for BI Cares Foundation support. (NOTE: patients must be U.S. residents.)
- ***Uninsured and underinsured patients*** who have been denied financial assistance from other foundations may be eligible for free medication through the BI Cares Foundation. (NOTE: patients must be U.S. residents.)

To determine if a patient is eligible for programs offered by or through Solutions Plus, BI Cares Foundation, or other support programs, please reference Gilotrif access and reimbursement tools at: https://gilotrifhcp.com/solutions-plus/access-reimbursement#coverage-and-reimbursement. Or enroll your patient by calling 1.877.814.3915, 8:00 am to 8:00 pm ET or by downloading the application at: https://www.gilotrifhcp.com/sites/default/files/pdfs/PC-GF-0328-PROF_Solutions_Plus_Enrollment_Form_Squamous.pdf.

Complete the entire enrollment form with a signed patient authorization form and Gilotrif prescription and fax it to: 1.866.240.4556. Fax confirmation will be provided within 2 hours of enrollment form submission.

To help with Gilotrif treatment initiation and continued adherence, all patients taking Gilotrif will receive a Patient Support Kit (https://www.gilotrifhcp.com/solutions-plus/clinical-support#patient-support-kit). This helpful kit includes the following patient resources:

- My Guide patient brochure
- My Diary treatment journal
- Topical lotion and loperamide (OTC) samples.

Gilotrif Dose Exchange™

https://www.gilotrifhcp.com/solutions-plus/clinical-support#gilotrif-dose-exchange.

Gilotrif Dose Exchange is designed to help facilitate dose adjustments. It is offered to patients who meet the following eligibility requirements:

- Serviced through our dedicated specialty pharmacy partner, Accredo, or the Gilotrif Dispense Network
- For patients exchanging ≥9 tablets.

Here's how the Gilotrif Dose Exchange facilitates transition to new dose:

- Eligible patients sent new dose promptly once their oncologist submits new prescription
- Covers up to 2 dose modifications

- Patients can easily return unused drug using the prepaid envelope that is sent with the replacement dose.

The Exchange also eliminates additional co-pays in a given month:

- Insurers will not be billed and patients will not be charged a co-pay for replacement drug.

How Gilotrif Dose Exchange™ works:

- Patient serviced through Accredo or the Gilotrif Dispense Network is prescribed a new dosing strength of Gilotrif (afatinib) tablets and ≥9 pills remain in old dose.
- Oncologist provides new prescription to Solutions Plus on the designated enrollment form.
- Solutions Plus confirms Gilotrif Dose Exchange eligibility.
- Accredo or a central pharmacy at Solutions Plus sends new dose and prepaid return envelope to patient; health plan is not billed and patient is not charged a second co-pay for the new prescription.
- Patient returns pills remaining from old dose using prepaid envelope provided by Solutions Plus.

Nurse and Pharmacy Support

Nurse support is provided for real-time patient education and assistance to complement care. Oncology-trained nurses will call participating Gilotrif patients during critical timepoints of NSCLC treatment to assist with adherence.

- Five outbound calls will be made to patients
- Treatment-related adverse events education and tips for adherence are addressed
- Language interpreter service available in 170 languages.

Oncology-trained nurses are also available to answer questions as needed. Contact Solutions Plus at 1.877.814.3915, 8:00 am to 8:00 pm ET. Solutions Plus® keeps your practice informed throughout each patient's participation in the program. When a nurse speaks to a patient about treatment with Gilotrif, your office receives a fax update.

Dedicated Gilotrif professionals are available for patients and physicians who have questions related to Gilotrif. Physicians and healthcare practice professionals may connect directly with Gilotrif-trained pharmacists with Accredo. Call 1.844.569.2837 from 8:30 am to 7:00 pm ET or fax 1.888.454.8488. Patients can reach Patient Care Advocates and Gilotrif-trained nurses with Accredo by calling 1.844.569.2836 from 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Solutions Plus

This program helps providers and patients navigate coverage and reimbursement challenges. Knowledgeable reimbursement specialists assist with the coverage and reimbursement process throughout the patient's Gilotrif treatment journey.

To get patients started on therapy as easily and quickly as possible and minimize reimbursement challenges, Solutions Plus provides assistance with:

- ***Benefit verification.*** Upon enrollment, reimbursement specialists investigate and verify coverage for patients within 2 business days from initiation.
- ***Prior authorization.*** Reimbursement specialists anticipate and communicate prior authorization requirements for payers. If prior authorization is needed and the patient receives Gilotrif tablets from our dedicated specialty pharmacy partner, Accredo, then Solutions Plus may assist with submission and tracking of prior authorization consistent with health plan requirements.
- ***Gilotrif Bridge.*** If a patient experiences a payer delay of more than 7 days for the FDA-approved indication, they may receive a 15-day supply of Gilotrif tablets. This program allows patients to start therapy and avoid a prolonged delay. NOTE: This program is for commercially and publicly insured patients treated with Gilotrif for the FDA-approved indication.
- ***Denials & appeals.*** Reimbursement specialists will personally work with patients to resolve issues they may have with denials and appeals of claims.

Providers can obtain a Solutions Plus enrollment form by calling 1.877.814.3915, 8:00 am to 8:00 pm ET or download the application at: https://www.gilotrifhcp.com/sites/default/files/pdfs/PC-GF-0328-PROF_Solutions_Plus_Enrollment_Form_Squamous.pdf.

Complete the entire enrollment form with a signed patient authorization form and Gilotrif prescription and fax it to: 1.866.240.4556. Fax confirmation will be provided within 2 hours of enrollment form submission.

Gilotrif Pledge™

Patients and participating payers are refunded for the first month of therapy if eligible patients discontinue before first refill. A lack of refill triggers the Gilotrif Pledge program. The program is offered to patients who meet the following eligibility requirements:

- Commercially insured by participating health plan
- Serviced through our dedicated specialty pharmacy partner, Accredo
- Enrolled in Nurse Support Program.

NOTE: Patients are automatically enrolled in the Nurse Support Program when they enroll in Solutions Plus. Patients not serviced through Accredo are able to opt in to the Nurse Support Program if interested.

For patients serviced through Accredo, reimbursement specialists confirm that the patient's insurer is participating in the Gilotrif Pledge program. When the patient is called to schedule his or her first refill and indicates discontinuation, a call is placed to the provider's office to confirm discontinuation. Solutions Plus refunds patients and payers for the entire cost of the first month of therapy.

Distribution

Solutions Plus® works closely with Accredo, our single, dedicated, specialty pharmacy partner, to ensure:

- Timely distribution
- Seamless transition from enrollment to prescription fulfillment
- Consistent support experience for patients.

Gilotrif is also available at select on-site pharmacies:

- Select, large group practices
- Kaiser Permanente®
- NCI-designated Cancer Centers
- Select hospitals with outpatient clinics
- Integrated delivery networks
- Veterans Administration/ Department of Defense.

Bristol-Myers Squibb

Oncology-related products: Empliciti™ (elotuzumab), Opdivo® (nivolumab), Sprycel® (dasatinib), Yervoy® (ipilimumab)

Patient and Reimbursement Assistance Website
bmsaccesssupport.com

PATIENT ASSISTANCE

BMS Access Support®

Bristol-Myers Squibb (BMS) Access Support can help identify financial assistance programs for eligible patients who need help managing the cost of treatment. The appropriate program will depend on the patient's coverage.

BMS Oncology Co-Pay Assistance Program

This program is designed to assist with out-of-pocket co-pay, deductible, or co-insurance costs for eligible commercially insured patients who have been prescribed certain BMS products. Patients with state or federally-funded insurance plans are not eligible for this co-pay program. Enrolled patients pay the first $25 of their co-pay per infusion. If the patient receives two BMS medications covered by this program on the same day, the combination of those two medications will be treated as one dose, requiring the patient pay only $25 of the medications' co-pay for that day. BMS will cover the remaining amount up to $25,000 per year per product, or $50,000 per year for two BMS products administered in combination. Other restrictions may apply. Final determination of program eligibility is based upon review of completed application.

Enrollment is simple. The provider completes the application through BMS Access Support in one of the following ways:

- Download the enrollment form on your computer and fax to 1.888.776.2370.
- Enroll online with our secure portal: MyBMSOncologyCases.com.

When completing the form, check the box for the BMS Oncology Co-Pay Program. BMS Access Support determines patient eligibility, including verifying commercial insurance coverage to establish the appropriate benefit amount. BMS Access Support then notifies the provider and patient of enrollment and the appropriate next steps. Finally, the provider submits the primary claim to the commercial insurance carrier. If the Explanation of Benefits form indicates that your patient has a cost-sharing expense, notify BMS Access Support and submit the required documentation to initiate appropriate next steps. For questions or to confirm receipt of the application, call the Support Center at 1.800.861.0048, 8:00 am to 8:00 pm ET, Monday through Friday.

Assistance for Uninsured Patients

For patients without prescription drug insurance, or for patients who are underinsured, BMS Access Support can refer them to independent charitable foundations that may be able to provide financial support, including, the Bristol-Myers Squibb Patient Assistance Foundation (BMSPAF): bmspaf.org. This charitable organization provides medicine, free of charge, to eligible, uninsured patients who have an established financial hardship.

The BMSPAF accepts the BMS Access Support application. Patients may be eligible for assistance through the BMSPAF if they:

- ✓ Do not have insurance coverage, or have been denied coverage for a requested medicine
- ✓ Are enrolled in a Medicare Part D plan and have spent at least 3 percent of their yearly income on out-of-pocket costs for prescription medicines in the current year
- ✓ Are being treated on an outpatient basis
- ✓ Live in the United States, Puerto Rico, or the U.S. Virgin Islands
- ✓ Meet the income limits for the requested medicine.

These are just some of the eligibility requirements. Other eligibility criteria may apply. For more information about eligibility and to obtain an enrollment application, call the Bristol-Myers Squibb Patient Assistance Foundation, at 1.800.736.0003.

Assistance for Patients with Federally-Funded Insurance Plans

Patients with federally-funded insurance plans are not eligible for co-pay assistance programs sponsored by Bristol-Myers Squibb. However, there are independent foundations that can help. BMS Access Support can refer providers to the foundation offering the best support for their specific patient and help them through the application process. It is important to note that these foundations are independent and not affiliated with Bristol-Myers Squibb. Each foundation has its own eligibility criteria and evaluation process. Bristol-Myers Squibb cannot guarantee that a patient will receive assistance. For details, contact BMS Access Support at 1.800.861.0048.

REIMBURSEMENT ASSISTANCE

BMS Access Support

Benefits Verification

BMS Access Support can conduct a benefits review. This will typically determine what is covered by the patient's insurance plan, whether there are any restrictions, and how much money the patient may have to pay to get their medication. A benefits review will identify whether prior authorization is required. For enrolled patients, benefits may also be reverified.

Prior Authorization

A benefits review will identify whether prior authorization (PA) is required before certain medications will be covered. BMS Access Support can provide information about this requirement, call the payer to obtain PA details, and fax a summary of benefits to the provider.

Claims Appeals

If the patient's insurer has denied coverage, BMS Access Support may be able to assist by providing information about the appeals process. It is important to review the insurer's guidelines and for the patient or provider to submit the required documents and information before the appeal deadline.

To start a benefits review or schedule a call with a care coordinator, visit http://www.bmsaccess-support.bmscustomerconnect.com/overview-services.

Celgene Oncology

Oncology-related products: Abraxane® for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) (albumin-bound), Idhifa® (enasidenib), Istodax® (romidepsin) for injection, Pomalyst® (pomalidomide), Revlimid® (lenalidomide), Thalomid® (thalidomide), Vidaza® (azacitidine for injection)

Patient and Reimbursement Assistance Website
celgenepatientsupport.com

PATIENT ASSISTANCE

Celgene Patient Support® provides:

- A single specialist assigned to help patients in your geographic area
- Assistance with understanding patient insurance coverage for Celgene medications
- Information about financial assistance for prescribed Celgene medications.

Celgene Commercial Co-Pay Program

This program is for eligible patients with commercial or private insurance (including healthcare exchanges).

- Provides assistance to help patients meet co-pay/co-insurance costs
- Reduces co-pay responsibility to $25 or less per prescription with a maximum benefit of $10,000 per enrollment period.

Eligibility criteria for patients include:

- Gross annual household income of $100,000 or less (patients may be subject to a random audit to verify income)
- Commercial or private insurance that does not cover the full cost of the prescribed Celgene medication
- Residence in the United States or a U.S. territory
- Patients with government healthcare insurance (for example, Medicaid, Medicare [Parts B, C, and D], Medigap, TRICARE are not eligible)
- Other eligibility requirements and restrictions apply. Please see full Terms and Conditions on the Celgene Patient Support® website (https://media.celgenepatientsupport.com/wp-content/uploads/Full-_Terms_and_Conditions_Dec_2016_v.5Final.pdf)

Celgene Patient Assistance Program (PAP)

The Celgene Patient Assistance Program is for qualified patients who are uninsured or underinsured.

- Celgene medications may be available at no cost to patients who meet insurance and financial criteria
- Your patients must meet specified financial and eligibility requirements to qualify for assistance.

Independent Third-Party Organizations

For patients who are unable to afford their medication (including patients with Medicare, Medicaid, or other government-sponsored insurance), Celgene Patient Support® can provide you with information about independent third-party organizations that may be able to help patients with the cost of:

- Deductibles
- Co-payments/co-insurance
- Insurance premiums.

Financial and medical eligibility requirements vary by organization.

Transportation Assistance

Celgene Patient Support® can provide information about financial assistance for transportation costs to and from medical appointments.

- Independent third-party organizations may be able to help patients with transportation costs, such as gasoline, parking, tolls, and taxi, bus, or train fare, to and from medical appointments.

Financial and medical eligibility requirements vary by organization.

REIMBURSEMENT ASSISTANCE

At the request of the patient, specialists are available to assist with each of the following steps in the insurance approval process for prescribed Celgene medications. Celgene cannot provide insurance advice or make insurance decisions.

Benefits Investigation

- Initiate a benefits investigation to determine co-payment and other out-of-pocket costs
- Assess prior authorization or precertification requirements
- Educate patients about insurance coverage or other programs for which they may qualify.

Prior Authorization/ Precertification Assistance

- Assist with the prior authorization or precertification process by providing the necessary forms for completion
- Follow up with the insurance provider to determine the outcome
- Celgene provides a facilitation service and will not provide any medical input into a prior authorization.

Appeals Assistance

- Provide information about the appeals process after a denied prior authorization, precertification, and/or claim
- Supply a checklist of the required documentation for submission to the insurance company
- Submit the appeal to the insurance company at the request of the patient and follow up on the status until a decision is reached
- Celgene provides a facilitation service and will not provide any medical input into an appeal.

Enrolling in Celgene Patient Support®

There are three simple ways to enroll in Celgene Patient Support®. Choose the way that is easiest:

- Patients can be enrolled in Celgene Patient Support® online at www.celgenepatientsupport.com
- Patients can be enrolled over the phone 1.800.931.8691, Monday to Thursday, 8:00 am to 7:00 pm ET, and Friday, 8:00 am to 6:00 pm ET (translation services available)
- Download the English or Spanish enrollment form at www.celgenepatientsupport.com and return it to us by e-mail at patientsupport@celgene.com or fax it to us at 1.800.822.2496.

Eisai Co., Ltd

Oncology-related products: Aloxi® (palonosetron hydrochloride) injection, Halaven® (eribulin mesylate), Lenvima® (lenvatinib) capsules

Patient and Reimbursement Assistance Website
eisaireimbursement.com

PATIENT ASSISTANCE

The Eisai Patient Assistance Program

Eisai has created the Patient Assistance Program for customers who need assistance paying for certain Eisai medications. This program provides medications at no cost to financially needy patients who meet program eligibility criteria.

For Aloxi and Halaven, download a copy of the Patient Assistance Program Enrollment Form (http://www.eisaireimbursement.com/-/media/Files/XRay/Aloxi/Patient-Assistance-Enrollment-Form.pdf) or call 1-866-61-EISAI (1-866-613-4724) for more information. The enrollment form, insurance information, financial documentation, signature of the prescribing healthcare professional, and patient's signature are required for the form to be considered complete.

To enroll for Lenvima, complete and submit the Lenvima Intake Form (http://www.lenvima.com/pdfs/specialty-pharmacy-intake-form.pdf) or call 1.866.61.EISAI (1.866.613.4724) for more information.

$0 Co-Pay Program

Commercially insured patients prescribed Halaven or Lenvima may be eligible for the $0 Co-Pay Program. Under this program, commercially insured patients pay a $0 co-pay on each prescription with an annual limit. Limits vary depending on the Eisai medication you have prescribed.

- For patients prescribed Halaven, the maximum benefit paid by Eisai Inc. will be $18,000 per year.
- For patients prescribed Lenvima, Eisai Inc. provides up to $40,000 per year to assist with out-of-pocket costs.

Enrollment in the $0 Co-Pay Program is automatic if the patient is receiving Lenvima from Accredo or Biologics and is required when receiving Lenvima from another source. Complete and submit the Lenvima Intake Form (http://www.lenvima.com/pdfs/specialty-pharmacy-intake-form.pdf) or call 1.866.61.EISAI (1.866.613.4724) for more information.

If you have prescribed Halaven there is a multi-step enrollment process, outlined below:

Step 1: Complete and submit an enrollment form (http://www.eisaireimbursement.com/-/media/Files/XRay/Halaven/Halaven-0Copay-Enrollment-Form.pdf) signed by both you and your patient.

Step 2: If the patient is determined to be eligible they will be sent a Welcome Letter and a card. This card should be given to your office so that it can be used to process the virtual debit card payment.

Step 3: Fax the Explanation of Benefits (EOB) or detailed Specialty

Pharmacy receipt for the Halaven claim to 844.745.2350. The following information should be included:

- Patient's information including full name
- Date of service
- Cost of the medication
- Amount covered by the insurance
- Patient's responsibility: deductible; co-payment; and co-insurance.

Step 4: If the patient's claim is approved, the appropriate funding based on the patient's out-of-pocket costs will be loaded onto the patient's card and a confirmation letter will be sent to you and your patient.

Restrictions and Conditions
Eligibility Criteria: Good toward the purchase of prescribed, eligible Eisai medication. No substitutions permitted. Save this card to reuse with each prescription. Not available to patients enrolled in state or federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD, or TRICARE. May not be combined with any other coupon, discount, prescription savings card, free trial, or other offer. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this card. Such activities may result in imprisonment of 10 years, fines up to $25,000, or both. Void outside the U.S. and where prohibited by law. Eisai Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the card and complying with any other conditions imposed by insurance carriers or third-party payers. The value of this card is not contingent on any prior or future purchases.

The card is solely intended to provide savings on any purchase of the approved Eisai medication. Use of the card for any one purchase does not obligate the patient to make future purchases of the same Eisai medication or any other product. For patients prescribed Lenvima, this offer is available to MA residents through June 30, 2019, and to all other patients through March 31, 2020. For patients prescribed Halaven, this offer is available to MA residents through June 30, 2019, and to all other patients through November 30, 2019.

REIMBURSEMENT ASSISTANCE

The Eisai Assistance Program

The Eisai Assistance Program provides information to patients and healthcare professionals regarding the patient's insurance benefits for coverage of certain Eisai medications.

For Aloxi and Halaven, agents can provide information relating to payer-specific policies for coverage, information regarding billing and coding requirements, and answer questions regarding financial assistance options. Call 1.866.61.EISAI (1.866.613.4724) Monday through Friday, 8:00 am to 8:00 pm ET for all billing, coding, coverage, and financial assistance questions.

For Lenvima, specialists will complete a full benefit investigation to understand the patients' insurance coverage. If needed, specialists can also discuss options for financial assistance to help patients access Lenvima. Contact 1.866.61.EISAI (1.866.613.4724) Monday through Friday, 9:00 am to 6:00 pm ET.

Eli Lilly and Company

Lilly | ONCOLOGY

Oncology-related products: Alimta® (pemetrexed for injection), Cyramza® (ramucirumab), Erbitux® (cetuximab), Lartruvo™ (olaratumab), Portrazza® (necitumumab) , Verzenio™ (abemaciclib)

Patient and Reimbursement Assistance Websites

LillyPatientOne.com

LillyCares.com

PATIENT ASSISTANCE

Lilly PatientOne

Lilly PatientOne (lillypatientone.com) provides a resource for access and reimbursement assistance. Through Lilly PatientOne, you may be able to help your qualified patients get the assistance they need, allowing them to start treatment with one less worry.

Lilly PatientOne Co-Pay Program

With the Lilly PatientOne Co-Pay Program, eligible patients can lower co-pay or coinsurance costs to pay no more than $25 per dose. There are no income requirements.

Eligibility criteria:

- Patient is age 18 years or older
- Patient must have proof of residency in the United States or Puerto Rico
- Patient must be treated for an FDA-approved indication
- Patient must be commercially insured
- The date of service is within 120 days of the date of application submission
- Maximum patient benefit $25,000 per 12-month period.

Non-eligible:

- Participants in Medicaid, Medicare, Medicare Part D, Medigap, CHAMPUS, DoD, VA, TRICARE, or any state patient or pharmaceutical assistance program
- Patients currently eligible for, or enrolled in, a Lilly patient assistance program or another co-pay assistance program
- Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer.

Patient Enrollment Steps:

1. Download an application form: lillypatientone.com/assets/pdf/patient_assistance_program_application.pdf or call Lilly PatientOne at 1.866.4PatOne (1.866.472.8663) for a faxed copy.
2. Review program eligibility with your patient based upon the full criteria listed in the application.
3. Fax the completed application to 1.877.366.0585.
4. Your patient's application will be reviewed to determine eligibility pursuant to business rules.
5. Approved patients will receive an enrollment letter and their co-pay card in the mail.
6. Your office will be informed of patient's enrollment status through a faxed letter. (NOTE: remind patients to bring their co-pay card with them to their next appointment.)

PatientOne program specialists are available Monday through Friday, 9:00 am to 7:00 pm ET. Call 1.866.4PatOne (1.866.472.8663).

Lilly Cares Foundation

The Lilly Cares Foundation, Inc., a separate nonprofit organization, provides free Lilly medications to qualifying patients. For more information about Lilly Cares,

please visit LillyCares.com or call 1.800.545.6962.

If your patient has been prescribed a Lilly Oncology product and meets the basic points of eligibility, complete the Patient Assistance Program Application Form (http://lillycares.com/_Assets/pdf/2017PAPApplication.pdf) and fax it to 888.242.6230. Learn more at: lillypatientone.com/financial-assistance-for-cancer-patients.html.

Verzenio Savings Card

From the start of treatment, the Verzenio Savings Card is available to help eligible patients with out-of-pocket expenses.

- The first 3 months of Verzenio are free; then the patient pays no more than $10 per month*†
- The patient can use the savings card for up to 12 months ($25,000 annual cap)
- Available to eligible commercially insured patients whose insurance has chosen to cover Verzenio
- Provided in two formats to meet individual patient needs:
  - Digital card: Download from verzenio.com; activated and ready to use upon download
  - Preprinted physical card: Available from your Lilly sales professional for distribution to patients; activated online or by phone

*If eligible, this card will cover a maximum coverage of $25,000 per year for patients who are commercially insured. Offer may be subject to monthly and annual cap of wholesale acquisition cost plus usual and customary pharmacy charges.

†Offer void where prohibited by law. This offer is invalid for patients without commercial insurance coverage or those whose prescription claims for Verzenio are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DOD, VA, TRICARE/CHAMPUS, or any State Patient or Pharmaceutical Assistance Program. If you live in Massachusetts, the Card expires on the earlier of: (i) the expiration date of this Card (12/31/2019), (ii) the date an AB rated generic equivalent for Verzenio becomes available, or (iii) 06/30/2019, absent a change in Massachusetts state law.

Available only in the U.S. and Puerto Rico for residents of the U.S. and Puerto Rico. By accepting this offer, you agree that if you are required to do so under the terms of your insurance coverage for this prescription or are otherwise required to do so by law, you should notify your insurance carrier of your redemption of this Card. This offer is not valid with any other program, discount, incentive, or similar offer involving Verzenio. It is prohibited for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade; or to counterfeit this Card. This offer may be terminated, rescinded, revoked, or amended by Lilly USA, LLC, at any time without notice. The Verzenio Savings Card is not health insurance and expires on 12/31/2019.

REIMBURSEMENT ASSISTANCE

Lilly PatientOne

Even if your patient is fully insured, a claim may still be denied. Lilly PatientOne offers benefits investigation and appeals assistance to qualified, insured patients. If a patient's claim is eligible, download and complete a Lilly PatientOne Application Form at LillyPatientOne.com or call 1.866.4PatOne (1.866.472.8663) to request a copy of the application be sent to you. Fax the completed form to 1.877.366.0585. As you fill out the form be sure to check all services that your patient might need. The treating physician will receive a response from Lilly PatientOne once the patient's application has been reviewed.

PatientOne may:

- Conduct a benefits investigation to help verify coverage
- Provide prior authorization requirements for the patient's insurer
- Provide templates, forms, and checklists for filing an appeal for denied claims for eligible Lilly Oncology products. (These forms can also be found online in the "forms" section of the Lilly PatientOne website)
- Upon request provide status updates for appeals that have been filed for eligible Lilly Oncology products.

Lilly PatientOne program specialists are available Monday through Friday, 9:00 am to 7:00 pm ET. Call 1.866.4PatOne (1.866.472.8663). Learn more at: lillypatientone.com.

Verzenio Continuous Care

Verzenio Continuous Care provides the patient with support throughout her treatment journey. The Verzenio Continuous Care Program was created to give patients personalized support and help provide a positive experience while taking Verzenio.

Each patient has access to a Continuous Care team, which consists of a Reimbursement Specialist and a Companion in Care* who will serve as dedicated resources and provide individualized support.

Access and Financial Assistance

- May help eligible patients minimize co-pay or out-of-pocket costs by providing:
  - A benefits investigation
  - Guidance through the specialty pharmacy process
  - Identification of savings opportunities
- Can assist office staff with resources to guide patients through the appeals process

Ongoing Services

The Companion in Care will assist with:

- Reiterating treatment information (like dosing and adverse reactions) that you've outlined in your office
- Guiding patients back to your office if they are experiencing side effects or have questions regarding their treatment
- Connecting patients to relevant disease-state content and Verzenio information

*The Companion in Care is not a doctor or nurse, or a substitute for a medical professional; the Companion in Care will direct the patient to her healthcare provider for medical advice.

To find out more about support for patients prescribed Verzenio, visit verzenio.com or call 1-844-VERZENIO (1.844.837.9364).

EMD Serono, Inc.
Pfizer, Inc.

Oncology-related product: Bavencio® (avelumab) injection

Patient and Reimbursement Assistance Website
coverone.com

PATIENT ASSISTANCE

CoverOne™ Patient Assistance Program

CoverOne includes a patient assistance program that provides Bavencio at no charge for patients who meet certain income, insurance (i.e., uninsured), and residency eligibility criteria. To determine patient eligibility, patients and providers should complete a CoverOne Enrollment Form (https://www.coverone.com/en/document/US-AVE10160118a_EnrollmentForm_Digital_ACTIVE_FIELDS.pdf) and fax the completed form and proof of income to 1.800.214.7295 prior to treatment.

Patient assistance is not applied retroactively. A CoverOne representative will notify patients and providers as soon as possible with the patient's eligibility determination.

NOTE: The CoverOne patient assistance program is a philanthropic program for patients in need, and is not contingent on any past or future commercial sale for Bavencio.

CoverOne Co-Pay Assistance Program

CoverOne provides co-pay assistance for privately insured Bavencio® (avelumab) injection 20 mg/mL patients with co-pay/co-insurance responsibilities who meet the program eligibility criteria.

Privately insured patients may apply for assistance through the CoverOne Co-pay Assistance Program by faxing a completed CoverOne Enrollment Form to 1.800.214.7295. Government-insured patients, including Medicare and Medicaid beneficiaries, are not eligible for the CoverOne Co-Pay Assistance Program. Limits, terms, and conditions apply. Full terms and conditions for co-pay assistance can be found at http://www.coverone.com/.

CoverOne will notify patients and providers of the eligibility determination as soon as possible. Enrolled patients will be responsible for a $10 co-pay/co-insurance and may be eligible for Bavencio co-pay assistance up to a maximum of $30,000 per year.

Enrollment in the co–pay assistance program does not guarantee assistance. Whether an expense is eligible for the CoverOne co-pay assistance benefit will be determined at the time the benefit is paid. Eligible co-pay expenses must be in connection with a separately paid claim for Bavencio administered in an outpatient setting, which is otherwise covered by a private or commercial insurance plan.

The patient co-pay assistance program is not contingent on any past or commercial sale of Bavencio. The co-pay program does not assist with inpatient hospital claims or in any bundled payment arrangement where there is no separate patient co-pay for Bavencio, and does not assist with healthcare premiums or drug administration services.

REIMBURSEMENT ASSISTANCE

CoverOne Reimbursement Support Services

CoverOne™ will help providers and patients understand the specific coverage and reimbursement guidelines for Bavencio. Reimbursement support services include:

- Insurance benefit verification
- Prior authorization assistance
- Information on relevant billing codes for Bavencio (HCPCS, CPT, ICD-10-CM, NDC)
- Denied/underpaid claims assistance
- Payer research (non-patient specific)
  - Medicare, private payers, State Medicaid
- Alternate funding research.

EMD Serono, Inc. and Pfizer, Inc. do not guarantee coverage and/or reimbursement for Bavencio. 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.

Please fax a completed CoverOne Enrollment Form to 800.214.7295 to request services.

Active Listening 101

Active listening is a communication technique that requires the listener to feed back what is heard to the speaker by re-stating or paraphrasing what was heard in the listener's own words. Active listening improves personal relationships, reduces misunderstanding and conflicts, strengthens cooperation, and fosters understanding. The skill is proactive, accountable, and professional.

Active listening is comprised of three primary elements: comprehension, retention, and response.

Comprehension—develop a shared meaning between parties through tone of voice, use of vocabulary and context, and speech pattern.

Retention—take notes if necessary.

Response—respond both verbally and non-verbally.

Active Listening Tactics

- Listen and hear rather than waiting to speak.
- Watch body language.
- Find common ground.
- Paraphrase the speaker's words back to him or her as a question. ("I see/hear/feel like you are afraid of...")
- Suspend your own frame of reference and judgments.
- Validate what the speaker is saying and feeling ("You seem to feel angry, is that because...?")

Barriers to Active Listening

- Distractions
- Trigger words
- Vocabulary
- Limited attention span
- Emotions
- Noise and visual distraction
- Cultural differences
- Interrupting or influencing

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

Exelixis, Inc.

Oncology-related products: Cabometyx™ (cabozantinib) tablets, Cometriq® (cabozantinib) capsules

Patient and Reimbursement Assistance Websites
hcp.cabometyx.com/access-support
cometriq.com/support

PATIENT ASSISTANCE

Cabometyx Exelixis Access Services

EASE provides solutions to the potential hurdles your office and patients may encounter, with the following programs to help access Cabometyx. EASE representatives can provide information and answer questions relating to coverage, specialty pharmacy shipments, and financial assistance options and eligibility. For more information on EASE services, call 1.844.900.EASE (1.844.900.3273), Monday through Friday, 9:00 am to 8:00 pm ET.

EASE Co-Pay Program
Patients with commercial insurance may be eligible for the EASE Co-Pay Program. Eligible commercial patients will pay no more than $10 in monthly co-pays to a maximum benefit of $25,000 per year. To enroll, complete the EASE Enrollment Form (https://hcp.cabometyx.com/downloads/CABOMETYXEASEEnrollmentForm.pdf) and fax it to 1.844.901.EASE (1.844.901.3273).

Alternate Funding Assistance
For patients who cannot afford therapy, the Patient Assistance Program (PAP) may be able to provide free Cabometyx. Complete and submit the EASE Enrollment Form and Patient Authorization Form (https://hcp.cabometyx.com/downloads/CABOMETYXPatient-AuthorizationForm.pdf), and EASE can provide assistance with alternative funding options and determine PAP eligibility.

Quick Start
Patients who experience insurance coverage decision delays don't have to wait to initiate therapy. By enrolling in Quick Start, Cabometyx with refills as needed (for up to 60 days) will be supplied to new patients. To enroll, fill out section 5 of the EASE Enrollment Form and submit it with the application.

Dose Exchange Program
The Dose Exchange Program supports patients who require dose reductions to their therapy with Cabometyx. Complete and submit the Dose Exchange Form (https://hcp.cabometyx.com/downloads/DoseExchangeForm.pdf), and EASE will ship a free one-time supply of Cabometyx at the new dose strength to the patient while helping them return their unused tablets.

Cometriq Exelixis Access Services

Exelixis Access Services (EASE) is a personalized support program that provides information about how patients can afford Cometriq treatment. Specialists at EASE are available by phone to help with:

- Ordering Cometriq
- Financial assistance
- Information about Cometriq.

Exelixis Access Services is designed to minimize financial barriers to therapy for commercially insured patients. Funding specialists are available to assist in enrolling eligible patients into available patient assistance programs.

- The Co-pay Assistance Program provides help with out-of-pocket costs for patients who meet the program's eligibility requirements

- The Patient Assistance Program provides Cometriq free of charge to patients who do not have insurance coverage and who meet eligibility requirements
- Alternative funding investigation provides assistance with identification of alternate funding for people who do not qualify for our sponsored programs.

For more information and to enroll in EASE for Cometriq, call 1.855.253.EASE (1.855.253.3273).

REIMBURSEMENT ASSISTANCE

Cometriq Exelixis Access Services

Exelixis Access Services has dedicated oncology support specialists to assist healthcare professionals, including:

- Benefit coverage specialists to support benefit investigations, prior authorizations, appeals, and delivery coordination
- Appeals specialists to assist with further authorization requirements.

For more information, call 1.855.253.EASE (1.855.253.3273).

Insurance Verification Form

Update ❑ New ❑ Patient Name: _____

ID/SSN #: _____ Patient Insurance ID _____

Group Policy # _____ Insurance Company: _____

Primary Insurance? _____ Secondary? _____ Tertiary? _____

Authorization/referral # _____

Name of Contact _____ Date/Time of Auth: _____

Phone/Fax/Address for Auth: _____

Effective Date: _____ PCP: _____ Tel # _____

Specific Pharmacy Requirement: _____

❑ Mail order: _____

Co-insurance/Co-pay: _____

Cap for drugs or diagnosis: $ _____

Catastrophic Coverage or Stop-loss _____ When? _____

Medicare Card Number: _____ Effective: _____

❑ Part A ❑ Part B Medicare HMO? _____

Medicare Supplement? ❑ Yes ❑ No Medigap Plan? _____

Does policy include a Deductible? ❑ Yes ❑ No

Co-insurance? ❑ Yes ❑ No

Prescription Drugs? ❑ Yes ❑ No

Medicaid? ❑ Yes ❑ No Pending? _____

Spend Down? ❑ Yes ❑ No

Share of Costs? _____

Spend Down Amount $ _____

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

Genentech, Inc.

Oncology-related products: Alecensa® (alectinib) capsules, Avastin® (bevacizumab), Cotellic® (cobimetinib) tablets, Erivedge® (vismodegib), Gazyva® (obinutuzumab), Herceptin® (trastuzumab), Kadcyla® (ado-trastuzumab emtansine), Perjeta® (pertuzumab) for injection, Rituxan® (rituximab), Rituxan Hycela™ (rituximab and hyaluronidase human), Tarceva® (erlotinib), Tecentriq® (atezolizumab), Venclexta™ (venetoclax), Zelboraf® (vemurafenib) tablets

Patient and Reimbursement Assistance Website
genentech-access.com

PATIENT ASSISTANCE

Genentech Access Solutions®

The Genentech Access to Care Foundation

GATCF was created to help qualified patients receive certain Genentech medicines free of charge. GATCF might be able to help patients receive treatment if they meet specific financial and medical criteria.

For patients who are uninsured or have been rendered uninsured by payer denial:

- The patient's annual household adjusted gross income (AGI) must be $100,000 or less, or patient's annual household AGI must be between $100,000 and $150,000 and the out-of-pocket costs for his or her Genentech medicine accounts for at least 5 percent of his or her annual household AGI.

For insured patients who have coverage for their Genentech medicine:

- Patient annual household adjusted gross income (AGI) must be $150,000 or less and the out-of-pocket costs for his or her Genentech medicine accounts for at least 5 percent of his or her annual household AGI
- All patient assistance options, including Genentech brand-specific co-pay cards and support from co-pay assistance foundations, have been exhausted.

To apply to GATCF, the following forms must be completed and submitted:

1. The Statement of Medical Necessity (SMN) form.
2. The Patient Authorization and Notice of Request for Transmission of Health Information to Genentech Access Solutions and Genentech Access to Care Foundation (PAN) form in English or Spanish.

Forms can also be e-submitted online through Genentech's Forms and Documents page specific to your Genentech medication. Forms are drug-specific. Follow the prompts at genentech-access.com/ to access. Questions? Call 866.422.2377.

Genentech BioOncology® Co-pay Assistance Program

This co-pay card helps patients with the out-of-pocket costs of their prescription. Qualified patients must:

- Be covered by commercial or private insurance
- Be receiving treatment that is consistent with the FDA-approved use of the Genentech therapy
- Not participate in a government-funded healthcare program, such as Medicare, Medicaid, Medigap, VA, DoD, or TRICARE

- Be 18 years of age and older
- Currently live and receive treatment in the United States or Puerto Rico
- There is no income requirement for the Genentech BioOncology Co-pay Assistance Program.

NOTE: Patients receiving funding from the Genentech Access to Care Foundation are not eligible for the Genentech BioOncology Co-pay Assistance Program. Some health plans might not accept a co-pay card. Patients should contact their insurance providers to find out if their plan allows the use of co-pay cards.

Under the Genentech BioOncology Co-pay Assistance Program, the patient is responsible for a $5 co-pay for their Genentech BioOncology product(s). The annual benefit limit of the co-pay card is $25,000. Retroactive requests for assistance from the Genentech BioOncology Co-pay Assistance Program may be honored if the infusion or prescription fill occurred within 120 days prior to enrollment, and the patient met eligibility requirements when the Genentech product or service was received. Patients do not need the physical card to receive benefits; they just need their ID code. If a patient is taking more than one Genentech cancer medicine, these benefits apply to each medicine individually. Need help with enrollment? For assistance, call 855.MYCOPAY (855.692.6729), Monday through Friday, 9:00 am to 8:00 pm ET, or visit copayassistancenow.com.

Referrals to Co-pay Assistance Foundations

If patients need help with their co-pay for Genentech medications, Genentech Access Solutions can refer them to an independent co-pay assistance foundation. An independent co-pay assistance foundation is a charitable organization that gives financial assistance for medicines.

Independent co-pay assistance foundations have their own rules for eligibility. Genentech cannot guarantee a foundation will help patients, but can only refer them to a foundation that supports their disease state. Genentech does not endorse or show financial preference for any particular foundation.

Call Genentech Access Solutions at 888.249.4918 for a referral. If you would like to contact a foundation directly, visit genentech-access.com, select a medication, and follow the directions for specific indications.

REIMBURSEMENT ASSISTANCE

Genentech Access Solutions

Benefits Investigation

Access Solutions can conduct a benefits investigation (BI) to help you determine if a Genentech medicine is covered, which specialty pharmacy (SP) the health insurance plan prefers, and if patient assistance might be needed. The potential outcomes of a BI are:

- Treatment is covered
- Prior authorization is required
- Treatment is denied.

A BI can be initiated once the SMN and PAN are submitted to Access Solutions.

Prior Authorization Assistance

Access Solutions can help you identify if a prior authorization (PA) is necessary and offer resources as to obtain it. PA support can be provided once the SMN and PAN are submitted to Access Solutions.

If the request for a PA is not granted, your BioOncology Field Reimbursement Manager (BFRM) or Access Solutions Specialist can work with you to determine your next steps.

Appeals

If the patient's health insurance plan has issued a denial, a BFRM or Access Solutions Specialist can provide resources as the patient and provider prepare an appeal submission per the patient's plan requirements.

If a plan issues a denial:

- The denial should be reviewed, along with the health insurance plan's guidelines to determine what to include in your patient's appeal submission
- The BFRM or Access Solutions Specialist has local payer coverage expertise and can help determine specific requirements for the patient.

Here is a checklist of the forms and documents you may need for an appeals package if an insurer denies treatment to the patient. NOTE: Each insurer and each patient might need different information. Please

review each denial and the insurer's guidelines to determine what to include in the patient's appeals package.

- ✓ Statement of Medical Necessity
- ✓ Patient Authorization and Request for Transmission of Health Information to Genentech Access Solutions and Genentech Access to Care Foundation (PAN)
- ✓ Copy of the patient's health plan or prescription card (front and back)
- ✓ Appeal letter
- ✓ Denial information including the patient's denial letter or Explanation of Benefits letter
- ✓ Supporting documentation:
  - Patient history and physical findings
  - Healthcare provider's chart notes
  - List of current medications, with dose and frequency
  - List of treatments tried without success
  - Test and lab results
  - Hospital admission/ emergency department notes.
- ✓ Other supporting documents, including journal articles, abstracts, textbook excerpts, practice guidelines, and/or compendia indications.

My Patient Solutions™

My Patient Solutions is an online tool to help you enroll and manage your Genentech Access Solutions service requests. Features of My Patient Solutions:

- Paperless enrollment: Enroll patients entirely online using electronic signatures.
- Full benefits investigation reports: Review benefits investigation reports for all patients enrolled in Genentech Access Solutions.
- Service request management: Search for open or closed service requests initiated online or via fax for easier service request management, re-enrollment, or recertification.
- Service request alerts: When the provider logs in to My Patient Solutions, icons notify the provider which patient service requests require follow-up.

To register, visit html://genentech-access.com/hcp/my-patient-solutions.html and follow the instructions. For assistance, call 866.422.2377, Monday through Friday, 9:00 am to 8:00 pm ET.

Incyte Corporation

Oncology-related products: Jakafi® (ruxolitinib) tablets

Patient and Reimbursement Assistance Website
incytecares.com

PATIENT ASSISTANCE

IncyteCARES

IncyteCARES (Connecting to Access, Reimbursement, Education and Support) is designed to help eligible patients gain access to Jakafi. IncyteCARES provides a single point of contact through an oncology-certified nurse. IncyteCARES nurses work one-on-one with patients to identify ongoing support, resources, and referrals to help meet their needs during treatment with Jakafi. Specifically, IncyteCARES nurses can help eligible patients with:

- Reimbursement support
- Delivery coordination
- Financial assistance options
- Temporary access for coverage delays
- Connection to support resources
- Ongoing education and support

To enroll, patients and providers will need to complete either the online enrollment form (https://www.incytecares.com/enrollment.aspx#) or hard-copy enrollment form (https://www.incytecares.com/pdf/RUX-2101_IncyteCARES_PDF_Enrollment_FillOut_v1-1.pdf). Please note that once online enrollment has begun, the user will not be able to exit and return to it later as their information will not be saved.

Completed hard-copy forms should be faxed to 1.855.525.7207. Once the IncyteCARES program receives the completed enrollment form, the program will:

- Confirm the patient's drug coverage for Jakafi
- Coordinate their Jakafi prescription with the appropriate specialty pharmacy
- Determine if the patient qualifies for any financial assistance
- Provide ongoing education and support.

For additional help, call an IncyteCARES registered nurse at 1.855.4.JAKAFI (1.855.452.5234), Monday through Friday, 8:00 am to 8:00 pm ET.

Uninsured Patients

Patients who do not have prescription drug coverage for Jakafi may be eligible to receive the drug free of charge through the IncyteCARES patient assistance program. This program helps people who do not have a prescription drug plan, as well as those whose plans have turned them down for Jakafi treatment. Certain conditions apply for prescription savings. Patients may be eligible if they are a resident of the U.S. or Puerto Rico and their household size and annual income meet certain criteria, including earning less than $125,000 a year or less than 600% of the Federal Poverty Level (FPL), whichever is greater. In addition, patients insured through Medicare, Medicaid, TRICARE, and healthcare exchange plans are not eligible. An Incyte CARES nurse can help determine if patients qualify for patient assistance. For additional help, call an IncyteCARES registered nurse at 1.855.4.JAKAFI (1.855.452.5234).

Co-pay/Coinsurance Assistance

If patients are eligible, the co-pay/coinsurance assistance program for Jakafi may be able to reduce their co-payment to as little as $25 per month. Patients may be eligible for co-pay/coinsurance assistance if they have commercial or private insurance, they are a resident of the U.S. or Puerto Rico, they are 18 years of age or older, and they have a valid prescription

for Jakafi for an FDA-approved treatment. Uninsured, cash-paying patients are not eligible. Not valid for patients covered under state or federally-funded healthcare programs, such as Medicare, Medicaid, or TRICARE. Patients must have minimum out-of-pocket cost of $25.01 to redeem this card and must contribute $25 towards that out-of-pocket cost. Patients must disclose the use of the co-pay card to their insurers. Amount of savings of the purchase of Jakafi will not exceed $11,628 per month and $25,000 per year. Limit one 30-day supply per 30 days. Card is valid for one year after activation, after which time a card must be re-activated to continue use. This offer expired for Massachusetts residents on July 1, 2017.

If you have any questions, please call 1.855.4.JAKAFI (1.855.452.5234).

Temporary Access

Eligible patients experiencing coverage delays can receive a free supply of Jakafi. To be eligible, patients must submit a proof of insurance claim verifying the delay. Free product is offered to eligible patients without any purchase contingency or other obligation. For more information, contact an IncyteCARES registered nurse at 1.855.4.JAKAFI (1.855.452.5234).

Referral to an Independent Nonprofit Organization

For patients who are not eligible for assistance through IncyteCARES or who need additional support beyond what the program can provide, IncyteCARES can identify and refer patients to other resources, such as independent nonprofit organizations (INOs) or foundations.

INOs may be able to assist patients with arranging transportation to and from medical appointments, travel cost assistance, copay/coinsurance assistance, and emotional and educational support.

INOs may also be able to provide the following services to patients and caregivers:

- Support counseling for emotional, social, and practical concerns
- Information about support groups and referrals to local services at no cost.

Each of these organizations has its own set of rules, and Incyte does not influence or control them in any way.

REIMBURSEMENT ASSISTANCE

IncyteCARES

A trained IncyteCARES nurse will work with providers and patients to provide assistance with prescription drug plan requirements that must be met before patients can get access to Jakafi. Some healthcare plans may require prior authorization, which means they will ask for more information from the provider before deciding to pay for the patient's Jakafi. IncyteCARES will work with physicians to provide the necessary information to their patient's healthcare plan.

In addition, if a healthcare plan will not pay for Jakafi, IncyteCARES can help providers and patients understand what needs to be provided to the healthcare plan to appeal the denial. While IncyteCARES cannot apply for the appeal, it can help providers and patients determine the steps they may need to take to overturn the denial.

For more information, call 1.855.4.JAKAFI (1.855.452.5234).

Ipsen Biopharmaceuticals, Inc.

Oncology-related products: Onivyde® (irinotecan liposome) injection, Somatuline® Depot (lanreotide) injection

Patient and Reimbursement Assistance Website
ipsencares.com

PATIENT ASSISTANCE

IPSEN CARES®

The IPSEN CARES® (Coverage, Access, Reimbursement & Education Support) program was designed to simplify the process of applying and getting coverage for Ipsen medications, as well as related care, for adult patients, pediatric patients, and their parents. Eligible patients may save on out-of-pocket prescription costs for certain Ipsen products. Patients can call 866.435.5677, Monday through Friday, 8:00 am to 8:00 pm ET, to begin the enrollment process. You can also enroll patients online at: https://ipsencaresportal.biologicsinc.com/Account/Login or download the drug-specific enrollment form and fax the signed and completed form to 1.888.525.2416. IPSEN CARES offers the following services for patients:

- Help minimize delays or interruptions in treatment
- Provide financial assistance, including copay assistance or free medication to eligible patients
- Coordination of specialty pharmacy delivery
- Arrange for eligible patients to have a home health administration nurse visit their home to administer injections at no additional cost to the patient (for Somatuline® Depot)
- Benefits verification and reimbursement support.

Somatuline Depot Copay Program

The Somatuline Depot Copay Program is available to eligible commercially insured and uninsured patients by enrolling in IPSEN CARES. Most eligible patients pay no more than $5 per prescription to a maximum annual benefit of $20,000. Program exhausts after 12 months, 13 injections, or a maximum annual benefit of $20,000, whichever comes first. The maximum copay benefit per prescription for cash-paying patients is $1,666.66, subject to the $20,000 annual maximum. Patients must enroll annually to receive continued benefit. For more information, visit http://ipsencares.com/somatuline-patient-support or call 866.435.5677.

Onivyde Copay Program

The Onivyde Copay Program is available to eligible commercially insured and uninsured patients by enrolling in IPSEN CARES. Patients pay $0 per order up to a maximum annual copay benefit of $20,000. For patients with government-provided insurance, IPSEN CARES may be able to offer the contact information for independent nonprofit foundations that may be able to offer financial assistance. The maximum copay benefit per prescription for cash-paying patients is $1,666.66, subject to the $20,000 annual maximum. For more information, visit http://ipsencares.com/onivyde-patient-support or call 866.435.5677.

Patient Assistance Program

The Patient Assistance Program (PAP) is designed to provide Ipsen medications at no cost to eligible patients. Patients may be eligible to receive free medication if they are experiencing financial hardship, have no insurance coverage, and

received a prescription for on-label use of an Ipsen medication. Eligibility does not guarantee approval for participation in the program.

Both the patient and the healthcare provider have to complete the application. To enroll, visit http://ipsencares.com/, select the appropriate medication, and either apply online or complete the drug-specific form and fax it to 1.888.525.2416. For further assistance, call 1.866.435.5677, Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

IPSEN CARES

IPSEN CARES offers the following Reimbursement Assistance services to patients and providers:

- ***Benefits Verification:*** IPSEN CARES will help determine patient's coverage, restrictions (if applicable), and copayment or co-insurance amount
- ***Prior Authorization:*** IPSEN CARES will provide information on documentation required by payers, and make recommendations for next steps based on payer policy
- ***Appeals Support:*** IPSEN CARES will provide information on the payer-specific process required to submit a level I or a level II appeal as well as provide guidance as needed throughout the appeals process.

Visit ipsencares.com for more information. Questions? Call 866.435.5677, Monday through Friday, 8:00 am to 8:00 pm ET.

2017-2018 Federal Poverty Guidelines

Family Size	100%	133%	138%	250%	400%
1	$12,060	$16,040	$16,643	$30,150	$48,240
2	$16,240	$21,599	$22,411	$40,600	$64,960
3	$20,420	$27,159	$28,180	$51,050	$81,680
4	$24,600	$32,718	$33,948	$61,500	$98,400
5	$28,780	$38,277	$39,716	$71,950	$115,120
6	$32,960	$43,837	$45,485	$82,400	$131,840
7	$37,140	$49,396	$51,253	$92,850	$148,560
8	$41,320	$54,956	$57,022	$103,300	$165,280

Janssen Biotech, Inc.

Oncology-related products: Darzalex® (daratumumab), Doxil® (doxorubicin HCl liposome injection), Procrit® (epoetin alfa), Sylvant® (siltuximab), Yondelis® (trabectedin), Zytiga® (abiraterone acetate)

Patient and Reimbursement Assistance Website
JanssenCarePath.com

PATIENT ASSISTANCE

Janssen CarePath

Janssen CarePath is committed to helping get patients started on the Janssen medications they may need, finding financial assistance options, and providing ongoing support to help them stay on prescribed Janssen therapy.

Janssen CarePath can:

- Provide support with dedicated Care Coordinators for patients and providers
- Conduct benefits investigations and provide insurance coverage information
- Review and explain patients' insurance coverage and out-of-pocket cost for the prescribed Janssen medication
- Help identify financial assistance options for eligible patients
- Provide patient support resources.

Navigating payer processes may seem complicated at times. The Janssen CarePath Provider Portal gives providers 24-hour online access to request and review benefits investigations and provide prior authorization support and status monitoring. To enroll, complete a Business Associate Agreement (https://www.janssencarepath.com/sites/www.janssencarepath.com/files/ibm-platform-business-associate-agreement.pdf?v=3686) or individual Patient Authorization (https://www.janssencarepath.com/sites/www.janssencarepath.com/files/janssen-patient-authorization-form.pdf?v=3681) and fax it to 844.286.5444.

Once documents are on file, sign up at JanssenCarePathPortal.com for online access to benefits investigations, prior authorizations, and to enroll patients in savings programs.

Call a dedicated Care Coordinator at 877.CarePath (877.227.3728), Monday through Friday, 8:00 am to 8:00 pm ET, or visit janssencarepath.com and select the Janssen medication for more information.

Janssen Prescription Assistance

Janssen Prescription Assistance provides information on affordability programs and up-to-date information about independent foundations that may have funding available to help with medication costs for Janssen medications. Available programs vary depending on the medication. Visit janssenprescriptionassistance.com and select the medication to view available assistance options for insured and uninsured patients.

Janssen CarePath Savings Program

Commercially or privately insured patients prescribed certain Janssen medications may be eligible for the Janssen CarePath Savings Program. This program may lower out-of-pocket costs for the medication, including deductible, co-pay, and co-insurance medication costs, or provide a rebate for out-of-pocket costs. Specific out-of-pocket costs and maximum benefits vary based on the medication. Not all medications are eligible for the Janssen CarePath Savings Program. Visit

janssenprescriptionassistance.com and select the prescribed medication to see if the patient qualifies. Eligibility criteria vary depending on the medication.

REIMBURSEMENT ASSISTANCE

Janssen CarePath

Benefits Investigation

Janssen CarePath provides benefits information that may help your patients get the Janssen treatment you may be considering for them. Contact us directly and get started today.

- Information on payer policies and coverage for Janssen products
- Investigation of patient eligibility and coverage:
  - Patient-specific benefits
  - Requirements for prior authorization process
- Benefits summary for physicians, staff, and patients
- Prior authorization support and status monitoring
- Information on the appeals process for administrative denials

Begin the benefits investigation process through the Janssen CarePath Portal or by completing the Benefits Investigation Form (https://www.janssencarepath.com/sites/www.janssencarepath.com/files/oncology-benefit-investigation-form.pdf?v=3676) and faxing it to 855.998.4422.

Exceptions and Appeals

Each payer follows a different process for filing exceptions and appeals. If you are looking for general information to start the process, Janssen CarePath can help. Please call a Care Coordinator at 877.CarePath (877.227.3728). It is important to contact the payer directly or consult its website to obtain product-specific information.

Kite Pharma

Oncology-related products: Yescarta™ (axicabtagene ciloleucel) suspension for IV infusion

Patient and Reimbursement Assistance Website
kitekonnect.com

PATIENT AND REIMBURSEMENT ASSISTANCE

Kite Konnect™

Kite Konnect is committed to helping patients and health-care teams throughout Yescarta treatment. Kite Konnect can assist with:

- Patient enrollment: Hospital portal access, cell order completion, and leukapheresis scheduling
- Reimbursement support: Benefits investigation, claims appeals, and support for eligible uninsured and underinsured patients
- Logistics support: Connecting patients with independent foundations to help with transportation and housing
- Ongoing order tracking and communication.

Yescarta is only available at authorized treatment centers. To get your patients started with Yescarta, enroll your patient using the Kite Konnect Hospital Portal (https://kitekonnect.force.com/s/). For further information, contact 1.844.454.KITE (1.844.454.5483).

How to Check for Patient Understanding

A diagnosis of cancer is never easy. In addition to complex information about cancer treatment, patients and families must now understand and deal with the cost of treatment. It is even harder when patients have trouble paying for their medications and treatment. For some patients, the financial difficulties begin when they are first diagnosed with cancer. For others, financial pressures build up over the course of treatment. Before you can help these patients and families, you must first ensure that they understand the information you are sharing. Here are some statements or questions you can use to check how well a patient or family member understands the information you are providing.

- ✓ Please stop me if you do not understand something. I will be happy to go over the information again.
- ✓ Let me know if I am going too fast or too slow.
- ✓ Does this information make sense?
- ✓ Have I answered your question(s)?
- ✓ Do you have other questions at this time?
- ✓ Are you still with me?
- ✓ Am I overwhelming you with this information?
- ✓ Should I go into more detail?
- ✓ Tell me if I am unclear or if I use words that you do not understand.
- ✓ Please stop me if I begin to explain something that you already understand.
- ✓ Is the information I am providing helpful to you?

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

Merck

Oncology-related products: Emend® (aprepitant), Emend® (fosaprepitant dimeglumine) for injection, Intron® A (interferon alfa-2b, recombinant) for injection, Keytruda® (pembrolizumab) for injection, Sylatron™ (peginterferon alfa-2b) for injection, Temodar® (temozolomide) capsules or for injection, Zolinza® (vorinostat)

Vaccine: Gardasil®9 (Human Papillomavirus 9-valent Vaccine, Recombinant)

Patient and Reimbursement Assistance Websites

merckaccessprogram.com

merckhelps.com

PATIENT ASSISTANCE

Merck Access Program

The Merck Access Program (MAP) can help answer questions about access and support, including:

- Benefit investigations, prior authorizations, and appeals
- Insurance coverage for patients
- Co-pay assistance for eligible patients
- Referral to the Merck Patient Assistance Program for eligibility determination
- Reimbursement.

To enroll, visit https://www.merckaccessprogram.com/hcp/, select the prescribed medication, and use the online portal or complete the appropriate sections of the enrollment form. For hardcopy forms, print and fax the completed form to 855.755.0518. A program representative will contact the patient and provider.

For further assistance, call 855.257.3932, Monday through Friday, 8:00 am to 8:00 pm ET.

Merck Patient Assistance Program

The Merck Patient Assistance Program provides product free of charge to eligible individuals, primarily the uninsured who, without assistance, could not afford needed Merck medicines. A single application may provide up to 1 year of product free of charge to eligible individuals, and an individual may reapply as many times as needed.

Eligibility criteria include:

- Patient is legal resident of the United States or U.S. territories
- Patient does not have insurance or other coverage for your prescription medicine
- Patient has a household income of $48,240 or less for individuals, $64,960 or less for couples, or $98,400 or less for a family of 4 (call 1.800.727.5400 for income limits in Alaska and Hawaii).

Sometimes exceptions need to be made based on the patient's individual circumstances. If the patient does not meet the prescription drug coverage criteria, their income meets the program criteria, and there are special circumstances of financial and medical hardship that apply to their situation, they can request an exception be made.

To enroll, patients and providers must complete the Patient Assistant Program Enrollment Form (http://merckhelps.com/docs/MPAP_Enrollment_Form_English.pdf in English, http://www.merckhelps.com/docs/MPAP_Enrollment_Form_Spanish.pdf in Spanish) and mail it to the address on the form. If you have any questions about the

Merck Patient Assistance Program including the status of an application, please call 1.800.727.5400, Monday through Friday, 8:00 am to 8:00 pm ET.

The Merck Co-pay Assistance Program for Keytruda

The Merck Co-pay Assistance Program offers assistance to eligible patients who need help affording Keytruda. Co-pay assistance may be available for patients who:

- Are a resident of the United States (including Puerto Rico)
- Have private health insurance that covers Keytruda under a medical benefit program
- Have been prescribed Keytruda for an FDA-approved indication
- Meet financial eligibility requirements as set forth in the terms and conditions (found at https://www.merckaccess-program-keytruda.com/hcp/the-merck-copay-assistance-program/)
- Meet all other criteria of the program.

Once enrolled, eligible privately insured patients pay the first $25 of their co-pay per infusion. The maximum co-pay assistance program benefit is $25,000 per patient per calendar year (based on income).

To enroll, visit https://www.merckaccessprogram-keytruda.com/hcp/the-merck-copay-assistance-program/ and use the online portal or download the appropriate enrollment forms. Complete and submit the forms to 855.755.0518. If the patient is ineligible for this program, they may be able to get help from an independent co-pay assistance foundation. A representative can provide information about independent foundations with their own eligibility criteria and application process.

Merck Vaccine Patient Assistance Program for Gardasil®9

The Merck Vaccine Patient Assistance Program provides vaccines free of charge to eligible individuals, primarily the uninsured who, without assistance, could not afford needed Merck vaccinations. Eligibility criteria include:

- Patient is legal resident of the United States or U.S. territories
- Patient does not have insurance or other coverage for your prescription medicine
- Patient has a household income of $48,240 or less for individuals, $64,960 or less for couples, or $98,400 or less for a family of 4 (call 1.800.727.5400 for income limits in Alaska and Hawaii)

Sometimes exceptions need to be made based on the patient's individual circumstances. If the patient does not meet the prescription drug coverage criteria, their income meets the program criteria, and there are special circumstances of financial and medical hardship that apply to their situation, they can request an exception be made.

To enroll, patients and providers must complete the Vaccine Patient Assistant Program Enrollment Form (http://www.merckhelps.com/docs/VPAP_Enrollment_Form_English.pdf) and fax it from a participating licensed prescriber's office to 1.800.528.2551. The application must be submitted and approved prior to administration of the vaccine in order to qualify.

Forms will be processed quickly (with a goal of less than 10 minutes) during business hours (Monday through Friday, 8:00 am to 8:00 pm ET), and the licensed prescriber's office will be notified by phone so that qualifying patients can receive the vaccine during that visit. A new application will need to be completed and submitted to the Vaccine Patient Assistance Program for eligibility assessment prior to a patient receiving a subsequent dose in a multidose series or for another Merck vaccine.

If you have any questions about the Merck Vaccine Patient Assistance Program, please call 1.800.293.3881, Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Merck Access Program

Benefit Investigations

MAP can contact insurers to request coverage and benefits information. Visit the specific product site for additional resources.

Prior Authorizations

If a prior authorization is required, or for assistance in understanding if a prior authorization is required, MAP may be able to help. The prior authorization checklist and sample letter can help you to understand the documents and information that may be helpful

when seeking a prior authorization. Please check for payer-specific requirements.

Appeals

MAP may be able to help the provider understand the information needed for an appeal submission if the provider has submitted a claim and the claim has been denied. The appeal checklist and sample appeal letter can help you to understand the documents and information that may be helpful when filing an appeal. Please check for payer-specific requirements.

If you have any questions about MAP reimbursement support services, Merck Access Program representatives are available Monday through Friday, 8:00 am to 8:00 pm ET, at 1.855.257.3932.

Tips for Filing Claims

For Electronic Claims DO...

- ✓ Verify, file, and keep all transmission reports.
- ✓ Track clearinghouse claims to ensure successful transmission.
- ✓ Ensure your computer software is consistent with the clean claims rules.
- ✓ Verify that your software correctly prints the CMS-1500 claim form.
- ✓ Call your software vendor, if needed, to address the above two items.

For Paper Claims DO...

- ✓ Use only original claim forms (printed in red drop-out ink).
- ✓ Avoid folding claims, if possible.
- ✓ Resist using terms such as "refiled claim," "second request," or "corrected claim."
- ✓ Avoid handwritten claims.
- ✓ Use all UPPERCASE letters.
- ✓ Stay inside the lines of each block.
- ✓ Ensure claims are printed darkly.

For Paper Claims DON'T...

- ✓ Use any punctuation or decimals.
- ✓ Send unnecessary attachments.
- ✓ Use staples or paperclips.
- ✓ Attach "post-it" notes.
- ✓ Mark up the claim with highlighters.
- ✓ Use circles or additional markings.
- ✓ Attach labels or stickers.
- ✓ Add notes or instructional assistance.

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

Novartis Pharmaceuticals Corporation

Oncology-related products: Afinitor® (everolimus) tablets, Arzerra® (ofatumumab) injection, Exjade® (deferasirox) tablets for oral suspension, Farydak® (panobinostat) capsules, Femara® (letrozole) tablets, Gleevec® (imatinib mesylate) tablets, Jadenu® (deferasirox) tablets, Kymriah™ (tisagenlecleucel) suspension for IV infusion, Mekinist® (trametinib) tablets, Odomzo® (sonidegib), Promacta® (eltrombopag) tablets, Rydapt® (midostaurin) capsules, Sandostatin® (octreotide acetate) for injection, Sandostatin LAR® Depot (octreotide acetate for injectable suspension), Tafinlar® (dabrafenib) capsules, Tasigna® (nilotinib) tablets, Tykerb® (lapatinib) tablets, Votrient® (pazopanib) tablets, Zykadia® (ceritinib) capsules

Patient and Reimbursement Assistance Websites

hcp.novartis.com/access

patient.novartisoncology.com

PATIENT ASSISTANCE

The Novartis Patient Assistance Foundation

This foundation provides assistance to patients experiencing financial hardship who have no third-party insurance coverage for their medicines. To be eligible for the Novartis Patient Assistance Fund, patients must:

- Be a U.S. resident
- Meet income criteria, which vary by medication, and provide proof of income
- Not have private or public prescription coverage. (NOTE: Exception process exists.)

Questions? Contact the Novartis Patient Assistance Foundation at: 1.800.277.2254, or go online to: patient.novartisoncology.com. There are two ways to enroll in the program:

- Enroll online by visiting pharma.us.novartis.com/info/patient-assistance/patient-assistance-enrollment.jsp, selecting the appropriate Novartis medication from the drop down menu, and following the instructions
- Call 1.800.277.2254 to enroll by phone.

Novartis Oncology Universal Co-Pay Card

Novartis Oncology created its Universal Co-Pay Program (copay.novartisoncology.com) to help with prescription costs for all the medications listed below:

- Afinitor
- Exjade
- Farydak
- Femara
- Gleevec
- Jadenu
- Kisqali
- Mekinist
- Promacta
- Rydapt
- Sandostatin LAR Depot
- Tafinlar
- Tasigna
- Tykerb
- Votrient
- Zykadia.

Eligible patients may pay no more than $25, subject to a maximum benefit of $15,000 per calendar year. Find out if this program is right for your patient by calling 1.877.577.7756 or by going to: copay.novartisoncology.com and clicking on the name of the medication. This offer is not valid under Medicare, Medicaid, or any other federal or state program. Novartis reserves the right to rescind, revoke, or amend this program without

notice. Limitations apply. Read program terms and conditions at: copay.novartisoncology.com.

Independent Charitable Foundations

There are a variety of independent charitable foundations that may be able to provide additional assistance. Select your condition at http://www.patient.novartisoncology.com/financial-assistance/private-insurance/ to see a list of some of the foundations that may be able to help.

All organizations listed are independent from Novartis Pharmaceuticals Corporation. Novartis has no financial interest in any organization listed, but may provide occasional funding support to these organizations. All descriptions are copyright of the respective organizations. Novartis is not responsible for the actions of any of these organizations.

Kymriah Cares™

From information on financial assistance to patient support programs, Kymriah Cares has resources to help eligible patients throughout their treatment journey. Whether they have questions about Kymriah or insurance coverage, Kymriah Cares is here to help. To learn more, please call 1.844.4KYMRIAH (1-844.459.6742), 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Patient Assistance Now Oncology (PANO)

PANO (patient.novartisoncology.com) helps patients and healthcare providers with questions about insurance verification and other reimbursement issues, including:

- Benefits investigations
- Prior authorizations
- Assistance with denials and appeals.

To enroll your patient, print and complete the Novartis Service Request Form for Patient Support (https://www.hcp.novartis.com/globalassets/access/assets/novartis-oncology-service-request-form.pdf) and fax it to 1.888.891.4924. Novartis does not guarantee success in obtaining reimbursement or financial assistance. For more information, call 1.800.282.7630, Monday through Friday, 9:00 am to 8:00 pm ET.

By calling 1.800.282.7630, providers and patients can receive assistance in resolving reimbursement issues and concerns, including:

- ***Understanding insurance coverage.*** Find out what is covered, what benefits the patient is entitled to, and what co-pays should be.
- ***Lowering co-pay costs.*** The program offers co-pay cards that let eligible, commercially insured patients pay less for their medication.
- ***Help paying for medicine.*** If the patient has no insurance or if insurance doesn't cover enough of the cost, information can be provided on other financial assistance that may be available.
- ***Getting medicine quickly and easily.*** Program staff can help find pharmacies that stock the prescribed medication and find other ways to get the medication to the patient.

The hotline and Novartis Pharmaceuticals Corporation do not guarantee success in obtaining reimbursement, nor do they submit appeals on behalf of providers or patients. Third-party payment for medical products and services is affected by numerous factors, not all of which can be anticipated or resolved by hotline staff.

Pfizer, Inc.

Oncology-related products: Aromasin® (exemestane tablets), Bavencio® (avelumab) injection (co-marketed with EMD Serono, Inc.), Besponsa® (inotuzumab ozogamicin), Bosulif® (bosutinib) tablets, Camptosar® (irinotecan HCl injection), Ellence® (epirubicin hydrochloride injection), Emcyt® (estramustine phosphate sodium capsules), Ibrance® (palbociclib), Idamycin PFS® (idarubicin hydrochloride for injection, USP), Inlyta® (axitinib) tablets, Mylotarg™ (gemtuzumab ozogamicin), Sutent® (sunitinib malate), Torisel® (temsirolimus) injection, Xalkori® (crizotinib) capsules, Zinecard® (dexrazoxane for injection)

Patient and Reimbursement Assistance Websites

pfizeroncologytogether.com

pfizerrxpathways.com

PATIENT ASSISTANCE

Pfizer Oncology Together™

At Pfizer Oncology Together, we offer personalized assistance to help your patients get the treatment you've prescribed. Our support complements the care they receive in your office and goes beyond financial assistance and treatment information. From connecting patients to third-party organizations that help patients get to treatment-related appointments to finding local patient support events and programs—we're here to help.

We offer access and reimbursement services to help your patients get Pfizer medication, including benefits verification, prior authorization assistance, and appeals assistance.

We'll work with your patients to help find the right financial support, regardless of insurance coverage. There's assistance for:

- Commercially insured patients with commercial, private, employer, and state health insurance marketplace coverage
- Medicare/government insured patients with Medicare/Medicare Part D, Medicaid, and other government insurance plans
- Uninsured patients without any form of healthcare coverage.

To access enrollment forms and resources for specific Pfizer medications, as well as to see the support available for each drug, visit pfizeroncologytogether.com and select the appropriate medication. For live support, call 1.877.744.5675, Monday through Friday, 8:00 am to 8:00 pm ET.

Pfizer Oncology Together Co-Pay Savings Program

Commercially insured patients may qualify for the Pfizer Oncology Together Co-Pay Savings Program. Through the Pfizer Oncology Together Co-Pay Savings Card, patients pay a $0 co-pay per eligible monthly prescription for select Pfizer medications. The maximum annual benefit is $25,000.

The card is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, TRICARE, or other federal or state healthcare programs, as well as the Government Health Insurance Plan available in Puerto Rico. The offer will be accepted only at participating pharmacies. For more information, call 1.877.744.5675 or visit pfizeroncologytogether.com and select the medication.

Pfizer RxPathways®

For more than 30 years, Pfizer has offered a number of assistance programs to help eligible patients access their prescription medicines. Now, to answer patients' changing needs and make our services more accessible, we've combined our existing programs into one program called Pfizer RxPathways. Formerly Pfizer Helpful Answers, Pfizer RxPathways is a comprehensive assistance program that provides eligible patients with a range of support services, including insurance counseling, other assistance, and access to medicines for free or at a savings.

Services for Uninsured/ Underinsured Patients

Uninsured or underinsured patients may be able to get certain specialty medicines for free or at a savings through the Pfizer Patient Assistance Program if they cannot secure adequate insurance coverage. To apply for free medicine, patients and their prescribers must download and complete the Group B application at: https://www.pfizerrxpathways.com/sites/default/files/attachment/0593_PRxP-GroupB_052317.pdf. The application, along with any other required documents should be faxed to: 800.708.3430 or mailed to: Pfizer Patient Assistance & Insurance Support Programs, P.O. Box 66976, St. Louis, MO 63166-6976.

If patients require immediate assistance with their specialty medicines, they or their prescribers should call 1.877.744.5675, Monday through Friday, 8:00 am to 8:00 pm ET.

To be eligible for free specialty medicines, patients must:

- Be prescribed a Pfizer specialty, or "Group B," medicine (see https://www.pfizerrxpathways.com/sites/default/files/attachment/0374_RxPathwaysMedicineList_rev7_revised_11_10_17.pdf for a list of eligible medicines)
- Either have no prescription coverage or not enough coverage to pay for their Pfizer medicine, or need help understanding their insurance coverage
- Meet certain income limits that vary by medicine and household size
- Live in the United States or a U.S. territory.

For more information on the eligibility requirements, application, and enrollment process, see the Group B application (http://www.pfizerrxpathways.com/sites/default/files/attachment/0401%20RxPathwaysGroupB_081816.pdf). Patients who participate in any federal or state programs, such as Medicaid or Medicare, are not eligible for co-pay assistance. However, these patients may be eligible to receive their medicine for free through Pfizer RxPathways. Terms and conditions apply.

If you are having trouble finding the Pfizer program that's right for the patient, call 1.844.989.PATH (1.844.989.7284) and speak with a Medicine Access Counselor who can work with you to map out your path to prescription assistance.

My Pfizer Brands

My Pfizer Brands is a program that helps patients receive prescription savings on the Pfizer medications they have been prescribed. Many people, even those with prescription coverage, may save with this program. If the product is available as a generic, patients may pay less with other offers or by receiving the generic. Terms and conditions apply. See full terms and conditions on each respective Pfizer brand medication website. The card will be accepted only at participating pharmacies. The card is not health insurance. No membership fees. Maximum annual savings of $15 to $25,000. For more information, call 1.866.341.9100 or write to Pfizer, PO Box 29387, Shawnee Mission, KS 66201-9618.

Regardless of income or employment status, patients may qualify for the My Pfizer Brands program if:

- They pay for prescriptions with insurance at the pharmacy (this means they are self-insured or have prescription coverage through their employer or their spouse's employer)
- They pay out-of-pocket (cash) for their prescriptions at the pharmacy
- They do not purchase prescriptions through Medicare, Medicaid, or a federal or state program
- They are not a resident of a state where this program is prohibited by law. (Please check your brand's website for specific terms and conditions.)

To verify eligibility, select brand name product from those listed in the keyboard located on

the My Pfizer Brands home page (mypfizerbrands.com) then click through to the available savings offer. If patients are not eligible, there may be other ways they can save on their prescriptions through Pfizer RxPathways, Pfizer's patient assistance program. Learn more at: PfizerRxPathways.com.

REIMBURSEMENT ASSISTANCE

Pfizer RxPathways

Through enrollment in the Pfizer Patient Assistance Foundation, Pfizer will act on your behalf to determine patient eligibility for the program. We will help you understand your insurance coverage, access certain Pfizer medicines through your insurance, and/or send you materials and other helpful information and updates relating to Pfizer programs. We can also provide support in obtaining coverage, including prior authorization and appeals support (if necessary and available).

Pfizer Oncology Together

Pfizer Oncology Together wants to help you and your staff find solutions for access and reimbursement issues that may arise. We assist with handling benefits verification, offering prior authorization and appeals assistance, and coordinating with specialty pharmacies.

- ***Benefits verification:*** We can conduct a benefits verification to determine the patient's health insurance coverage, including co-pay responsibility and out-of-pocket cost for eligible Pfizer medication.
- ***Prior authorization:*** We will coordinate with the insurer to determine all prior authorization requirements, where and how to submit requests, and typical turnaround times. We will also follow up with the payer on behalf of the patient and track the process until a final outcome is determined.
- ***Appeals assistance:*** If your patient's claim is denied, we can work with you to review the reason for the denial and help you better understand the appeals process. Once the appeal is submitted, we will follow up with the payer on behalf of the patient and track the process until a final outcome is determined.
- ***Pharmacy coordination:*** We provide support in identifying specialty pharmacy options, or you and your staff can continue to work directly with specialty pharmacies.

To get started, fax a completed enrollment form for the desired medication to 1.877.736.6506 or call 1.877.744.5675, Monday through Friday, 8:00 am to 8:00 pm ET.

Pharmacyclics, LLC

Oncology-related products: Imbruvica® (ibrutinib)

Patient and Reimbursement Assistance Website
imbruvica.com/youandi

PATIENT ASSISTANCE

YOU&i Access™ Instant Savings Program

Through this program, patients with commercial insurance and who meet eligibility requirements will pay no more than $10 per month for Imbruvica. This program is not valid for patients enrolled in Medicare, Medicaid, or other state or federal programs. "Month" refers to a 30-day supply subject to a maximum benefit of 12 monthly fills. To enroll in the program, visit https://webrebate.trialcard.com/coupon/YouAndIInstantSavingsProgram/. For more information, call 1.877.877.3536, Monday through Friday, 8:00 am to 8:00 pm ET.

For patients with federally funded Medicare, Medicaid, or commercial insurance, YOU&i can also provide information on independent foundations that may be able to provide patients with additional financial support.

The Johnson & Johnson Patient Assistance Foundation, Inc., may be able to provide access to Imbruvica to uninsured patients who lack the financial resources to pay for them. Contact a JJPAF program specialist at 1.800.652.6227, 9:00 am to 6:00 pm ET, or visit the foundation website at www.jjpaf.org to see if they might qualify for assistance.

YOU&i™ Start Program

The YOU&i Start Program can provide access to Imbruvica for new patients who are experiencing insurance coverage decision delays. Eligible patients who have been prescribed Imbruvica for an FDA-approved indication and who are experiencing an insurance coverage decision delay greater than 5 business days can receive a free 30-day supply of Imbruvica. Under appropriate circumstances, an additional free 30-day supply may be provided. The free product is offered to eligible patients without any purchase contingency or other obligation.

REIMBURSEMENT ASSISTANCE

Imbruvica YOU&i™ Support Program

The YOU&i Support Program is a personalized program that helps patients learn about access to Imbruvica, find affordability support options, and sign up for information and resources to support them along their treatment journey. Patients will learn about access through:

- Rapid benefits investigation
- Information on the prior authorization process
- Navigating the exception and appeals process
- Coordinating Imbruvica delivery

To learn more about the YOU&i Support Program, call 1.877.877.3536, Monday through Friday, 8:00 am to 8:00 pm ET.

Nurse Call & Support Resources

In addition to the services outlined above, patients can schedule ongoing calls with a YOU&i nurse at convenient times. Patients can have ongoing tips, tools, and other resources sent via email or to their home address. New Imbruvica patients will also receive a Patient Starter Kit.

Puma Biotechnology

Oncology-related product: Nerlynx™ (neratinib)

Patient and Reimbursement Assistance Website
nerlynx.com/support

PATIENT ASSISTANCE

Puma Patient Lynx™

Puma Patient Lynx is designed to provide patients with the support needed throughout their course of treatment. For patients prescribed with Nerlynx, Puma Patient Lynx provides the following support services:

Financial Support: For patients who are uninsured and meet certain financial qualifications, Nerlynx can be provided for free through the Patient Assistance Program. Please call reimbursement specialists at 1.855.816.5421 for more information. Referrals to nonprofit foundations can also be made for patients in need of financial support.

Co-Pay Savings Program: Commercially insured, eligible patients treated with Nerlynx (neratinib) tablets may pay as little as $10 per prescription (limitations apply). Patients will be enrolled through their specialty pharmacy. To verify your patients' eligibility and enroll them in the co-pay card program, visit https://sservices.trialcard.com/Coupon/nerlynx or call Puma Patient Lynx at 1.855.816.5421.

Nerlynx Quick Start: The Nerlynx Quick Start program provides a 21-day supply of Nerlynx at no charge for eligible patients experiencing a delay in coverage through health insurance. If a gap in coverage extends beyond the first 21 days and the patient or provider is actively pursuing coverage through prior authorization/appeal, the patient may be eligible for one 21-day refill. This program may not be combined with another offer and is not eligible to patients without insurance or whose insurer has made a final coverage determination. Patients must reside in the United States or its territories.

Referrals can also be made to nonprofit foundations for patients who are not commercially insured and are in need of financial support.

To enroll, download and complete the Puma Patient Lynx Enrollment Form (https://nerlynx.com/pdf/enrollment-form.pdf) and fax it to 844.276.5153. For more information on the Puma Patient Lynx Support Program, call 1.855.816.5421, Monday through Friday, 9:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Puma Patient Lynx™

For patients prescribed with Nerlynx tablets, Puma Patient Lynx can conduct a benefits investigation, verify insurance approval or coverage, and obtain and submit necessary documentation for patients requiring prior authorization.

For more information on the Puma Patient Lynx Support Program, call 1.855.816.5421, Monday through Friday, 9:00 am to 8:00 pm ET.

Sandoz, Inc.

Oncology-related product: Zarxio® (filgrastim-sndz)

Patient and Reimbursement Assistance Website
sandozonesource.com

PATIENT ASSISTANCE

Sandoz One Source™

Sandoz One Source is a comprehensive program designed to help simplify and support patient access for those prescribed Zarxio. Sandoz One Source offers a variety of customized services for patients, including:

- Comprehensive insurance verifications
- Prior authorization support, when required by the insurance company
- Billing and coding information
- Claims tracking information
- Denials/appeals information
- General payer policy research.

Sandoz One Source is available to assist patients with:

- Information on external resources and support
- Sandoz One Source Commercial Co-Pay Program eligibility.

Download an enrollment form for patient assistance at: sandozonesource.com. For the patient assistance program, complete Sections 1-6, and Section 8. For reimbursement assistance, enrollment in the Sandoz One Source Co-Pay Program, and/or information on external resources, complete sections 1-7:

Section 1: Patient information.

Section 2: Insurance information. Include policy information for both your patient's primary and secondary insurance (as applicable). It helps to include a copy of the front and back of the patient's insurance card(s). If your patient has no insurance, check the "No Insurance" box.

Section 3: Treatment & prescribing information. Both a primary and secondary ICD/Dx may be required.

Section 4: Prescriber information. Include office/primary contact person.

Section 5: Patient authorization & signature.

Section 6: Prescriber authorization.

Section 7: Commercial Co-Pay Program. Skip this section if applying for the patient assistance program.

Section 8: Patient consent/signature & financial information. Complete only if you believe the patient could be eligible for patient assistance. For patient assistance consideration, patients may sign consent for real-time income projector or may opt to include proof of income documentation.

The enrollment form is also available online via the Sandoz One Source Provider Portal. To access the Provider Portal visit: sandozonesource.com. Questions? Call 844.SANDOZ1 (844.726.3691), Monday through Friday, 9:00 am to 8:00 pm ET.

Sandoz One Source Co-Pay Program

The Sandoz One Source Co-pay Program was created to support eligible commercially insured patients who have been prescribed Zarxio. There is no income eligibility requirement for this program. Under this program, patients pay $0 for their first dose or cycle, and are responsible for a $10 out-of-pocket

cost for subsequent doses or cycles, subject to a maximum benefit of $10,000 annually.

The Sandoz One Source Co-pay Program is not insurance. It is available only to patients with commercial insurance. Cash-paying patients, uninsured patients, and patients with federal or state-funded insurance are not eligible for this program. The program is not available in states where it is prohibited by law. Patients must be prescribed Zarxio for an FDA-approved indication. Patients can participate for a maximum of 12 months. Other terms and conditions apply.

To enroll in the Sandoz One Source Co-pay Program patients must complete the Sandoz One Source enrollment form described above. Patients should complete Sections 1-7 of the form. To enroll or to learn more about the program restrictions and eligibility requirements visit: www.sandozonesource.com, or call: 1.844.SANDOZ1 (1.844.726.3691), Monday through Friday, 9:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Sandoz One Source offers a variety of reimbursement assistance services for patients and providers. For reimbursement assistance, complete the Sandoz One Source enrollment form, Sections 1-7, found at: www.sandozonesource.com. Reimbursement services include:

- Comprehensive insurance verifications
- Prior authorization support, when required by the insurance company
- Billing and coding information
- Claims tracking information
- Denials/appeals information
- General payer policy research.

You can download the enrollment form, or enroll your patients online via the Sandoz One Source Provider Portal. Questions? Call 1.844.SANDOZ1 (1.844.726.3691), Monday through Friday, 9:00 am to 8:00 pm ET.

Seattle Genetics

Oncology-related products: Adcetris® (brentuximab vedotin)

Patient and Reimbursement Assistance Website
seagensecure.com

PATIENT ASSISTANCE

SeaGen Secure™ Patient Assistance Program

For patients with no insurance, the Patient Assistance Program provides Adcetris at no cost. Assistance begins on a temporary 3-month period and an alternative coverage search is facilitated through SeaGen Secure. The drug must be ordered for each 21-day cycle. The patient must be a permanent U.S. resident and meet income requirements.
There are three ways to enroll:

- Enroll online at seagensecure.com
- Complete the Patient Assistance/ Benefits Investigation Form (https://www.seagensecure.com/assets/docs/USP-BVP-2015-0153(2)_SeaGen_Secure_PAP_Form_v07_clickable.pdf) and fax it to 855.557.2480
- Call a SeaGen Secure case manager at 855.4SECURE (855.473.2873)

For more information, call 855.4SECURE (855.473.2873), Monday through Friday, 9:00 am to 8:00 pm ET, and select option 1.

Adcetris Cost Share Assistance Program

SeaGen Secure offers an assistance program for commercially insured patients who have trouble affording their co-insurance. Once an enrollment form (seagensecure.medforward.com/FillOutForm.aspx?formname=_Patient_Assistance_and_Benefits_Investigation_Request_Form) has been completed, fax it to: 855.557.2480. It is important that each field is filled out completely and accurately to ensure timely processing of the application. If you have any questions, please call 855.4SEAGEN (855.473.2436) and select option 1 to speak with a Case Manager.

Benefits Investigation

Once the enrollment form is received, a benefits investigation is conducted to determine an individual patient's coverage for Adcetris. SeaGen Secure will fax providers a summary of the patient's Adcetris-related benefits within two business days of receiving the completed request, and the provider will receive a call to discuss the results and next steps.

- Refer to sample claims form (https://seagensecure.com/assets/docs/Sample_CMS_1500_ADCETRIS.pdf) for billing guidance
- If patients need help with cost sharing they will be assessed for eligibility for assistance or referred to an independent foundation for co-pay assistance.

NOTE: To be eligible for the Cost Share Assistance Program, patients must have coverage for Adcetris through a commercial insurer, meet income requirements, be a permanent US resident, and be seeking treatment for a labeled indication.

If the patient has insurance but is not covered for Adcetris, SeaGen secure will assist with an appeal. If the appeal is unsuccessful, the patient will be assessed for patient assistance.

REIMBURSEMENT ASSISTANCE

SeaGen Secure reimbursement services include:

- Benefits investigations
- Prior authorization assistance
- Billing and coding assistance
- Claims and appeals assistance.

Claims and Appeals Assistance

SeaGen Secure Case Managers can help providers track claims to ensure they are being processed and paid on time. For insured patients with denied claims, SeaGen Secure will assist with the appeal and assess for patient assistance.

To speak to a Case Manager, call 855.4SECURE (855.473.2873), option 1 for HCPs, Monday through Friday, 9:00 am to 8:00 pm ET.

Patient Assistance Checklist for Uninsured Patients

- ✓ I have received the chemotherapy order written by the physician?
- ✓ I have met with the patient to assess his or her ability to pay for treatment?
- ✓ Based on this meeting, is the patient able to pay out-of-pocket for drug(s)? ❑ YES ❑ NO
  If no, list drug(s) below and continue on with checklist.
- ✓ Is a replacement drug program available? ❑ YES ❑ NO
  If yes, identify drug and program:
- ✓ Does the patient qualify for this program? ❑ YES ❑ NO
  If no, state reason(s) why:
- ✓ If yes, I have completed all the necessary forms and paperwork for the drug replacement program. ❑ YES ❑ NO
  If no, state reasons why:
- ✓ Does the patient need drug(s) that are not available through a drug replacement program? ❑ YES ❑ NO
  If yes, identify which drugs:
- ✓ Is Foundation funding assistance available for any of these drug(s)? ❑ YES ❑ NO
  If yes, identify Foundation(s) and drug(s):
- ✓ I have completed all the necessary forms and paperwork for these Foundation funding program(s). ❑ YES ❑ NO
  If no, state reasons why:
- ✓ Does the patient qualify for charity care within from my clinic, cancer center, hospital, or healthcare system? ❑ YES ❑ NO
  If yes, identify program:
- ✓ I have completed all the forms and paperwork necessary to apply for this charity care. ❑ YES ❑ NO
  If no, state reasons why:
- ✓ Is there a balance or money owed related to treatment? ❑ YES ❑ NO
  If yes, identify balance:
- ✓ If yes, I have worked with the patient and family to create a payment plan for the balance of his or her treatment costs. ❑ YES ❑ NO

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

Taiho Oncology

Oncology-related product: Lonsurf® (trifluridine and tipiracil) tablets

Patient and Reimbursement Assistance Website
taihopatientsupport.com

PATIENT ASSISTANCE

Taiho Oncology Patient Support™

Taiho Oncology Patient Support offers the following services:

- ***Co-pay support*** for eligible, privately or commercially insured patients. Such patients can receive a Taiho Oncology Patient Support co-pay card for help with out-of-pocket expenses for Lonsurf.
- ***Patient Assistance Program.*** Taiho Patient Support will research financial assistance options for patients with no insurance coverage, insufficient prescription coverage, or insufficient resources to pay for treatment with Lonsurf. Eligible patients may receive Lonsurf at no cost based on assistance, financial, and medical criteria.
- ***Alternate funding support.*** Taiho Patient Support will also refer eligible, publicly insured patients to nonprofit foundations that may be able to offer them co-pay assistance. They may also be eligible for the Patient Assistance program.

There are three ways to enroll in Taiho Patient Support:

- Complete the Patient Enrollment Form in English (https://taihopatientsupport.com/Content/downloads/enrollment-form-english.pdf) or Spanish (https://taihopatientsupport.com/Content/downloads/enrollment-form-spanish.pdf) and fax it to 1.844.287.2559.
- The patient completes the Patient Enrollment Form online and brings it to the provider's office, or the provider completes it electronically.
- Call 1.844.TAIHO.4U (1.844.824.4648), Monday through Friday, 8:00 am to 8:00 pm ET for help with enrollment.

REIMBURSEMENT ASSISTANCE

Taiho Oncology Patient Support

Taiho Oncology Patient Support will quickly investigate each patient's coverage for Lonsurf and help them get access to the Lonsurf treatment they have been prescribed. Taiho Oncology Patient Support offers the following services to help improve access to Lonsurf, and to make the treatment process as simple and smooth as possible:

- ***Access and reimbursement support,*** including benefit investigations, assistance with prior authorizations to meet payer requirements, and claims appeals assistance if coverage is denied.
- ***Specialty pharmacy prescription coordination,*** including prescription triage, coordination with the in-network specialty pharmacy, self-dispensing practice, or hospital retail pharmacy, and communication with patients about prescription status.
- ***Personalized nurse support*** is available for treatment plan adherence upon request.

Takeda Oncology

Oncology-related products: Alunbrig® (brigatinib) tablets, Iclusig® (ponatinib), Ninlaro® (ixazomib) capsules, Velcade® (bortezomib) for injection

Patient and Reimbursement Assistance Websites
ariadpass.com/index.html
velcade.com/Paying-for-treatment

PATIENT ASSISTANCE

Ninlaro 1Point

This comprehensive support program offers an array of access and coverage services for patients and their healthcare providers. A dedicated case management team helps patients and providers navigate coverage requirements for Ninlaro, streamline product access, and connect to helpful resources. Services include the:

- Ninlaro Patient Assistance Program
- Ninlaro Co-Pay Assistance Program
- Ninlaro RapidStart Program.

Ninlaro Patient Assistance Program

The Ninlaro Patient Assistance Program provides free medication to eligible patients who do not have prescription drug or health insurance coverage. If patients qualify for the program, Ninlaro will be delivered to them free of charge. To apply for the Patient Assistance Program, providers must submit a completed and signed Patient Assistance Program Application and a valid prescription for Ninlaro. Patients must sign the form and submit the required household verification. If patients are approved for this program, they and their doctor will be notified and a 1-month supply of Ninlaro will be mailed to them. Each month, the provider must confirm that the patient is still being treated with Ninlaro and requires another month's supply. Learn more by calling 1.844.N1POINT (1.844.617.6468) and selecting option 2, Monday through Friday, 8:00 am to 8:00 pm ET. Or download the enrollment form (https://www.ninlarohcp.com/pdf/NINLARO1Point-PAP-Application.pdf) and fax the completed form to: 1.844.269.3038.

Ninlaro Co-Pay Assistance Program

Eligible commercially insured patients could pay as little as $25 per monthly prescription of Ninlaro, subject to a maximum benefit of $25,000 annually. Patients must meet eligibility requirements, however, there is no income limit for this program. This offer is valid for up to 13 prescription fills of Ninlaro per enrollment year. This savings program covers out-of-pocket expenses greater than $25 per monthly prescription. Maximum value $25,000 annually. Co-pay cards can be renewed every 12 months. This offer is not valid with any other program, discount, or incentive involving Ninlaro. This offer may be rescinded, revoked, or amended without notice. No reproductions. This offer is void where prohibited by law, taxed, or restricted. Get started or to learn more by calling 1.844.N1POINT (1.844.617.6468) and selecting option 2, Monday through Friday, 8:00 am to 8:00 pm ET.

Ninlaro RapidStart Program

The RapidStart Program can provide a 1-cycle (the number of pills prescribed in a 28-day period) supply of Ninlaro for patients who experience a delay in insurance coverage determination of at least 7 business days. Terms and conditions apply. Physicians must submit a completed enrollment form and a valid prescription for Ninlaro to Ninlaro 1Point on behalf of

their patient. Patients must have been prescribed Ninlaro for an FDA-approved indication and be new to Ninlaro therapy. Patients who have Medicare Part D or commercial insurance coverage may be eligible for this program. Get started or to learn more by calling 1.844.N1POINT (1.844.617.6468) and selecting option 2, Monday through Friday, 8:00 am to 8:00 pm ET. Or download the enrollment form and fax the completed form to: 1.844.269.3038.

The Velcade Patient Assistance Program

If patients do not have any insurance coverage, they may be eligible to participate in the Velcade Patient Assistance Program. If patients qualify for the program, Velcade will be delivered free of charge to their treating physician. Patient eligibility is based on three factors:

1. Household income
2. Treatment setting
3. Velcade prescribed for a use that is medically appropriate.

Patients who do not have insurance coverage for Velcade must apply for assistance through their healthcare professionals. To demonstrate eligibility, they must complete an enrollment form and provide income documentation, as well as health insurance information. It is strongly recommended that you enroll patients into the Patient Assistance Program prior to the start of their treatment with Velcade. All enrollment forms must be received within six months of the first treatment.

The enrollment form is available online at: velcade.com/files/pdfs/VELCADE_VRAP_Enrollment_Form.pdf. You can also obtain an enrollment form by calling 1.866.VELCADE (1.866.835.2233) Monday through Friday, 8:00 am to 8:00 pm ET, option 2. Fax completed forms to: 800.891.9843. Learn more online at: velcade.com/Files/PDFs/VRAP_and_Patient_Assistance.pdf or by calling 1.866.VELCADE (1.866.835.2233) and choosing option 2.

Takeda 1Point

Takeda 1Point, formerly Ariad Pass, provides patient access and reimbursement resources for Alunbrig and Iclusig. A patient access specialist can work with the patient and provider to conduct a benefits investigation and provide details on the patient's drug coverage and options. Regardless of insurance status, 1Point can help identify an array of financial assistance programs for which they may be eligible.

- For eligible commercially insured patients, the Co-Pay Assistance Program limits co-pays or coinsurance to no more than $10 per month to a maximum benefit of $25,000 annually. The co-pay card can be renewed every 12 months. This offer cannot be used by anyone covered by federal or state-funded healthcare programs.
- For government insured patients, 1Point identifies third-party nonprofit foundations that can grant financial assistance to patients for out-of-pocket, treatment-related expenses.
- For uninsured or underinsured patients, the Patient Assistance Program offers free monthly supplies of Takeda medicines to patients who meet certain eligibility requirements. To apply, complete the Patient Assistance Program Application specific to the prescribed medicine and fax it to the number on the form.

To apply to 1Point, visit http://ariadpass.com/index.html and select the appropriate medicine. Download the drug-specific 1Point Enrollment Form, and fax the completed form to 1.855.246.5197 (for Alunbrig) or 1.855.246.5201 (for Iclusig).

For more information, call 1.844.A1POINT (1.844.217.6468) for Alunbrig or 1.844.T1POINT (1.844.817.6468) for Iclusig.

REIMBURSEMENT ASSISTANCE

Ninlaro 1Point

This comprehensive support program offers an array of access and coverage services for patients and their healthcare providers. A dedicated case management team delivers personalized services that help patients and providers navigate coverage requirements for Ninlaro, streamline product access, and connect to helpful resources. Services include:

- Benefit verification and prior authorization assistance
- Assistance with appealing a payer denial
- Ninlaro Co-Pay Assistance Program enrollment for eligible commercially insured patients

- Specialty pharmacy referral and coordination
- Referral to alternative funding sources and third-party foundations
- Connection to support services, including referrals for transportation services, legal support, and national and local organizations for counseling
- Ninlaro RapidStart Program for patients with insurance-related coverage delays.

For more information, call 1.844.N1POINT (1.844.617.6468), Monday through Friday, 8:00 am to 8:00 pm ET.

The Velcade Reimbursement Assistance Program

Dedicated VRAP case managers help providers and patients:

- Verify patient's insurance coverage
- Provide support during the appeals process in the event that a claim is denied (NOTE: VRAP case managers do not file claims or appeals on behalf of patients and cannot guarantee that patients will be successful in obtaining reimbursement)
- Identify alternate and supplemental insurance coverage options
- Provide co-payment foundation support information
- Screen and enroll eligible patients into the Velcade Patient Assistance Program
- Connect patients to transportation assistance.

The enrollment form is available online at: velcade.com/files/pdfs/VELCADE_VRAP_Enrollment_Form.pdf. Fax completed forms to: 800.891.9843. Learn more online at: velcade.com/Files/PDFs/VRAP_and_Patient_Assistance.pdf or by calling 1.866.VELCADE (1.866.835.2233) and choosing option 2. Dedicated case managers are available Monday through Friday, 8:00 am to 8:00 pm ET.

Tesaro, Inc.

Oncology-related products: Varubi® (rolapitant) tablets and for injection, Zejula® (niraparib) capsules

Patient and Reimbursement Assistance Website
togetherwithtesaro.com

PATIENT ASSISTANCE

TOGETHER with TESARO™

TOGETHER with TESARO is a patient resource program that provides medication access and affordability services to patients taking Tesaro medications. Our expert case management team facilitates a seamless process to ensure that patients and providers get the individualized support needed, including:

- Benefits investigation
- Prior authorization and appeals support
- Commercial co-pay assistance
- Patient Assistance Program
- Referrals to independent co-pay foundations.

To enroll, visit www.togetherwithtesaro.com and select the appropriate medication. There are three ways to enroll:

- Enroll your patient online by following the online portal instructions.
- Download the drug-specific enrollment form, complete it, and fax it to 1.800.645.9043.
- Contact a case manager (https://www.togetherwithtesaro.com/find-my-case-manager) or call 1.844.2TESARO (1.844.283.7276), Monday through Friday, 8:00 am to 8:00 pm ET to learn more or begin the enrollment process.

Commercial Co-pay Assistance Program

The TOGETHER with TESARO Commercial Co-pay Assistance Program may reduce out-of-pocket costs for commercially insured patients. The program reduces co-pay and/or coinsurance to $0, with drug-specific dose caps and annual maximum benefits:

- For Varubi tablets, the per dose cap is $300 with no annual maximum benefit.
- For Varubi injection, the per dose cap is $180 with no annual maximum benefit.
- For Zejula, the annual maximum benefit is $26,000.

The Commercial Co-pay Assistance Program is not retroactive. It can only be applied forward from the date of enrollment for 12 months, and must be renewed a year after enrollment. Checks are sent biweekly directly to healthcare providers. To enroll, visit www.activatethecard.com/tesaro.

Patient Assistance Program

The Patient Assistance Program provides product to eligible uninsured and underinsured patients who have demonstrated financial hardship. Financial eligibility requirements apply. TOGETHER with TESARO can also refer patients to independent co-pay foundations which can assist patients in finding other sources of financial support based on their eligibility. For information, call 1.844.2TESARO (1.844.283.7276), Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Benefits Investigation

TOGETHER with TESARO provides a benefits investigation for providers and patients at no cost. Once patient consent is obtained and the patient is enrolled in TOGETHER with TESARO, their

case manager will look into specific coverage and benefits details and provide providers with the results. The patient may also separately ask for a benefit investigation or receive the requested results.

Prior Authorization and Appeals Support

TOGETHER with TESARO offers prior authorization/precertification facilitation and appeals support for denied claims. We cannot sign or submit prior authorizations or letters of appeal on your behalf, but we can support providers in the process. If the provider chooses to handle these independently, sample letters can be downloaded to assist in providing documentation and requests to the patient's health plan.

For more information, visit togetherwithtesaro.com or call 1.844.2TESARO (1.844.283.7276), Monday through Friday, 8:00 am to 8:00 pm ET.

Patient Assistance Checklist for Medicare Only Patients

- ✓ I have received the chemotherapy order written by the physician?
- ✓ I have verified the patient's insurance coverage?
- ✓ I have verified that the drug(s) are indicated for the patient's diagnosis?
- ✓ I have obtained prior authorization, if needed?
- ✓ I have identified the patient's responsibility (an estimate in dollars) for treatment costs?
- ✓ I have met with the patient to assess his or her ability to pay for treatment?
- ✓ Based on this meeting, does patient need drug replacement? ❑ YES ❑ NO

- ✓ If yes, is a replacement drug program available? (Note: an appeal must to be made to receive drugs.) ❑ YES ❑ NO If yes, identify drug and program:

- ✓ Does the patient qualify for this program? ❑ YES ❑ NO If no, state reason(s) why:

- ✓ If yes, I have completed all the necessary forms and paperwork for the drug replacement program. ❑ YES ❑ NO If no, state reasons why:

- ✓ Does the patient need drug(s) that are not available through a drug replacement program? ❑ YES ❑ NO If yes, identify which drugs:

- ✓ Is Foundation funding assistance available for any of these drug(s) or to help with other treatment-related costs? ❑ YES ❑ NO If yes, identify Foundation(s) and drug(s):

- ✓ I have completed all the necessary forms and paperwork for these Foundation funding program(s). ❑ YES ❑ NO If no, state reasons why:

- ✓ Does the patient qualify for charity care from my clinic, cancer center, hospital, or healthcare system? ❑ YES ❑ NO If yes, identify program:

- ✓ I have completed all the forms and paperwork necessary to apply for this charity care. ❑ YES ❑ NO If no, state reasons why:

- ✓ Is there a balance or money owed related to treatment? ❑ YES ❑ NO If yes, identify balance:

- ✓ If yes, I have worked with the patient and family to create a payment plan for the balance of his or her treatment costs. ❑ YES ❑ NO

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

TEVA Oncology

Oncology-related therapeutic products: Bendeka® (bendamustine hydrochloride) for injection, Synribo® (omacetaxine mepesuccinate) for injection, Treanda® (bendamustine HCl) for injection, Trisenox® (arsenic trioxide) for injection

Oncology-related supportive care products: Actiq® (oral transmucosal fentanyl citrate) [C-II], Fentora® (fentanyl buccal tablet) [C-II], Granix® (tbo-filgrastim) injection

Patient and Reimbursement Assistance Websites

tevacares.org

tevacore.com

PATIENT ASSISTANCE

The Teva Cares Foundation

The Teva Cares Foundation is a conglomeration of Patient Assistance Programs designed to improve patient access to Teva medications and ensure that cost is not a barrier to care. Through these programs, the Teva Cares Foundation is able to provide certain Teva medications at no cost to patients in the United States who meet certain insurance and income criteria. Eligibility is based on a patient's income and prescription insurance status, and varies depending on the Teva medication that has been prescribed. To determine if your patient qualifies, review the Teva Cares Foundation Patient Assistance Programs eligibility requirements online at: tevacares.org/DoIQualify.aspx or call 877.237.4881, Monday through Friday, 9:00 am to 8:00 pm ET. Then download the appropriate enrollment application for the Teva medication you have prescribed at: tevacares.org/DownloadApplication.aspx. Completed applications should be faxed to the number provided at the top of the form. (NOTE: The fax number may differ depending on the Teva medication.)

If your patient does not meet the eligibility requirements for the Teva Cares Foundation Patient Assistance Programs, Teva may offer a reimbursement assistance program or other type of program to assist your patient. For more information, please call 888.TEVA.USA (838.2872). Some patients may be eligible for assistance from other programs. For a listing of these other assistance programs go to: tevacares.org/OtherResources.aspx.

REIMBURSEMENT ASSISTANCE

CORE

CORE (Comprehensive Oncology Reimbursement Expertise) provides patients and providers with a reimbursement support program, as well as online tools to help make it easier to understand and navigate reimbursement. The CORE Hotline (1.888.587.3263) is a service provided by Teva Oncology to help physicians and their patients understand the complexities of reimbursement and where CORE fits in. Reimbursement consultants are available Monday through Friday, 9:00 am to 8:00 pm ET, to provide assistance with the following:

- Benefit verification and coverage determination
- Pre-certification and prior authorization support

- Coverage guidelines and claims investigation assistance
- Personalized support through the claims and appeals process
- Templates for letters of medical necessity
- Referral to the appropriate Teva Cares Foundation Patient Assistance Program.

Download the CORE enrollment form at: tevacore.com/PDF/Enrollment%20Form.PDF. Fax the completed form to 866.676.4073. Providers can also create an account and enroll their patients online.

Patient Assistance Checklist for Medicaid Patients

✓ I have received the chemotherapy order written by the physician?

✓ I have verified the patient's insurance coverage?

✓ I have verified that the drug(s) are indicated for the patient's diagnosis?

✓ I have obtained prior authorization, if needed?

✓ I have identified the patient's responsibility (an estimate in dollars) for treatment costs?

✓ I have met with the patient to assess his or her ability to pay for treatment?

✓ Based on this meeting, does patient need drug replacement?
❑ YES ❑ NO

If yes, is a replacement drug program available? (Note: an appeal must to be made to receive drugs.)
❑ YES ❑ NO

If yes, identify drug and program:

✓ Does the patient qualify for this program?
❑ YES ❑ NO

If no, state reason(s) why:

If yes, I have completed all the necessary forms and paperwork for the drug replacement.
❑ YES ❑ NO

If no, state reasons why:

✓ Is there a balance or money owed related to treatment?
❑ YES ❑ NO

If yes, identify balance:

✓ If yes, I have worked with the patient and family to create a payment plan for the balance of his or her treatment costs.
❑ YES ❑ NO

Source. ACCC Financial Advocacy Network. accc-cancer.org/FAN

Other Patient Assistance Programs & Resources

Agingcare.com®
agingcare.com

A web-based resource for caregivers, including the Prescription Drug Assistance Program Locator: agingcare.com/Articles/prescription-drugassistance-program-locator-171753.htm. This tool allows older adults and their families to search for financial aid programs for prescription medications. Search for prescription drug assistance plans by state or medication name or browse a list of nationwide non-profit prescription drug assistance programs.

BenefitsCheckUp®
benefitscheckup.org

A free service of the National Council on Aging (NCOA), a non-profit service and advocacy organization. Many adults over 55 need help paying for prescription drugs, healthcare, utilities, and other basic needs. There are over 2,500 federal, state, and private benefits programs available to help. BenefitsCheckUp asks a series of questions to help identify benefits that could save patients money and cover the costs of everyday expenses. After answering the questions, patients receive a personalized report that describes the programs that may help them. Patients can apply for many of the programs online or print an application form. Here are the types of expenses patients may get help with:

- Medications
- Food
- Utilities
- Legal
- Healthcare
- Housing
- In-home services
- Taxes
- Transportation
- Employment training.

If patients have Medicare and have limited income and resources, they may be eligible for the Medicare Rx Extra Help program. Patients may be able to get extra help paying for prescription drug costs if:

- Their income is less than $18,090 (if single) and $24,360 (if married). If they live in Alaska or Hawaii, they may still get help even if their income is higher than these limits.
- Patients have resources less than $13,820 (if single) and $27,600 (if married).

If patients meet the guidelines, they will have low or no deductibles, low or no premiums, no coverage gap, and will pay much less for prescriptions. At the same time, patients can start the application process for the Medicare Savings Programs that could increase their monthly income by about $134. Patients will also find out if there are other benefits programs that can save them money. Apply online at: https://www.benefitscheckup.org/medicare-rx-extra-help-application-welcome/

CancerCare®
cancercare.org

CancerCare provides limited financial assistance to people affected by cancer. As a non-profit organization, funding depends on the sources of support CancerCare receives at any given time. If CancerCare does not currently have funding to assist you, their professional oncology social workers will always work to refer you to other financial assistance resources. Check: cancercare.org periodically for funding updates. In order to be eligible for financial assistance patients must:

- Have a diagnosis of cancer confirmed by an oncology healthcare provider
- Be in active treatment for cancer
- Live in the U.S. or Puerto Rico
- Meet our eligibility guidelines based on the Federal Poverty Limit

Here's how to apply:

1. Call 800.813.HOPE (4673) and speak with a CancerCare social worker to complete a brief interview, Monday through Thursday, 9:00 am to 7:00 pm EST, and Friday, 9:00 am to 5:00 pm EST.
2. If patients are eligible to apply, we will:
   - Mail the patient an individualized barcoded application
   - Request documentation to verify the patient's income.

3. Patients must submit a completed application. Here are some tips:
   - Print clearly—illegible applications cannot be processed.
   - Fill in each blank space in the application. Use "no," "none," or "0" as appropriate—do not leave any blank responses.
   - Have a medical oncology healthcare provider complete all sections of the Medical Information Section and provide a signature and date. Patients cannot complete this section.
   - Make sure patients use the correct CancerCare mailing address and fax number listed on the application.

NOTE: CancerCare's financial assistance does not cover basic living expenses such as rent, mortgages, utility payments, or food.

CancerCare® Co-payment Assistance Foundation

cancercarecopay.org

CancerCare Co-payment Assistance Foundation (CCAF) helps people afford the cost of co-payments for chemotherapy and targeted treatment drugs. This assistance is provided free of charge to ensure patient access to care and compliance with prescribed treatments. CCAF offers a seamless, same-day approval process through a state-of-the-art online platform. Patients will always know if they have been approved on the same day they apply. This allows immediate access to the full array of CancerCare support services, including telephone, online, and in-person counseling, support groups, information and resource referrals, publications, education, and financial assistance with treatment-related expenses such as transportation and child care.

In order to be eligible for assistance, patients must complete and sign an application and HIPAA Authorization form, as well as provide proof of income. CCAF will review applications and forms on a first-come, first-served basis to the extent that funding is available.

NOTE: as a non-profit organization, CCAF cannot guarantee that funding will always be available for a particular diagnosis. If unable to provide co-payment assistance, however, they will refer patients to other organizations that may be able to help.

To qualify for assistance, patients must meet the criteria below:

- ***Financial.*** Individuals or families with an adjusted gross income of up to four or five times the Federal Poverty Level may qualify for assistance. CCAF may also consider the cost of living in a particular city or state. Income verification is required as part of the application process.
- ***Medical.*** Patients must be diagnosed with one of the cancer types covered by CCAF (check the CCAF website for an up-to-date list of the types of cancers for which assistance is currently available). Patients must sign and attest that their primary diagnosis matches our fund, and additional documentation may be requested by the prescribing physician on a case-by-case basis. Patients must currently be undergoing chemotherapy or prescribed and/or using a targeted treatment drug when they apply to CCAF.
- ***Insurance.*** Patients must have insurance that covers a portion of their medications. Some funds are restricted to assist only those covered by a federal health insurance program such as Medicare, Medicaid, or TRICARE, while others accept both private and federal insurance.
- ***Other criteria.*** Patients must be receiving treatment in the United States. Patients must be a U.S. citizen or legal resident.

NOTE: If patients have private insurance, please contact the drug company that manufactures their medication before you contact CCAF, as the company may offer a program that can help. Patients who are uninsured (do not have any insurance or medical plan that covers their prescription medicines), are not eligible for co-payment assistance. However, we encourage you to contact us at: 866.55.COPAY (866.552.6729), Monday through Friday, 9:00 am to 7:00 pm EST, and Friday, 9:00 am to 5:00 pm EST, so that we can refer you to other organizations or patient assistance programs.

Eligible individuals will receive an application packet with instructions on how to apply for assistance. Co-payment specialists are available to answer questions about

this process. Or patients can enroll online at: http://portal.cancercare copay.org.

Cancer Financial Assistance Coalition
cancerfac.org

CFAC is a coalition of financial assistance organizations joining forces to help cancer patients experience better health and well-being by limiting financial challenges, through:

1. Facilitating communication and collaboration among member organizations
2. Educating patients and providers about existing resources and linking to other organizations that can disseminate information about the collective resources of the member organizations
3. Advocating on behalf of cancer patients who continue to bear financial burdens associated with the costs of cancer treatment and care.

Because CFAC is a coalition of organizations, it cannot respond to individual requests for financial assistance. To find out if financial help is available, use the CFAC database at: cancerfac.org. Search by cancer diagnosis or specific type of assistance or need (i.e., general living expenses, transportation, childcare).

Co-Pay Relief
copays.org

The Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR) provides direct financial support to qualified patients, including those insured through federally-administered health plans such as Medicare, assisting them with prescription drug co-payments, co-insurance, and deductibles required by the patient's insurer. CPR call counselors work directly with the patient as well as with the provider of care to obtain necessary medical, insurance, and income information to advance the application quickly. Upon approval, payments may be made to:

- The pharmacy
- The healthcare provider
- The patient directly.

Eligibility requirements:

- Patients must be insured and insurance must cover the medication for which they seek assistance.
- Patients must have a confirmed diagnosis of the disease or illness for which they seek financial assistance.
- Patients must reside and receive treatment in the United States.
- The patient's income must fall below the income guidelines of the fund under which they are requesting financial assistance. All funds have income guidelines of either 300 percent, 400 percent, or less of the Federal Poverty Guideline with consideration of the Cost of Living Index and the number in the household.

NOTE: Patients will be informed immediately upon application if they qualify for assistance.

The CPR Program offers four points of entry:

1. Patients may apply via the Patient Online Application Portal (https://www.copays.org/patients) available 24 hours a day.
2. Medical providers may apply on behalf of their patients via the Provider Online Application Portal (https://www.copays.org/providers) available 24 hours a day.
3. Pharmacies may apply on behalf of their patients via the Pharmacy Online Application Portal (https://www.copays.org/pharmacy) available 24 hours a day.
4. The program offers personal service to all patients through the use of an Approval Specialist, personally guiding patients through the enrollment process toll free at 866.512.3861, Option 1.

Good Days®
mygooddays.org

Good Days has a mission to ensure no one has to choose between getting the medication they need and affording the necessities of everyday living. Good Days helps patients suffering from chronic diseases by providing financial support to patients who cannot afford the medications they need. Services include:

- Direct financial assistance for patients who cannot afford their medication. Good Days offers a same-day approval process, so patients know on the same day that they apply whether or not they have been approved. If approved, patients are given enough funding to cover their treatments for the balance of

the calendar year.
- Premium assistance to help patients find the insurance coverage that is right for them.
- Travel assistance through the Good Days Travel Concierge Program, which can help with transport, lodging, and ancillary travel costs for patients who must travel to receive treatment.

Please note, because Good Days is a non-profit charitable organization, it cannot guarantee that funding for a specific disease state will be available. However, if unable to provide financial help, Good Days will refer patients to outside organizations that may be able to offer assistance instead.

For a list of covered diseases and medications go to: http://www.mygooddays.org/for-patients/diseases-and-medications-covered/. Enrollment applications can be downloaded online at: https://www.mygooddays.org/wp-content/uploads/2017/06/Internet-Application_v20170613.pdf (English) or https://www.mygooddays.org/wp-content/uploads/2017/06/Internet-Application_v20170613_Spanish.pdf (Spanish). (Please note: Enrollment applications may change from year to year.) Or providers and patients can apply online at: https://pnp.mygooddays.org/. Questions? Call 877.968.7233, Monday through Friday, 8:00 am to 5:00 pm CT.

HealthWell Foundation®
healthwellfoundation.org

The HealthWell Foundation reduces financial barriers to care for underinsured patients with chronic or life-threatening diseases by providing financial assistance to eligible individuals to cover the cost of co-insurance, co-payments, healthcare premiums, and deductibles for certain medications and therapies.

To be eligible, patients must meet certain criteria:
- HealthWell must have a disease fund that covers the patient's illness, and their medication must be an eligible treatment under that illness
- Patients must have some form of health insurance such as private insurance, Medicare, Medicaid, or TRICARE
- Patients have incomes up to 400% or 500% of the federal poverty level (HealthWell considers household income, the number in the household, and the cost of living in the patient's city or state)
- Patient must be receiving treatment in the United States.

With the patient's permission, providers, pharmacy representatives, and patient advocates can apply on behalf of a patient in two ways:
1. Apply online using the HealthWell provider portal at: https://healthwellfoundation.secure.force.com/
2. Apply by phone at: 800.675.8416.

NOTE: Providers, pharmacists, and social workers are strongly encouraged to use the Provider Portal to apply so that patients can readily access HealthWell hotline care managers.

Before beginning the application process, be sure to contact the company that makes the medication the patient needs. Manufacturers have generous assistance programs that exceed what most non-profit foundations can offer, particularly for commercially insured patients.

Here's what is needed to complete the application:
- Patient contact, household income, and insurance information
- Specific disease, treatment, and physician information, including the office fax number
- Type of assistance requested (co-pay or premium)

If approved, HealthWell allocates each patient a grant for a rolling 12 months, after which patient or provider may reapply as long as funding is available. Grant amounts vary by disease state. Patients will receive a HealthWell Pharmacy Card and a Reimbursement Request Form. Patients can use reimbursement forms in cases where they cannot use their pharmacy card. Patients must use their grant at least once every four months to keep their grant active. There are no restrictions on the provider or pharmacy a patient selects. Patients are free to change medications, providers, or pharmacies at any time, as long as the eligibility criteria continues to be met. Patients can change assistance type—co-pay to premium or premium to co-pay— one time during their enrollment period.

All patients who have been approved for a grant are subject

to an income documents review. During the review process, the patient's grant will be temporarily inactive until their income has been verified.

For more detailed information on reimbursement guidelines and practices, and to download important reimbursement and income verification forms, go to https://www.healthwellfoundation.org/how-to-get-reimbursed/.

Questions? Call 800.675.8416 to speak with a HealthWell representative, Monday through Friday, 9:00 am to 5:00 pm EST.

The Leukemia & Lymphoma Society
lls.org

The Leukemia & Lymphoma Society (LLS) Co-Pay Assistance Program helps patients pay their insurance premiums and meet co-pay obligations. LLS can also help providers and patients find additional sources of financial support. The LLS Co-Pay Assistance Program offers financial help toward:

- Blood cancer treatment-related co-payments
- Private health insurance premiums
- Medicare Part B, Medicare Plan D, Medicare Supplementary Health Insurance, Medicare Advantage premium, Medicaid spend-down, or co-pay obligations.

To be eligible for Co-Pay Assistance, patients must:

- ✓ Have a household income at or below 500 percent of the U.S. Federal Poverty Guidelines as adjusted by the Cost of Living Index
- ✓ Be a United States citizen or permanent resident of the U.S. or Puerto Rico and be medically and financially qualified
- ✓ Have medical and/or prescription insurance coverage
- ✓ Have an LLS Co-Pay Assistance Program covered blood cancer diagnosis confirmed by a provider (See a list of covered diagnoses here: http://www.lls.org/support/financial-support/co-pay-assistance-program).

Apply online at:
https://cprportal.lls.org/

You can also apply or get more information about the LLS Co-Pay Assistance Program by calling 877.557.2672 and speaking with a co-pay specialist who will provide personalized service throughout the application process.

NeedyMeds
needymeds.com

NeedyMeds is a non-profit information resource dedicated to helping people locate assistance programs to help patients afford their medications and other healthcare costs. Each program has its own qualifying criteria. To find a PAP that you may qualify for click on the brand name or generic name drug under the "Patient Savings" tab on the NeedyMeds website, or search for your medication name using the search feature in the upper lefthand corner of the screen. If using the "Patient Savings" tab:

1. Click on the first letter of the name of your medicine in the alphabet bar.
2. Click on the name of your medicine to find out if there is a Patient Assistance Program (PAP) available. If there is an active program available, a PAP icon will appear under the drug name.
3. Click on the PAP icon to access the eligibility and contact information for the program(s). In some cases, the program application form can be printed from the NeedyMeds website. Applications should be faxed or mailed directly to the PAP, not to NeedyMeds.
4. PAPs can also be found by searching the Program Name List OR by looking through the Company Name List, both found under the "Patient Savings" tab on the NeedyMeds website.
5. If an application form is available through a PAP, look for it in the Program Applications list. Look for all of your medications, not just the most expensive ones.

Applications Assistance:
If you need help filling out your applications, see our list of organizations that provide application assistance for free or a small fee here: http://www.needymeds.org/local-programs. These organizations can help with such things as finding a program for your prescription medication, completing the application forms, and working with physicians who must sign the forms. You can find local programs in two ways:

1. Enter the patient's ZIP code to find a program in their area or
2. Search by state.

If your medicine does not appear on the brand name or generic name lists, then it is not available through a PAP. Other assistance options include:

- ***Coupons, Rebates & More*** are offered by various drug companies and may offer a rebate, discount, or even free trial size of a medication. Offers for prescription medications require a doctor's prescription. Offers can be found three ways: under Brand Name Drugs (if a coupon icon appears under the drug name, click on the icon). They can also be found on the Coupons, Rebates & More page of the NeedyMeds website; use the alphabet bar to find the medicine. Or do a category search for coupons by diagnosis or symptoms.
- ***NeedyMeds Drug Discount Card*** provides savings of up to 80% on many prescription medications. The card is free and available to everyone. There is no registration and your entire family can use the same card. The card cannot be used in combination with any insurance. Download a card and learn more about its benefits at http://www.needymeds.org/drug-discount-card. Information on other drug discount cards are also available on the NeedyMeds website.
- ***Diagnosis-Based Assistance:*** There are many government and privately-funded programs that help with costs associated with a specific diagnosis. They may cover many types of expenses, including drugs, insurance co-pays, office visits, transportation, nutrition, medical supplies, child, or respite care. Some cover one specific diagnosis, while others cover whole categories (such as all types of cancers) or even all chronic medical illnesses. Some programs are national in scope, while others are limited to people in specific states. Most have some type of eligibility requirements, usually financial ones. NeedyMeds has compiled a database of diagnosis-based assistance programs that you or your patient can search. It's best to search by the type of diagnosis. Other ways to search for assistance are by looking for programs that serve a specific geographical area. If you know the name of a specific program about which you want more information, you can also search by name of program.

Assistance with Government Programs:
Every state has programs to help needy families and individuals with the cost of healthcare. NeedyMeds has compiled a database of these state programs. The programs are available via the organization website. You can search these programs by clicking on a state, the District of Columbia, Puerto Rico, or Guam. Programs and their guidelines vary from state to state. NeedyMeds also has a list of Medicaid sites where you can learn more about Medicaid in your state, as well as general information on Medicaid.

For all questions, call 1.800.503.6897, Monday through Friday, 9:00 am to 5:00 pm ET or email info@needymeds.org.

Partnership for Prescription Assistance
pparx.org

The Partnership for Prescription Assistance (PPA) helps qualifying uninsured and underinsured patients connect to the right assistance programs so that they can get the medicines they need for free or nearly free. The Partnership for Prescription Assistance will help you find the program that's right for your patient, free of charge.

Step 1. Tell us what medicines your patient takes. Go to: www.pparx.org/gethelp/select-therapies. Type the name of the medicine into the box and click the search button. Once the search is complete you can add one or more prescription drugs from your search to the My Medicines list, which appears on the right side of the page. Repeat this process until you have entered and selected all of the medicines

Step 2. Tell us about your patient. Provide basic information about the patient and the type of drug coverage (if any) he or she currently has. Answer short questions, such as the patient's residency, age, and household income, to see which patient assistance programs they may qualify for. You must answer all questions marked with an asterisk on this page for yourpatient to be considered. If you need assistance, please visit https://www.pparx.org/wizard-help

or call 1.888.4PPA.NOW (1.888.477.2669).

Step 3. Get your patient's results. See which prescription assistance programs your patient may be eligible for and select the ones you would like to apply to.

Step 4. Complete the application process. Print, complete, and mail applications to each program your patient is applying to. You may download the applications directly from your computer or device or have them emailed to you.

PPA offers other resources, including:

- Searchable list of Patient Assistance Programs: pparx.org/prescription_assistance_programs/list_of_participating_programs
- A list of discount drug card programs at: pparx.org/prescription_assistance_programs/savings_cards
- Information about Medicare prescription drug coverage at: pparx.org/prescription_assistance_programs/medicare_drug_coverage.

Have recent natural disasters affected your patient's ability to get access to their prescription medicines? Download the natural disaster worksheet: pparx.org/sites/default/files/Natural%20Disaster%20Worksheet_Final.pdf and PPA may be able to match your patient with a program to help them regain access to their medicines.

Patient Access Network Foundation

panfoundation.org

The Patient Access Network Foundation (PAN) facilitates access to medical treatment for federally or commercially insured patients with chronic, rare, or life-threatening illnesses. Providers and their patients can apply for assistance by calling 1.866.316.7263 or online through the Pan Foundation Provider Portal: https://providerportal.panfoundation.org/.

In addition to enabling providers to enroll on their patients' behalf, the provider portal allows healthcare providers to:

- Access patient's profile that contains patient account information, claims status, payments, etc.
- Check claims
- Check payment status
- Access patient approval letters that state the amount of assistance patients qualify for
- Send to and receive secure messages from PAN case managers about specific patients
- Attach a physician's electronic signature to online PAN applications.

In order for patients to qualify for co-payment assistance with the Patient Access Network Foundation, they must meet the following eligibility criteria:

- Patient must be getting treatment for the disease named in the assistance program to which he or she is applying
- Patient is insured and insurance covers the medication for which the patient seeks assistance
- The medication or product must be listed on PAN's list of covered medications
- Patient's income must be below a designated percentage of the Federal Poverty Level, depending on individual fund requirements
- Patient must reside and receive treatment in the United States or U.S. territories. (U.S. citizenship is not a requirement.)

Step 1. Log into the correct Pan Foundation Portal (i.e., "Provider Portal," "Patient Portal," or "Pharmacy Portal") to begin the application process.

Step 2. Select the appropriate disease fund for your patient. Select your patient's primary insurance type from the drop-down list. Then, select the name of the medication for which you are applying for assistance.

Step 3. You will need to access the following information:

- Diagnosis and medication name
- Demographics: Name, address, phone number, email address, and Social Security Number
- Income: Adjusted gross income applicable to the patient and all members of the patient's household
- Insurance: Health insurance and pharmacy card(s)
- Physician demographics: Prescribing physician's name, phone number, and facility address.

Step 4. Review the application to make sure the information entered is correct and then submit the application online using the PAN Foundation Portal. For more information or to apply over the phone call 1.866.316.7263.

Patient Advocate Foundation
patientadvocate.org

The Patient Advocate Foundation (PAF) is a national non-profit organization that provides professional case management services to Americans with chronic, life threatening, and debilitating illnesses. PAF case managers, assisted by doctors and healthcare attorneys, serve as an active liaison between the patient and their insurer, employer, and/or creditors to resolve insurance, job retention, and/or debt crisis matters relative to their diagnosis. PAF seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment, and preservation of their financial stability. Available patient services from Patient Advocate Foundation include:

Case management. Free one-on-one assistance with a professional case manager to help patients, caregivers, or providers resolve healthcare issues. Case managers are available to assist patients, caregivers, and their providers who face debilitating, chronic, or life-threatening diseases. Call toll free at 1.800.532.5274.

MedCare program. The MedCareLine is a division of Patient Advocate Foundation staffed with a team of nurses and case managers who provide individualized case management services to a specific population of patients, caregivers, and providers.

Financial Aid Fund Division. This independent division of Patient Advocate Foundation provides small grants to patients who meet financial and medical criteria. Grants are provided on a first-come, first-served basis and are distributed until funds are depleted. Qualifications and processes for each fund may differ based on fund requirements.

Co-Pay Relief Program. Operating as an independent division within PAF, the Co-Pay Relief Program offers co-pay assistance for insured applicants meeting disease and income eligibility guidelines to help patients afford the cost of pharmaceutical medications and treatments.

Partnership programs. PAF works in conjunction with many nonprofit and corporate partners, including but not limited to, American Cancer Society, LIVESTRONG, and Cancer Treatment Centers of America to meet the needs of patients across the United States.

Outreach & support programs. PAF performs community-based educational and outreach programs geared toward increasing access to quality healthcare for underserved populations. Contact PAF to see when they will be in your area next.

Questions? Contact Patient Advocate Foundation at: 800.532.5274.

RxAssist
rxassist.org

RxAssist offers a comprehensive resource center for patients, healthcare providers, and patient advocates who are seeking free and low-cost medications to help manage chronic diseases. The RxAssist database contains eligibility information and applications for over 150 pharmaceutical company patient assistance programs. The database can help you find out whether a drug is available, which pharmaceutical company program offers the drug, and how to apply for the medication. RxAssist also provides practical tools, news, and articles for patients and healthcare providers alike.

Using RxAssist

Step 1. In order to use the database, you must register either as a provider or patient. If you are already registered, login. Click the "Search Database" tab or find the search box in the Provider Center or Patient Center pages.

Step 2. Choose how you want to search:

- By drug name: Select "search by drug name," then enter either the complete name of the medication or the first few letters.
- By company name: Select "search by company name," then type the company's name into the search term box.
- RxOutreach generic medications: Select the "search by RxOutreach" button and follow the same instructions above. Only medications available through this program will be included.

Step 3. If you would like to search for multiple drugs, click the advance search button. Then, enter the items in the search boxes that pop up.

Step 4. After you have entered information in the search box, if the database finds a match, a search results page will appear. (If there is only one program available for a medication, you will be taken directly to the program details page.)

Step 5. Click the underlined hyperlink of the medication you want in the search results page, and you will be taken to the program details page.

Step 6. The program details page includes eligibility criteria and information on how to apply to the program. If an application is available for a program, you will see "Application Forms and Instructions" to the right with links to download the application.

Step 7. If an application is available online, you can either open (download) the application, type information directly onto the application on the screen and print it out, or print out the application and fill it out by hand. If there is no application online, use the phone number provided at the top of the program details page to call the company for information on how to get an application.

NOTE: RxAssist only includes medications that are available through patient assistance programs. If your medication is not listed, it most likely means that the medication is not available through a patient assistance program. If you believe that the program does exist, please contact RxAssist by emailing: info@rxassist.org. If a patient assistance program for the medication you have prescribed is not available, you or a patient advocate may contact the manufacturer of the medication directly to see if the medication could be sent to your patient.

RxAssist Prescription Discount Card

Patients can save up to 80 percent off the cash price of their medications using the RxAssist Prescription Discount Card at their local pharmacy. 21 of 25 most common meds are cheaper with the card than a $10 co-pay. This card:

- Is completely free and never expires
- Works for all FDA-approved prescription medications
- Supports RxAssist.org.

Learn more at: rxassist.org/patients/patient-assistance-center.

RxHope™
rxhope.com

Healthcare providers and their staff can set up accounts online to order free medications for their patients through the RxHope automated patient assistance online system. If you would like to create a free account for one healthcare provider, visit: rxhope.com/Prescriber/SetupAccount.aspx. (NOTE: Each account is valid for use by one healthcare provider only. If multiple members of your office staff wish to utilize the RxHope automated patient assistance online system, each staff person must set up a separate account.) To set up your free account and place orders online the following criteria are required:

- You must be a healthcare provider or their staff
- A valid state license number for the healthcare provider
- An email address (this will become your login)
- The medication for which the patient is applying
- The patient's first and last name.

Once you have the above information available, go to: www.rxhope.com/Prescriber/Register.aspx and follow the instructions. You will be setting up your free account and creating an order for your patient all at the same time.

Rx Outreach®
rxoutreach.org

Rx Outreach is a fully-licensed non-profit mail order pharmacy that ships medication directly to patients' homes. To make this process simple and cost-effective, Rx Outreach typically ships a 90 or 180-day supply of the needed medication. Patients who meet eligibility requirements can use Rx Outreach regardless of whether they use Medicare, Medicaid, or other health insurance. To be eligible to use Rx Outreach, patients must meet income requirements, which differ depending on household size:

- ***1-person household:*** Less than $36,180 /year. (Alaska: less than $45,225 /year; Hawaii: less than $41,607/year.)
- ***2-person household:*** Less than $48,720/year. (Alaska: less than

$60,900/year; Hawaii: less than $56,028/year.)
- ***3-person household:*** Less than $61,260/year. (Alaska: less than $76,575/year; Hawaii: less than $70,449/year.)
- ***4-person household:*** Less than $73,800/year. (Alaska: less than $92,250/year; Hawaii: less than $84,870/year.)
- ***More than 4-person household:*** For each additional person in the house, add $12,540/year. (Alaska: add $15,675/year; Hawaii: add $14,421/year.)

Providers and patients can enroll in the program by following the steps below:

1. Determine patient eligibility using criteria above.
2. See if the patient's drug is listed on the RxOutreach Medication's List: rxoutreach.org/find-your-medications.
3. Create a simple account by providing your email address and selecting a password. Verify the email address provided.
4. Enroll in Rx Outreach. To enroll, you'll need to provide the following information:
   - Name and contact information for provider and patient
   - Patient date of birth
   - Information on patient allergies and current medications
   - Patient income and household size
   - For faster service, you can include credit card information for payment at this time.
5. The patient should receive a prescription for a 180-day supply with one refill or a 90-day supply with three refills. The patient can provide payment by credit or debit card online or by phone, or check or money order sent in the mail.
6. Fax the prescription and application to 1.800.875.6591 or mail it to Rx Outreach, PO Box 66536, St. Louis, MO, 63166-6536.

If you have any questions, call 1.888.RXO.1234 (1.888.796.1234), Monday through Friday, 7:00 am to 5:30 pm CST, or email questions@rxoutreach.org.

Tips for Assisting Patients in Applying to Patient Assistance Programs

✓ If you have any questions, call the program directly. Eligibility requirements, drugs, dosages, even programs, change regularly so it's best to go directly to the program for information. If you do not qualify for the PAP but cannot afford your medicine, tell the representative. Some companies may make hardship exceptions and are willing to review situations on a case-by-case basis. Sometimes you can write an appeal letter to the program explaining your financial hardship.

✓ Review the Federal Poverty Guidelines and Percentages over the Poverty Guidelines when looking at the eligibility guidelines of a program.

✓ Fill out as much information on the application as possible, including the doctor's address and phone number. Highlight the directions for the doctor and where he or she needs to sign. Give the doctor's office an addressed-and stamped-envelope to send in the application or highlight the fax number so it is easy to find.

✓ Plan ahead so your medicine supply doesn't run out. When sending in an application, pay attention to the refill process and the amount of allowable refills. Each program is different; some require a call from the doctor's office while another may allow the patient to call directly for a refill; others may require a new application, which takes time.

✓ Be neat and complete. The directions on the application should be completed exactly as directed. Print neatly. If something is unreadable or there is a blank, then the application may be denied, which can delay the process of receiving the medicine. Put "N/A" or "not applicable" in blanks that are not filled out to indicate the material was read through and not skipped over. Include supplementary forms if requested. Make sure all accompanying photocopies are clean and readable.

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Association of Community Cancer Centers
This publication is a benefit of membership.

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