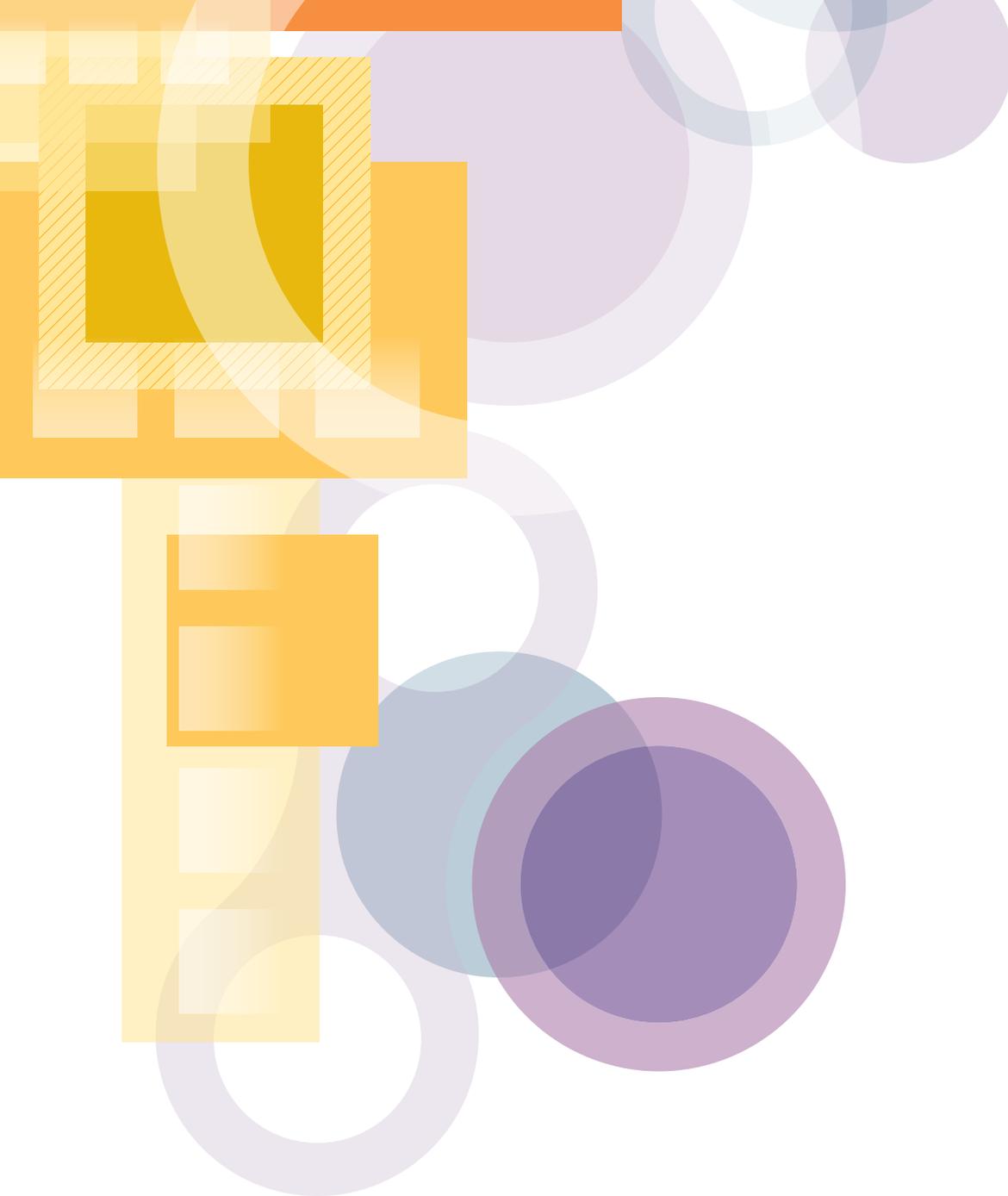


ASSOCIATION OF
COMMUNITY
CANCER CENTERS

Patient ASSISTANCE & REIMBURSEMENT Guide 2021



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The ACCC *Patient Assistance & Reimbursement Guide* was updated starting November 2, 2020 and published online in January 2021. This publication is updated four times a year.

Visit acc-cancer.org/PatientAssistanceGuide to download and print the most up-to-date information on cancer drug assistance and reimbursement programs.



A Message from
Jorge J. Garcia
PharmD, MS, MHA, MBA, FACHE,
ACCC Board of Trustees Member
and OPEN Advisory Committee Member

This year ACCC is proud to publish the 10th print edition of its *Patient Assistance & Reimbursement Guide*. ACCC Immediate-Past President Ali McBride, PharmD, MS, BCOP, shared with us last year how cancer programs and practices across the nation have expanded their financial advocacy efforts to include pharmacy and other supportive care staff as part of this critical patient service. Recognizing that our financial navigators and pharmacy members are both “super-users” of this guide and the front-line staff responsible for helping patients with cancer overcome financial toxicity, ACCC made a thoughtful decision to more closely align its *Patient Assistance & Reimbursement Guide* with the ACCC Financial Advocacy Network (FAN) and the ACCC Oncology Pharmacy Education Network (OPEN). Leveraging color and branding—note the purple and orange hues long associated with the ACCC financial advocacy and pharmacy initiatives—and content, this year’s guide highlights the power of multidisciplinary care and the passion that cancer care teams have for treating our patients’ mind, body, and spirit.

As we head into a new year, we must also learn from our experiences in 2020 with the COVID-19 public health emergency. The impact of this pandemic is felt across all walks of life, especially among our frontline workers and our patients with cancer. Not only are our patients considered an at-risk population for getting COVID-19, but the country’s economic downturn as a result of the worldwide pandemic has taken a serious toll on these patients—regardless of their insurance coverage status. Many of our patients have lost their jobs and/or healthcare coverage, and they need financial assistance now more than ever. I want to take this time to thank all the financial navigators, financial counselors, pharmacy staff, social workers, and anyone else who has helped their patients receive the financial assistance they need.

For those new to financial advocacy, ACCC has updated its patient assistance flowchart (page 14) and developed a practical, step-by-step instruction to guide you as you help your patients access and pay for their cancer therapies. The article (pages 7-13) features members of the ACCC Financial Advocacy Network, who shared with us their experiences and workflows to help guide those new to financial navigation.

I am also excited to share that ACCC has been hard at work looking to the future of this resource and how to best meet the changing needs of its members. Specifically, ACCC is exploring ways to create a robust and user-friendly digital *Patient Assistance & Reimbursement Guide* as a companion piece to the annual print edition—more news to come on this in 2021.

As the pace of drug approvals and the addition of novel agents increase exponentially, continual education and learning are needed. To help in this effort, the *Patient Assistance & Reimbursement Guide* is updated on a quarterly basis with the most updated information on cancer drug assistance and reimbursement programs, including directions on how to apply and links to enrollment forms. But we want *your* help! As you use this guide throughout the year, if you know of any changes, updates, and/or corrections to the information within, let us know. Please direct all comments, questions, comments, and feedback to Maddelyne Parker at mparker@acc-cancer.org.

1 A Message from Dr. Jorge J. Garcia, ACCC Board of Trustees Member and OPEN Advisory Committee Member

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By Teri Brown; Aimee Hoch, LSW; Jordan Karwedsky; Jennifer Paquet, RN, BSN; and Jeanie Troy

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Patient Assistance & Reimbursement Assistance Programs

by drug or product

Abraxane® (paclitaxel protein-bound particles for injectable suspension) (albumin-bound)	34	Gavreto™ (pralsetinib) capsules	30
Adakveo® (crizanlizumab-tmca) for IV infusion	72	Gazyva® (obinutuzumab) injection	51
Adcetris® (brentuximab vedotin) for injection	84	Gleevec® (imatinib mesylate) tablets	72
Afinitor® (everolimus) tablets	72	Granix® (tbo-filgrastim) injection	93
Alecensa® (alectinib) capsules	51	Halaven® (eribulin mesylate) injection	41
Alimta® (pemetrexed) for injection	43	Herceptin® (trastuzumab) injection for intravenous use	51
Aliqopa™ (copanlisib) for injection	25	Herceptin Hylecta™ (hyaluronidase-oysk) injection	51
Alunbrig® (brigatinib) tablets	90	Ibrance® (palbociclib) capsules	74
Aranesp® (darbepoetin alfa) injection	18	Iclusig® (ponatinib) tablets	90
Aromasin® (exemestane) tablets	74	Idamycin® (idarubicin hydrochloride) injections	74
Avastin® (bevacizumab) injection for IV use	51	Idhifa® (enasidenib) tablets	34
Ayvakit™ (avapritinib) tablets	30	Imbruvica® (ibrutinib) capsules	76
Balversa™ (erdafitinib) tablets	60	Imfinzi® (durvalumab) injection for intravenous use	23
Bavencio® (avelumab) injection	46	Imlygic® (talimogene laherparepvec) suspension for injection	18
Bendeke® (bendamustine HCl) injection	93	Inlyta® (axitinib) tablets	74
Besponsa® (inotuzumab ozogamicin) injection for IV infusion	74	Inqovi®(decitabine and cedazuridine) tablets	88
Blenrep (belantamab mafodotin-blmf) for injection	53	Inrebic® (fedratinib) capsules	34
Blinicyto® (blinatumomab) for injection	18	Intron® A (interferon alfa-2b, recombinant) for injection	66
Bosulif® (bosutinib) tablets	74	Iressa® (gefitinib)	23
Brukinsa™ (zanubrutinib) capsules	29	Istodax® (romidepsin) for injection	34
Cabometyx® (cabozantinib) tablets	50	Jadenu® (deferasirox) tablets	72
Calquence® (acalabrutinib) capsules	23	Jakafi® (ruxolitinib) tablets	56
Camptosar® (irinotecan hydrochloride) injection	74	Jevtana® (cabazitaxel) injection	82
Cometriq® (cabozantinib) capsules	50	Kadcyla® (ado-trastuzumab emtansine) injection for intravenous use	51
Cotellic® (cobimetinib) tablets	51	Kanjinti™ (trastuzumab-anns) for injection	18
Cyramza® (ramucirumab) injection	43	Keytruda® (pembrolizumab) injection	66
Darzalex® (daratumumab) injection for intravenous infusion	60	Kisqali® (ribociclib) tablets	72
Darzalex Faspro™ (daratumumab and hyaluronidase-fihj) injection for subcutaneous use	60	Kymriah® (tisagenlecleucel) suspension for IV infusion	72
Daurismo™ (glasdegib) tablets	74	Kyprolis® (carfilzomib) for injection	18
Defitelio® (defibrotide sodium) injection	62	Lenvima® (lenvatinib) capsules	41
Elitek® (rasburicase) IV infusion	82	Libtayo® (cemiplimab-rwlc) injection	78
Ellence® (epirubicin hydrochloride) injection	74	Lonsurf® (trifluridine and tipiracil) tablets	88
Emend® (aprepitant) capsules	66	Lorbrena® (lorlatinib) tablets	74
Emend® (fosaprepitant dimeglumine) for injection	66	Lupron Depot® (leuprolide acetate for depot suspension)	17
Empliciti® (elotuzumab) for injection	32	Lynparza® (olaparib) tablets	23
Enhertu® (fam-trastuzumab deruxtecan-nxki) injection for intravenous use	39	Mekinist® (trametinib) tablets	72
Erbix® (cetuximab) injection	43	Monjuvi®(tafasitamab-cxix) for injection	68
Erleada® (apalutamide) tablets	60	Mvasi™ (bevacizumab-awwb) injection	18
Erivedge® (vismodegib) capsules	51	Mylotarg™ (gemtuzumab ozogamicin) for injection	74
Erwineaze® (asparaginase Erwinia chrysanthemi) for injection	62	Neulasta® (pegfilgrastim) injection	18
Exjade® (deferasirox) tablets for oral suspension	72	Neulasta® Onpro® (pegfilgrastim) injection kit	18
Faslodex® (fulvestrant) injection	23	Neupogen® (filgrastim) injection	18
Femara® (letrozole) tablets	72	Nexavar® (sorafenib) tablets	25
Fulphila® (pegfilgrastim-jmdb) injection	70		
Gardasil®9 (Human Papillomavirus 9-valent Vaccine, Recombinant)	66		



Patient Assistance & Reimbursement Assistance Programs

by drug or product (continued)

Ninlaro® (ixazomib) capsules	90	Tecartus™ (brexucabtagene autoleucel) suspension for IV infusion	65
Nivestym® (filgrastim-aafi) injection	74	Tecentriq® (atezolizumab) injection for IV use	51
Nplate® (romiplostim) injection	18	Thalomid® (thalidomide) capsules	34
Nubeqa® (darolutamide) tablets	25	Torisel® (temsirolimus) injection	74
Odomzo® (sonidegib) capsules	86	Trazimera™ (trastuzumab-qyyp) injection	74
Ogivri® (trastuzumab-dkst) injection	70	Treanda® (bendamustine hydrochloride) for injection	93
Onivyde® (irinotecan liposome injection)	58	Trisenox® (arsenic trioxide) injection	93
Onureg® (azacitidine) tablets	32	Trodelvy™ (sacituzumab govitecan-hziy) for injection	55
Opdivo® (nivolumab) injection for intravenous use	32	Tukysa® (tucatinib) tablets	84
Padcev™ (enfortumab vedotin-efv) injection for IV infusion	20	Turalio® (pexidartinib) capsules	37
Perjeta® (pertuzumab) injection for intravenous use	51	Tykerb® (lapatinib) tablets	72
Pemazyre® (pemigatinib) tablets	56	Udenyca® (pegfilgrastim-cbqv)	36
Piqray® (alpelisib) tablets	72	Varubi® (rolapitant) tablets	92
Polivy® (polatuzumab vedotin-piiq) injection for intravenous use	51	Vectibix® (panitumumab) for injection	18
Pomalyst® (pomalidomide) capsules	34	Velcade® (bortezomib) for injection	90
Portrazza® (necitumumab) injection	43	Venclexta® (venetoclax) tablets	51
Procrit® (epoetin alfa) injection	60	Verzenio® (abemaciclib) tablets	43
Prolia® (denosumab) injection	18	Vidaza® (azacitidine for injection)	34
Promacta® (eltrombopag) tablets	72	Vitrakvi® (larotrectinib)	25
Reblozyl® (luspaterecept-aamt) for injection	34	Vizimpro® (dacomitinib) tablets	74
Retevmo™ (selpercatinib) capsules	43	Votrient® (pazopanib) tablets	72
Revlimid® (lenalidomide) capsules	34	Vyxeos® (daunorubicin and cytarabine) liposome for injection	62
Rituxan® (rituximab)	51	Xalkori® (crizotinib) capsules	74
Rituxan Hycela® (rituximab/hyaluronidase human) subcutaneous injection	51	Xgeva® (denosumab) injection	18
Rozlytrek® (entrectinib) capsules	51	Xofigo® (radium Ra 223 dichloride) injection	25
Ruxience™ (rituximab-pvvr) injection	74	Xospata® (gilteritinib) tablets	20
Rydapt® (midostaurin) capsules	72	Xpovio® (selinexor) tablets	63
Sandostatin® (octreotide acetate) injection	72	Xtandi® (enzalutamide) capsules	20
Sandostatin® LAR Depot (octreotide acetate) for injectable suspension	72	Yervoy® (ipilimumab) injection for intravenous use	32
Sarclisa® (isatuximab-irfc) injection for IV use	82	Yescarta® (axicabtagene ciloleucel) suspension for IV infusion	65
Sensipar® (cinacalcet) tablets	18	Yondelis® (trabectedin) for injection	60
Somatuline® Depot (lanreotide) injection	58	Yonsa® (abiraterone acetate) tablets	86
Sprycel® (dasatinib) tablets	32	Zarxio® (filgrastim-sndz) subcutaneous or intravenous injection	80
Stivarga® (regorafenib) tablets	25	Zejula® (niraparib) capsules	53
Sutent® (sunitinib malate) capsules	74	Zelboraf® (vemurafenib) tablets	51
Synribo® (omacetaxine mepesuccinate) for injection	93	Zepzelca® (lurbnectedin) for injection	62
Tabrecta™ (capmatinib) tablets	72	Ziextenzo® (pegfilgrastim-bmez) injection	80
Tafinlar® (dabrafenib) capsules	72	Zinecard® (dexrazoxane) injection	74
Tagrisso® (osimertinib) tablets	23	Zirabev™ (bevacizumab-bvzr) injection	74
Talzenna® (talazoparib) capsules	74	Zoladex® (goserelin acetate implant)	92
Tarceva® (erlotinib) tablets	51	Zolinza® (vorinostat) capsules	66
Tasigna® (nilotinib) capsules	72	Zometa® (zoledronic acid) for injection	72
Tazverik® (tazemetostat) tablets	48	Zykadia® (ceritinib) tablets	72
		Zytiga® (abiraterone acetate) tablets	60



Patient Assistance & Reimbursement Assistance Programs

by parenteral administration and oral administration

Parenteral Administration

Abraxane® (paclitaxel protein-bound particles for injectable suspension) (albumin-bound)	34	Keytruda® (pembrolizumab) injection	66
Adakveo® (crizanlizumab-tmca) for IV infusion	72	Kymriah® (tisagenlecleucel) suspension for IV infusion	72
Adcetris® (brentuximab vedotin) for injection	84	Kyprolis® (carfilzomib) for injection	18
Alimta® (pemetrexed) for injection	43	Libtayo® (cemiplimab-rwlc) injection	78
Aliqopa™ (copanlisib) for injection	25	Lupron Depot® (leuprolide acetate for depot suspension)	17
Aranesp® (darbepoetin alfa) injection	18	Monjuvi® (tafasitamab-cxix) for injection	68
Avastin® (bevacizumab) injection for IV use	51	Mvasi™ (bevacizumab-awwb) injection	18
Bavencio® (avelumab) injection	46	Mylotarg™ (gemtuzumab ozogamicin) for injection	74
Bendeka® (bendamustine HCl) injection	93	Neulasta® (pegfilgrastim) injection	18
Besponsa® (inotuzumab ozogamicin) injection for IV infusion	74	Neulasta® Onpro® (pegfilgrastim) injection kit	18
Blenrep (belantamab mafodotin-blmf) for injection	53	Neupogen® (filgrastim) injection	18
Blinicyto® (blinatumomab) for injection	18	Nivestym® (filgrastim-aafi) injection	74
Camptosar® (irinotecan hydrochloride) injection	74	Nplate® (romiplostim) injection	18
Cyramza® (ramucirumab) injection	43	Ogivri® (trastuzumab-dkst) injection	70
Darzalex® (daratumumab) injection for intravenous use	60	Onivyde® (irinotecan liposome injection)	58
Darzalex Faspro™ (daratumumab and hyaluronidase-fihj) injection for subcutaneous use	60	Opdivo® (nivolumab) injection for intravenous use	32
Defitelio® (defibrotide sodium) injection	62	Padcev™ (enfortumab vedotin-ejfv) injection for IV use	20
Elitek® (rasburicase) IV infusion	82	Perjeta® (pertuzumab) for injection for intravenous use	51
Ellence® (epirubicin hydrochloride) injection	74	Polivy® (polatuzumab vedotin-piiq) injection for intravenous use	51
Emend® (fosaprepitant dimeglumine) for injection	66	Portrazza® (necitumumab) injection	43
Empliciti® (elotuzumab) for injection	32	Procrit® (epoetin alfa) injection	60
Enhertu®(fam-trastuzumab deruxtecan-nxki) injection for intravenous use	39	Prolia® (denosumab) injection	18
Erbix® (cetuximab) injection	43	Reblozyl® (luspatерcept-aamt) for injection	34
Erwineaze® (asparaginase Erwinia chrysanthemi) for injection	62	Rituxan® (rituximab)	51
Faslodex® (fulvestrant) injection	23	Rituxan Hycela® (rituximab/hyaluronidase human) injection for subcutaneous use	51
Fulphila® (pegfilgrastim-jmdb) injection	70	Ruxience™ (rituximab-pvvr) injection	74
Gardasil®9 (Human Papillomavirus 9-valent Vaccine, Recombinant)	66	Sandostatin® (octreotide acetate) injection	72
Gazyva® (obinutuzumab) injection	51	Sandostatin® LAR Depot (octreotide acetate) for injectable suspension	72
Granix® (tbo-filgrastim) injection	93	Sarclisa® (isatuximab-irfc) injection for IV use	82
Halaven® (eribulin mesylate) injection	41	Somatuline® Depot (lanreotide) injection	58
Herceptin® (trastuzumab) injection for intravenous use	51	Synribo® (omacetaxine mepesuccinate) for injection	93
Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk) injection	51	Tecartus™ (brexucabtagene autoleucel) suspension for IV infusion	65
Idamycin® (idarubicin hydrochloride) injection	74	Tecentriq® (atezolizumab) injection for IV use	51
Imfinzi® (durvalumab) injection for intravenous use	23	Torisel® (temsirolimus) injection	74
Imlygic® (talimogene laherparepvec) suspension for injection	18	Trazimera™ (trastuzumab-qyyp) injection	74
Intron® A (interferon alfa-2b, recombinant) for injection	66	Treanda® (bendamustine hydrochloride) for injection	93
Istodax® (romidepsin) for injection	34	Trisenox® (arsenic trioxide) injection	93
Jevtana® (cabazitaxel) injection	82	Trodelyv™ (sacituzumab govitecan-hziy) for injection	55
Kadcyla® (ado-trastuzumab emtansine) injection for intravenous use	51	Udenyca® (pegfilgrastim-cbqv)	36
Kanjinti™ (trastuzumab-anns) for injection	18	Vectibix® (panitumumab) for injection	18
		Velcade® (bortezomib) for injection	90



Patient Assistance & Reimbursement Assistance Programs

by parenteral administration and oral administration (continued)

Vidaza® (azacitidine for injection)	34	Lenvima® (lenvatinib) capsules	41
Vyxeos® (daunorubicin and cytarabine) liposome for injection	62	Lonsurf® (trifluridine and tipiracil) tablets	88
Xgeva® (denosumab) injection	18	Lorbrena® (lorlatinib) tablets	74
Xofigo® (radium Ra 223 dichloride) injection	25	Lynparza® (olaparib) tablets	23
Yervoy® (ipilimumab) injection for intravenous use	32	Mekinist® (trametinib) tablets	72
Yescarta® (axicabtagene ciloleucel) suspension for IV infusion	65	Nexavar® (sorafenib) tablets	25
Yondelis® (trabectedin)	60	Ninlaro® (ixazomib) capsules	90
Zarxio® (filgrastim-sndz) subcutaneous or intravenous injection	80	Nubeqa® (darolutamide) tablets	25
Zepzelca® (lurbinectedin) for injection	62	Odomzo® (sonidegib) capsules	86
Ziextenzo® (pegfilgrastim-bmez) injection	80	Onureg® (azacitidine) tablets	32
Zinecard® (dexrazoxane) for injection	74	Pemazyre® (pemigatinib) tablets	56
Zirabev™ (bevacizumab-bvzr) injection	74	Piqray® (alpelisib) tablets	72
Zoladex® (goserelin acetate implant)	92	Pomalyst® (pomalidomide) capsules	34
Zometa® (zoledronic acid) for injection	72	Promacta® (eltrombopag) tablets	72
Oral Administration			
Afinitor® (everolimus) tablets	72	Retevmo™ (selpercatinib) capsules	43
Alecensa® (alectinib) capsules	51	Revlimid® (lenalidomide) capsules	34
Alunbrig® (brigatinib) tablets	90	Rozlytrek® (entrectinib) capsules	51
Aromasin® (exemestane) tablets	74	Rydapt® (midostaurin) capsules	72
Ayvakit™ (avapritinib) tablets	30	Sensipar® (cinacalcet) tablets	18
Balversa™ (erdafitinib) tablets	60	Sprycel® (dasatinib) tablets	32
Bosulif® (bosutinib) tablets	74	Stivarga® (regorafenib) tablets	25
Brukinsa™ (Zanubrutinib) capsules	29	Sutent® (sunitinib malate) capsules	74
Cabometyx® (cabozantinib) tablets	50	Tabrecta™ (capmatinib) tablets	72
Calquence® (acalabrutinib) capsules	23	Tafinlar® (dabrafenib) capsules	72
Cometriq® (cabozantinib) capsules	50	Tagrisso® (osimertinib) tablets	23
Cotellic® (cobimetinib) tablets	51	Talzenna® (talazoparib) capsules	74
Daurismo™ (glasdegib) tablets	74	Tarceva® (erlotinib) tablets	51
Emend® (aprepitant) capsules	66	Tasigna® (nilotinib) capsules	72
Erleada® (apalutamide) tablets	60	Tazverik® (tazemetostat) tablets	48
Erivedge® (vismodegib) capsules	51	Thalomid® (thalidomide) capsules	34
Exjade® (deferasirox) tablets for oral suspension	72	Tukysa® (tucatinib) tablets	84
Femara® (letrozole) tablets	72	Turalio® (pexidartinib) capsules	37
Gavreto™ (pralsetinib) capsules	30	Tykerb® (lapatinib) tablets	72
Gleevec® (imatinib mesylate) tablets	72	Varubi® (rolapitant) tablets	92
Ibrance® (palbociclib)	74	Venclexta® (venetoclax) tablets	51
Iclusig® (ponatinib) tablets	90	Verzenio® (abemaciclib) tablets	43
Idhifa® (enasidenib) tablets	34	Vitrakvi® (larotrectinib)	25
Imbruvica® (ibrutinib) capsules	76	Vizimpro® (dacomitinib) tablets	74
Inqovi® (decitabine and cedazuridine) tablets	88	Votrient® (pazopanib) tablets	72
Inrebic® (fedratinib) capsules	34	Xalkori® (crizotinib) capsules	74
Inlyta® (axitinib) tablets	74	Xospata® (gilteritinib) tablets	20
Iressa® (gefitinib)	23	Xpovio® (selinexor) tablets	63
Jadenu® (deferasirox) tablets	72	Xtandi® (enzalutamide) capsules	20
Jakafi® (ruxolitinib) tablets	56	Yonsa® (abiraterone acetate) tablets	86
Kisqali® (ribociclib) tablets	72	Zejula® (niraparib) capsules	53
		Zelboraf® (vemurafenib) tablets	51
		Zolinza® (vorinostat) capsules	66
		Zykadia® (ceritinib) tablets	72
		Zytiga® (abiraterone acetate) tablets	60

Fighting Financial Toxicity

How Financial Navigators Help Patients with All Insurance Types

By
Teri Brown
Aimee Hoch, LSW
Jordan Karwedsky
Jennifer Paquet, RN, BSN
and Jeanie Troy

Cancer is one of the costliest diseases to treat in the United States. According to a 2019 survey conducted by The Mesothelioma Center, 63 percent of patients with cancer and their caregivers struggle financially following a cancer diagnosis.¹ This struggle often continues long after patients' initial diagnosis into treatment, and it can follow them into survivorship and follow-up care. As the cost of treatment continues to rise, the financial burden that often accompanies a cancer diagnosis is growing to unsustainable levels—the cost of new cancer medications tops the charts at \$100,000 or higher annually.²

As health insurers continue to shift these growing costs to patients, they result in higher deductibles, co-pays, and co-insurance amounts for cancer therapies, depending on the insurance plan.³ The COVID-19 pandemic only increased the financial burden on patients, as unemployment and loss of health insurance affect more and more people. According to a survey conducted in March 2020 by the American Cancer Society Action Network, 50 percent of the 1,200 patients and survivors surveyed report that COVID-19 has impacted their healthcare.⁴ The same survey also found that 27 percent of the patients in active treatment had to delay treatment due to the pandemic.⁴

We are seeing the ever-increasing cost of care, compounded by the COVID-19 pandemic, not only affecting our patients' ability to access and pay for their treatment, but also their ability to afford the costs of daily living, including rent, groceries, and transportation. As financial navigators, we are in a unique position to help ease patients' financial burden of care. Our skill set allows us to serve patients before we even meet them. Armed with patients' individual insurance and financial information, we can get a head start on formulating a plan that can help patients access the treatment they need, eliminating or reducing the financial toxicity that too often accompanies life-saving cancer care.



Financial Advocacy Programs Meet Patient Needs

In response to an ACCC Financial Advocacy Network survey of ACCC's member cancer programs in late 2019, 10 percent of respondents (292 people from 153 unique cancer programs) report that their cancer program employs no financial advocates. Asked if respondents have enough full-time staff to meet the demand for financial advocacy services, 36 percent of survey respondents said they do not, and 34 percent replied, "not always." Of those practices that do have financial advocates on staff, the majority (60 percent) employ just one to three advocates.⁵ In some cancer programs, social workers, pharmacists, or other supportive care staff—in addition to their other duties—provide financial navigation services to patients. In this guide, financial advocates are defined as any staff member

who has a role in providing patients financial navigation services. Financial navigation programs can vary significantly based on their rural or urban setting and whether they are community cancer programs or affiliated with an academic institution.

This guide helps financial navigators who may be new to their role assist patients with varying insurance status access and afford their prescribed cancer treatment therapies. In the end, we want our patients and their families to focus on their health and not let their finances be a determinant of the care they receive. Here, we present potential approaches to help patients afford their cancer care according to their insurance status.

Patients with Commercial Insurance



Jordan Karwedsky is a financial counselor at Green Bay Oncology in Green Bay, Wisconsin. Karwedsky is also a member of the ACCC Financial Advocacy Network's Network Task Force and the ACCC Patient Assistance & Reimbursement Guide Task Force.

Always take a proactive approach with patients who need co-pay assistance, regardless of their insurance type. At Green Bay Oncology, when a patient is commercially insured or has an employer-based plan, financial counselors review and discuss with patients their insurance coverage and annual out-of-pocket maximum at their initial consult, so we can begin to address any financial concerns up front. While obtaining insurance authorizations for treatment, we also determine if patients need assistance with their copayment, coinsurance, or deductible. Difficulty affording cancer treatments may be eased by accessing funds from independent foundations or drug manufacturers' co-pay card programs. We follow up with patients at their chemotherapy education or initial treatment appointment chemotherapy education assistance options that may be available to them. Discussing

patients' finances can be a tricky situation to navigate because they are not always willing to share their personal financial information with someone they do not know. It is therefore important as a financial counselor to build the foundation of a trusting relationship with your patients from the start. Patients will not likely know their financial options. I have found that many patients are unaware that co-pay assistance programs exist. Many of them want to know, "What's the catch?" It is important to explain to these patients what independent foundations and manufacturer co-pay programs are, how each works, and what information is needed to determine patients' eligibility—in terms that they understand. I have found it helpful to compare co-pay cards to the coupons patients use at a grocery store.

There will always be some patients who will say before beginning treatment that they are not interested in co-pay assistance, saying they prefer assistance programs to go to someone who needs it more than they do. Always be sure to follow back up with these patients a month or two into their treatment plan to make sure they are doing okay financially and to help if they now want to access a co-pay program or other assistance.



Patients with Medicare or Who Are Medicare Eligible



Jennifer Paquet, RN, BSN, is a financial navigator at Bassett Healthcare in Cooperstown, New York and is an ACCC Financial Advocacy Network Workforce Task Force Member

Often, new Medicare recipients are sold on low-cost Medicare Advantage plans that feature lower monthly premiums, relatively inexpensive co-pays, and reduced prescription drug prices. While this may be appealing to newly retired Americans, they are often not told when choosing their first Medicare Advantage plan that they will incur higher costs if they are diagnosed with a long-term, costly disease, like cancer.

Choosing an insurance plan is daunting. Many Medicare recipients do not even open the Medicare & You handbook they receive from the Centers of Medicare & Medicaid Services each year. Some say this handbook is not written in a language they understand. This is where a financial navigator's expertise comes in. We break down the language of insurance options for our patients and make it clear and relevant to them. Financial navigators explain to patients how a given plan works and why the plan works that way. This education allows patients to better understand the details of the plan they choose.

Meeting New Patients

As important as it is to educate patients about their insurance options as soon as possible after diagnosis, be careful not to approach patients until after they first meet with their cancer care team. It is vital that patients first understand the nature of their disease state before they are approached by financial navigators to help them through the financial side of cancer treatment.

When I first meet with patients, I review their benefits investigation with them and answer any questions they have about paying for their care. At this initial meeting with patients, try to obtain as much information as you can. Do not be afraid to ask patients the following:

1. What is your household income?
2. What are your household expenses?
3. What do you pay for your current healthcare insurance plan?

When I first started working as a financial navigator, I was afraid of appearing too invasive when asking for patients' personal information. I have since learned that when you take time with patients to explain that you work for them rather than an insurance company, you are pleasantly surprised by how comfortable they are giving you the information you need to help them. Assure patients that receiving treatment does not have to be a choice. There is always a solution. Sometimes the solution is not easy to find, but it is there.

Be Prepared

Once you know what type of Medicare plan patients have or if they do not have additional coverage, help them explore other potential insurance options. If an insurance change is an option, whether to a federally funded plan or to include additional coverage, make these options available in customized packets you can present to patients. This packet may include a Medicare Savings Program application and any other state programs for which patients may qualify. For patients with Medicare only, it is imperative to get those patients on a supplemental plan with a short waiting period (e.g., three months or less).

For patients who qualify for income-based assistance, I include a list of independent foundations with open funding. These organizations may help offset out-of-pocket cost for medications. (Aimee Hoch, LSW, explains more on how to help your patients with Medicare and commercial insurance access co-pay and out-of-pocket cost assistance from independent foundations on page 10.) Easing the burdens of household bills helps just as much as mitigating medical costs. By alleviating the expenses of daily living, you free up resources for meeting medical expenses. Financial assistance programs are found in many places. Reach out to social workers in your community, your local department of social services, churches, American Legion halls, etc. You will be surprised by the number of groups that are out there waiting to help patients.

I store all this information on my computer and in our electronic medical record. I always have available to



me patient release of information forms, so I have access to all of the information necessary to help individual patients apply for funding, free medications, and foundational help when these resources are available.

My very last words to every single patient I see are, “You worry about getting through this, and I will worry about the money.” I can never stress enough how very important it is to treat each patient with compassion, laughter, empathy, and love. Be passionate and kind; make sure patients know you are only a phone call away, that you are their financial advocate, and that they matter.

Patients with Medicare or Commercial Insurance

Foundation Co-Pay Assistance Programs



Aimee Hoch, LSW, is an oncology financial navigator at Grand View Health in Sellersville, Pennsylvania and an ACCC Financial Advocacy Network Advisory Committee member.

Knowing what co-pay assistance each patient needs and where to find it—often in short order—is key to successfully securing funding and ultimately creating access to necessary treatment. These four key steps can help financial navigators provide patients access to the co-pay assistance they qualify for from various independent foundations. These organizations offer co-pay assistance and may offer insurance premium assistance and/or some travel assistance.

1. Always have up-to-date knowledge of open funds.

One of the most important steps in accessing co-pay assistance via independent foundations is knowing when funds are available. I enrolled in the Patient Access Network’s FundFinder, which is a great tool for helping me track this information. I also monitor the availability of disease-specific funds from various foundations, and I receive alerts on my phone and through email in real time. I also signed up for each foundations’ email newsletter and receive notifications of all open funds a single foundation has. This may seem like it will fill up your inbox, but it is the best way to stay on top of the availability of funds from numerous foundations. I make sure I receive a notification any time a fund with a foundation is made available, so I can apply for assistance on behalf of patients who qualify.

2. Obtain permission during the initial assessment.

Foundation funds open and close very quickly, so having the correct patient information and permission ahead of time allows you to act fast to apply for co-pay assistance when it becomes available. During my initial consultation with patients, I take time to educate them about their co-pay assistance options, determine whether they may qualify for and benefit from foundational assistance, and obtain their permission to act on their behalf if a foundation fund that supports their disease and status should open. In most cases, I refer Medicare recipients to foundational assistance. However, patients with commercial insurance may also benefit from foundational assistance if they qualify.

3. Streamline the application process.

When I first became a financial navigator, one of my immediate tasks was to set up my account and/or personal portal with each foundation I track. These accounts and online portals allow me to act fast before foundation funds close. Most foundations make staff available by phone to help with this registration, if necessary.

4. Organize a spreadsheet or list of patients.

Keeping patient information in an organized spreadsheet or list helps you stay on top of things when applying for assistance or renewing assistance for patients. My spreadsheet includes new and current patients waiting for foundation funds to open, as well as the patients currently enrolled with foundations and the dates indicating when it is time to reapply for assistance on their behalf.



Patients Without Insurance Who Are Medicaid Eligible



Teri Brown is a financial navigator at Kettering Cancer Care in Kettering, Ohio.

I help patients who come to us to pay for their cancer therapies out-of-pocket or when uninsured and who qualify for Medicaid. Over 32 years, I worked in the Greene County Department of Job and Family Services in Xenia, Ohio, which gave me experience and in-depth knowledge of Ohio's Medicaid program. I have since taught other financial navigators at Kettering Cancer Care the ins and outs of Ohio's Medicaid program and how to help patients with limited resources apply to Medicaid to pay for life-saving cancer treatment. Patients come to our financial navigation program through many pathways: self-referral or through referrals from various members of the cancer care team, including our social workers, nurses, physicians, pre-certification staff, and schedule review staff.

Once we determine that patients are not commercially insured and are eligible for Medicaid, our financial navigators contact them to discuss the circumstances leading up to their loss of insurance. After speaking to patients, financial navigators complete an online presumptive Medicaid application through the state of Ohio on the patients' behalf. This allows our patients to be eligible for Medicaid coverage for up to three months on an emergency basis until the Ohio Department of Job and Family Services reviews their case. Most patients are usually approved to

receive Medicaid immediately, and they are given a billing number. This enables patients to receive full healthcare services, including hospital, physician, dental, and eye care. Once our patients are granted this interim coverage, we help them complete a full Medicaid application that is reviewed by the local county office. The patient story below illustrates the value financial navigators bring to patients:

I spoke with a young man who was diagnosed with lymphoma. He did not have any source of income or insurance. He also told me that he had previously applied for Medicaid but was denied. As I spoke to this patient, I learned that he is the father of two small children. The mother of the children had both children signed up for Medicaid under her name, making her Medicaid-eligible as well. I then asked the patient about his relationship with the children's mother. He said it was "very good" and that they share parenting responsibilities. I let him know that, with shared parenting, both he and his children's mother could place one of their children on Medicaid under their name, which would allow both parents to also be eligible for Medicaid. After this conversation, the patient spoke to the children's mother, and she agreed to remove one of the children from her Medicaid coverage, so my patient could enroll one of his children and qualify for coverage himself. The applications were approved, and the patient is now able to receive all hospital services without worry.





Patients Without Insurance Who Are Not Eligible for Medicare or Medicaid

Drug Manufacturer Patient Assistance Programs



Jeanie Troy is a patient financial navigator at Lake Region Healthcare, Cancer Care and Research Center in Fergus Falls, Minnesota and is an ACCC Financial Advocacy Network Workforce Task Force member.

When I receive a new patient notification for an uninsured patient, my first task is to determine if they are eligible for Medicaid or to purchase commercial insurance in the case of a recent life-changing event. If a patient is not eligible for insurance coverage, I make their provider aware that the patient is uninsured before their first consult with their cancer care team.

Once a provider establishes a patient's treatment plan, they will notify me through our electronic health record, so I can begin looking for patient assistance programs for which the patient may be eligible. Our facility now uses a third-party program to help us streamline the financial navigation process. Before we had this great tool, I would usually search the *ACCC Patient Assistance & Reimbursement Guide* or Google the prescribed medication's name followed by "patient assistance program" (i.e., "Keytruda patient assistance program"). From the medication's manufacturer

website, you can download the patient assistance program application or complete it online.

I then complete the application with the patient and collect any necessary supporting documents, such as income verification, to send to the manufacturer's patient assistance program. From my experience, it takes on average one to two weeks to receive an approval. Some programs will send the prescribed medication directly to our facility before the patient starts treatment, while others replace the medication used from our pharmacy after the patient completes each treatment.

If I am unable to identify a manufacturer patient assistance program for a given medication, I investigate independent foundations that may be able to offer support to cover treatment costs. If there is available funding from a foundation, I complete the application for the patient and submit it for consideration.

The last task I do is help that patient apply for assistance through the Community Care program at Lake Region Healthcare. Through Community Care, patients may be eligible to have part or all their remaining balance written off based on their household size and income. If a patient owes any balance beyond that, I work with them to set up an affordable payment plan that works for them.

Patients with Other Government-Funded Programs (e.g., VA, DOD, TriCare)

Patients' whose insurance is funded by the federal government but is not Medicare—Veterans Affairs (VA), Department of Defense (DOD), and TriCare, among others—usually receive their prescribed oncology medications for free. With every program, you must submit a prior authorization for each medication. Once the prior authorization is complete, insurance should cover the entire cost of the prescribed medication.

TriCare has the only exception. If patients covered by TriCare are out of range of a VA pharmacy to pick up their

prescribed medications, they may have to pay a co-pay to have the prescriptions filled at another pharmacy.

Unfortunately, patients in this population are not usually eligible for financial assistance to cover the costs of their medications because their insurance should cover the entire cost. But patients with government-funded insurance may qualify for independent charitable foundations that can help with daily living expenses, like mortgage/rent payments, monthly bills, groceries, travel costs, and more.



Caring for the Caregiver

Financial navigators must practice self-care. Find time in your day or after work to be mindful and do what you need to do to decompress from your day. ACCC

has developed some great resources to help you build resiliency and a self-care routine. Examples include the CANCER BUZZ podcast, “Fostering Cancer Care Team Resiliency & Well-Being” and the ACCCBuzz article, “Taking Care in a Pandemic”.

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The **ACCC Financial Advocacy Network** is the leader in providing professional development training, tools, and resources that will empower providers to proactively integrate financial health into the cancer care continuum and help patients gain access to high-quality care for a better quality of life. Access an abundance professional development and educational resources for financial advocates at acc-cancer.org/FAN.

The **ACCC Oncology Pharmacy Education Network** advocates on behalf of hematology-oncology pharmacists as vital members of the cancer care team and is committed to developing educational resources and multidisciplinary connections that advance the field and elevate oncology pharmacy professionals to top-of-license practice. Explore our library of digital and print content at acc-cancer.org/OPEN.



Financial Navigation Flowchart

STEP 1.

Provider prescribes anti-cancer treatment regimen for patient.

STEP 2.

Anti-cancer medication(s) order is sent to financial advocacy staff.

STEP 3.

Financial advocacy staff identify the patients' financial status/insurance type(s) and follows the appropriate workflow below.

No Insurance	Identify if patient qualifies for any state or federal program (i.e., Medicare, Medicaid, etc.). Complete and submit all forms for identified program.	If no program, identify if replacement medication(s) is available. Check with the pharmaceutical company to see if they have a free medication program or even a compassionate use program.	If no program is identified in step 1, look for foundation funding available for any medication(s) not replaced.		
Medicaid Program	Verify benefits.	Verify prescribed medication(s) are approved/indicated for diagnosis/place in therapy and submit pre-determination or prior authorization, if necessary.	Identify patient's responsibility for prescribed medication(s).		
Medicare: Eligible (Age 65/Retired/Disabled)	Verify benefits: does the patient have Part A only or Parts A and B?	Verify if patient is retiring soon; will their current benefits be retained?	If patient is retiring soon and has Part A only, have they applied for Part B? Provide paperwork, if applicable.	If patient will retain benefits, their plan may not require Medicare Part B. Check with patient if employer-funded plan requires Part B.	If patient is not retaining an employer-funded retirement plan, go over insurance plans available to them (i.e., supplementals and advantage plans).
Medicare: Part A and/or B Only (Age 65/Retired/Disabled)	Verify benefits.	Verify length of time patient has been on Medicare and length of gap in insurance coverage (this will determine Part D penalty).	Identify if patient is eligible for Medicaid or Medicare Secondary Payer plan. If so, help patient complete and submit applicable form(s).	If not eligible, look at Medicare supplemental plan with a short waiting period (3 months max).	
Medicare: Age 65 and retired with a Medicare Supplemental Plan	Verify benefits.	Look at patient's treatment plan and associated medication(s); find free-medication program or reimbursement plan, if available.	Identify if patient is eligible for Medicaid or a Medicare Supplemental Payer plan. If so, help patient complete and submit applicable form(s).	Go over insurance plan with patient; identify where they can save dollars (i.e., changing insurance, if applicable).	
Medicare: Advantage Plan (Age 65/Retired/Disabled)	Verify benefits.	Go over insurance plan with patient; identify where they can save dollars (i.e., changing insurance, if applicable).	If changing back to Medicare, add a Part D plan and supplemental plan. If changing Advantage Plan, make sure you meet the criteria to change or are in open enrollment period.		
Other Government Programs (e.g., VA, DOD, TriCare)	Verify benefits.	Verify prescribed medication(s) are approved/indicated for diagnosis/place in therapy and submit prior authorization. A prior authorization is necessary.	Identify patient's responsibility for prescribed medication(s). In rare instances, patients may have a co-pay.	If patient has TriCare and is out of range of a Veterans Affairs pharmacy to pick up their prescription, then patients may have a co-pay.	
Commercial & Insurance Exchanges (Managed Care)	Verify benefits.	Verify prescribed medication(s) are approved/indicated for diagnosis/place in therapy and submit pre-determination or prior authorization if necessary.	Identify patient's responsibility for prescribed medication(s).	Identify if free medication(s) is available, if necessary; complete and submit applicable form(s).	Identify if manufacturer assistance is available and complete and submit applicable form(s); may also be able to file for compassionate use with pharmaceutical company to receive medication(s).



ACCC graciously thanks Wendy Andrews, practice administrator at University of Arizona Cancer Center, for creating this flowchart, and the ACCC Patient Assistance & Reimbursement Guide Task Force and ACCC Financial Advocacy Network members for their edits and updates.

Complete and submit identified foundation program application form(s), if available.	If applicable, identify if patient qualifies for charity care within the cancer program/ practice or healthcare system. Complete and submit this paperwork.	Establish a payment plan for any leftover balance (if available) or collect remaining balance.	Follow up with patient at regular intervals during treatment.
Identify if replacement medication(s) is available, if necessary; may also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Complete and submit identified program application form(s).	Collect out-of-pocket costs.	Follow up with patient at regular intervals during treatment.
Look at patient's treatment plan and associated medication(s); find free-medication program or reimbursement plan, if available; may also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Complete and submit identified program application form(s).	Establish a payment plan for any left over balance (if available) or collect the remaining balance.	Follow up with patient at regular intervals during treatment.
Look at Medicare Part D plans if patient does not already have this coverage.	Look at patient's treatment plan and associated medication(s); find free-medication program or reimbursement plan, if available; may also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Complete and submit identified program application form(s).	Establish a payment plan for any left over balance (if available) or collect the remaining balance.
If an insurance change is not available, identify if foundation assistance is available. May also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Complete and submit identified program application form(s).	If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.	Follow up with patient at regular intervals during treatment.
Look at patient's treatment plan and associated medication(s); find free-medication program or foundation, if available; may also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Complete and submit identified program application form(s).	If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.	Follow up with patient at regular intervals during treatment.
Identify if free medication(s) is available, if necessary; complete and submit applicable form(s); may also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Patients in this population are not usually eligible for financial assistance, including manufacturer assistance. To help offset costs, look for independent foundational assistance that can provide assistance with groceries, mortgage/rent payments, vehicle payments, monthly bills, etc.	Complete and submit identified independent foundation program application form(s).	If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance. Follow up with patient at regular intervals during treatment.
If no manufacturer assistance is available, identify if foundation assistance is available.	Complete and submit identified program application form(s).	If patient qualifies for manufacturer or foundation assistance, send an explanation of benefits (EOB) and/ or other paperwork to verify amount owed.	Process payment using the co-pay card or other form of payment the identified program offers. If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance. Follow up with patient at regular intervals during treatment.

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

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

Patient and Reimbursement Assistance Website
abbvie.com/patients/patient-assistance.html

PATIENT ASSISTANCE

myAbbVie Assist Patient Assistance

MyAbbVie Assist believes that people who need AbbVie medicines should be able to get them.

MyAbbVie Assist provides free medicines to qualifying patients. Financial need requirements vary by medicine, and are based on patients' insurance coverage, household income, and projected out-of-pocket medical expenses. Patients may be eligible to receive free Lupron Depot if they:

- Have been prescribed Lupron Depot
- Have limited or no health insurance coverage
- Live in the United States
- Are being treated by a licensed U.S. health care provider on an outpatient basis.

If patients have insurance, the program will review their qualifying financial need based on a combination of insurance coverage, household income, and out-of-pocket medical expenses. MyAbbVie Assist will evaluate patients' insurance coverage and out-of-pocket medical expenses during the application process.

If patients would like to apply, they should work with their healthcare provider to submit a program application. Download the application (abbvie.com/content/dam/abbvie-dotcom/uploads/PDFs/pap/Lupron-Application-approved.pdf), follow the instructions on the first page, and submit all requested information via fax to 1.866.483.1305.

Upon review of a completed application, the program will notify the prescriber and patient about eligibility. If approved, it will ship the medication to the prescriber's office. Please call 1.800.222.6885 to request refill. This program is part of the AbbVie Patient Assistance Foundation, a separate legal entity from AbbVie. Contact myAbbVie Assist at 1.800.222.6885, Monday through Friday, for additional assistance.

REIMBURSEMENT ASSISTANCE

Lupron Depot Support Plus

With Support Plus, providers will receive:

- Patient benefit investigations
- Precertification and prior authorization management
- Reimbursement support
- Claims appeal assistance.

Whether it's Medicare Advantage or private insurance, Lupron Depot Support Plus supports providers and their office by helping to manage the procurement process. Contact your AbbVie Sales Representative to learn more about how to access the Support Plus Program or call 1.800.621.1020.



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Oncology-related products: Aranesp® (darbepoetin alfa) injection, Blincyto® (blinatumomab) for injection, Imlygic® (talimogene laherparepvec) suspension for injection, Kanjinti™ (trastuzumab-anns) for injection, Kyprolis® (carfilzomib) for injection, Mvasi™ (bevacizumab-awwb) injection, Neulasta® (pegfilgrastim) injection, Neulasta® Onpro® (pegfilgrastim) injection kit, Neupogen® (filgrastim) injection, Nplate® (romiplostim) injection, Prolia® (denosumab) injection, Sensipar® (cinacalcet) tablets, Vectibix® (panitumumab) for injection, Xgeva® (denosumab) injection

Patient and Reimbursement Assistance Websites

amgenassist360.com

amgenfirststep.com

PATIENT ASSISTANCE

Amgen Assist 360™

Amgen Assist 360 is a single place for patients, caregivers, and healthcare professionals to go to find the support, tools, and resources most important to them. When patients enroll in Amgen Assist 360, their Amgen Nurse Ambassador serves as a single point of contact to help them find resources. Nurse Ambassadors are only available to patients that are prescribed certain products. Nurse Ambassadors are there to support, not replace, patients' treatment plan and do not provide medical advice or case management services. Amgen 360 can:

- Connect patients to reimbursement specialists to help with insurance benefit verification and put them in touch with programs that may help them afford their medication, such as Amgen FIRST STEP.
- Refer patients to independent nonprofit organizations that may provide counseling, community

resources, and assistance with treatment-related travel costs, such as gas, tolls, parking, airfare, and lodging.

- If patients have questions about their Amgen medication, Amgen Assist 360 can help them get the answers they need.

For more information and enrollment forms by medication name, visit <https://www.amgenassist360.com/hcp/> or call 1.888.4ASSIST (1.888.427.7478), Monday through Friday, 9:00 am to 8:00 pm ET.

Amgen FIRST STEP™ Program

Amgen offers this program to patients prescribed Blincyto, Imlygic, Kanjinti, Kyprolis, Mvasi, Neulasta, Neulasta Onpro, Neupogen, Nplate, Prolia, Vectibix, and Xgeva. The program helps eligible commercially insured patients pay for their out-of-pocket prescription costs, including deductible, co-insurance, and co-payment.

Patient eligibility requirements:

- Patients must be prescribed one of the medications listed above.
- Patients must have private commercial health insurance that covers medication costs for the medication listed above.
- Patients must not be a participant in any federal, state, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, Veterans Affairs, the Department of Defense, 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.

Other restrictions may apply.

Amgen reserves the right to revise or terminate this program, in whole or in part, without notice at any time.



Amgen First Step coverage limits and program maximums:

- 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.
- No out-of-pocket cost for first dose or cycle; \$5 out-of-pocket cost for subsequent dose or cycle. Maximum benefit of \$10,000 per patient per calendar year. (For Kanjinti, Kyprolis, and Mvasi: maximum benefit of \$20,000 per patient per calendar year; for Prolia: \$25 out-of-pocket cost for subsequent dose or cycle, maximum benefit of \$1,500 per patient per calendar year.) Patient is responsible for costs above these amounts.

To confirm patient eligibility and enroll in one of these programs, visit amgenfirststep.com/register-card or call 1.888.65.STEP1 (1.888.657.8371), Monday through Friday, 9:00 am to 8:00 pm ET.

Independent Nonprofit Programs

For patients with government insurance (like Medicare), Amgen Assist 360 can refer them to independent nonprofit patient assistance programs that may be able to help them afford the co-pay costs for their prescribed medicine. Program eligibility is based on the nonprofit's criteria. Amgen has no control over these programs and provides referrals as a courtesy only.

Amgen Safety Net Foundation

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

- Have lived in the U.S. or its territories for six months or longer
- Satisfy income eligibility requirements
- Are uninsured or their insurance plan excludes the Amgen medicine or its generic/biosimilar.

Certain Medicare Part D patients with product coverage who cannot afford their out of pocket costs may be eligible. It is required that they are able to demonstrate:

- Inability to afford the medicine
- Ineligibility for Medicaid or Medicare's low-income subsidy (Extra Help)
- Have satisfied all payer guidelines and Prior Authorization (PA) requirements prior to applying for assistance
- Do not have any other financial support options.

To apply, visit amgensafetynetfoundation.com/how-to-apply.html, select the appropriate medication, fill out and sign the Patient Application, and fax the completed application to 1.866.e549.7239.

Once a completed application and any requested supporting documents have been received and processed, the patient and provider will be notified of the enrollment decision. Eligible patients are enrolled for a period up to 12 months. To re-enroll in Amgen Safety Net Foundation, patients must submit a new application.

For questions, call 1.888.762.6436, Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Amgen Assist 360™

Amgen reimbursement counselors can assist with submitting, storing, and retrieving benefit verifications for anyone currently on an Amgen product. Connect with an Amgen reimbursement counselor on the phone (1.888.4ASSIST) or schedule a visit from your Amgen field reimbursement specialist.

Visit amgenassist360.com/hcp/patient-support/amgen-access-specialist for more information.

Visit the benefit verification center for tools, information, and support. To begin, choose the applicable Amgen product at www.amgenassistonline.com.

For more information, call 1.888.4ASSIST (1.888.427.7478), Monday through Friday, 9:00 am to 8:00 pm ET.



Astellas Pharma U.S., Inc.



Oncology-related products: Padcev™ (enfortumab vedotin-ejfv) injection for intravenous use (jointly owned by Seattle Genetics), Xospata® (gilteritinib) tablets, Xtandi® (enzalutamide) capsules

Patient and Reimbursement Assistance Website
astellaspharmasupportsolutions.com

PATIENT ASSISTANCE

Astellas Pharma Support SolutionsSM

Astellas Pharma Support Solutions offers access and reimbursement support to help patients overcome challenges to accessing Astellas products. To enroll in Padcev, Xospata, or Xtandi Support Solutions, visit astellaspharmasupportsolutions.com, select the appropriate medication, and follow the patient enrollment process.

Astellas Patient Assistance Program

The Astellas Patient Assistance Program provides Xtandi or Xospata at no cost to patients who meet the program eligibility requirements. The patient may be eligible if they meet the following criteria:

- Patient is uninsured or has insurance that excludes coverage for Xtandi or Xospata.
- Patient has a verifiable shipping address in the United States.
- Patient has been prescribed Xtandi or Xospata for an FDA-approved indication.
- Patient meets program financial eligibility requirements.

To enroll a patient in the Astellas Patient Assistance Program,

complete the Xtandi or Xospata Support Solutions enrollment process, including the PAP application submitted through the portal or faxed to the number on the form. If the patient is eligible, the patient and provider will be notified, and the prescription will be shipped directly to the patient's home.

Xospata Support SolutionsSM
Xospata Support Solutions (astellaspharmasupportsolutions.com/products/xospata/index.aspx) offers access and reimbursement support to help patients access Xospata. It provides information regarding patient healthcare coverage options and financial assistance information that may be available to help patients with financial needs. To speak with a dedicated access specialist, call 1.844.632.9272, Monday through Friday, 8:30 am to 8:00 pm ET.

Xospata Quick Start+[®] Program

The Xospata Quick Start+ Program provides a one-time, 7-day supply of Xospata at no cost to eligible patients who experience an insurance-related delay. Overnight shipping is offered directly to the patient. To be eligible, patients must:

- Have prescription drug insurance
- Be new to Xospata therapy

- Have been prescribed Xospata for an FDA-approved indication
- Have experienced an insurance-related access delay.

To enroll, fill out the appropriate section during the Xospata Support Solutions patient enrollment process.

Xospata Copay Card Program

The Xospata Copay Card Program is for eligible patients who have commercial prescription insurance. The Program parameters are as follows:

- Patients pay as little as \$0 per prescription
- A patient will be enrolled in the program for a 12-month period
- The program benefit covers up to a maximum of \$25,000 per calendar year
- There are no income requirements.

Xospata Support Solutions can evaluate eligibility and enroll patients in the Xospata co-pay card program, or the preferred network specialty pharmacy can be contacted to determine eligibility and enroll the patient in the program.

The program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government



program, including, but not limited to Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TriCare, Puerto Rico government insurance, or any state patient or pharmaceutical assistance program. This offer is not valid for cash-paying patients.

Xtandi Support SolutionsSM

Xtandi Support Solutions (astellaspharmasupportsolutions.com/products/xtandi/index.aspx) offers access and reimbursement support to help patients overcome challenges to accessing Xtandi. It provides information regarding patient healthcare coverage options and financial assistance options that may be available to help patients with financial needs. To speak with a dedicated access specialist, please call 1.855.8XTANDI (1.855.898.2634), Monday through Friday, 8:00 am to 8:00 pm ET.

Xtandi Quick Start+[®] Program

The Xtandi Quick Start+ Program provides a one-time, 14-day supply of Xtandi at no cost to new patients who experience a delay in insurance coverage. Overnight shipping is offered directly to the patient. Patient eligibility for the for the program, includes:

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

To enroll, fill out the appropriate section during the Xtandi Support Solutions patient enrollment process.

Xtandi Patient Savings Program

The Xtandi Patient Savings Program is for eligible patients who have commercial prescription insurance. The program parameters are as follows:

- Patients can pay as little as \$0 per prescription
- Patients will be enrolled in the program for a 12-month period
- The program benefit covers up to a maximum of \$25,000 per calendar year
- There are no income requirements.

Patients must provide their Savings Card ID number to the specialty pharmacy when they fill their prescription. Patients can receive their savings card by contacting their specialty pharmacy or by applying at activatethecard.com/xtandi.

The program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense, Veterans Affairs, TriCare, Puerto Rico government insurance, or any state patient or pharmaceutical assistance program. Contact Xtandi Support Solutions at 1.855.898.2634 or the Xtandi specialty pharmacy for help enrolling patients into this program.

PADCEV Support SolutionsSM

PADCEV Support Solutions (astellaspharmasupportsolutions.com/products/padcev/index.aspx), offers access and reimbursement support to help patients access Padcev. It provides information regarding patient healthcare coverage, financial assistance information that may be available to help patients with financial needs, and coding and billing information for Padcev.

To speak with a dedicated access specialist, please call 1.888.402.0627, Monday through Friday, 8:30 am to 8:00 pm ET.

PADCEV Copay Assistance Program

The PADCEV Copay Assistance Program is for eligible patients who have private commercial health insurance and are not insured by any federal or state healthcare program, including, but not limited to, Medicare, Medicaid, TriCare, or Veterans Affairs (VA). Under this Program:

- Patients pay as little as \$5 per dose
- A patient will be enrolled in the Program for a 12-month period
- Patients may save up to a maximum of \$25,000 per calendar year
- There are no income requirements.

This offer is not valid for patients insured by any federal or state healthcare program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense, Veterans Affairs, TriCare, Puerto Rico government insurance, or any state patients or pharmaceutical assistance program. This offer is not valid for cash-paying patients. Padcev Support Solutions can evaluate eligibility and enroll patients in the Padcev Copay Assistance Program. For more information, contact Padcev Support Solutions at 1.888.402.0627, Monday through Friday, 8:30 am to 8:00 pm ET.

PADCEV Patient Assistance Program

The PADCEV Patient Assistance Program provides Padcev at not cost to uninsured patients who meet the program eligibility requirements. Padcev Support Solutions will evaluate a patient's eligibility for the program. Patients may be eligible if they:

- Do not have insurance or have insurance that excludes coverage for Padcev
- Have a verifiable shipping address in the United States



- Have been prescribed Padcev for an FDA-approved indication
- Meet the program financial eligibility requirements.

To enroll, complete the Patient Enrollment Form (astellaspharma-supportsolutions.com/docs/PADCEV/PADCEVSupportSolutions_Patient_Enrollment_Form.pdf), including all signatures, and either upload it through the prescriber portal (padcev.aspnprograms.com/) or fax it to 1.877.747.6843. If the patient is eligible for the program, Padcev Support Solutions will notify the provider and the patient.

For more information, contact 1.888.402.0627, Monday through Friday, 8:30 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Astellas Pharma Support SolutionsSM Benefits Verification

Astellas Pharma Support Solutions offers benefits verification assistance to evaluate a patient's insurance coverage for Xtandi, Xospata, or Padcev. After performing a benefits verification, a summary of benefits will be provided that includes:

- The patient's insurance coverage for the specific medication
- Requirements for prior authorization, step edit, or other coverage restrictions, if any
- Cost-sharing responsibility, including the deductible, coinsurance or copayment, and out-of-pocket maximums
- A list of specialty pharmacies that participate in the patient's insurance plan for the specific medication, if applicable.

Astellas Pharma Support Solutions will initiate the benefits verification upon receipt of the specific medication's Patient Enrollment Form. Once it is complete, a summary of benefits will be sent.

Prior Authorization

Astellas Pharma Support Solutions can provide prior authorization (PA) assistance when a patient's insurer requires PA approval. After determining that a PA is required, the program will obtain the appropriate PA form and transfer basic patient and healthcare provider information to the required PA form. It will then be sent to the healthcare provider to review, complete, and sign. Astellas Pharma Support Solutions will follow up with the insurer to confirm receipt, check status, and obtain the outcome.

If the patient's insurer denies a prior authorization request, Astellas Pharma Support Solutions can assist the healthcare provider with an appeal for a denied prior authorization request. Xtandi, Xospata, or Padcev Support Solutions will determine if any additional documentation is required by the patient's insurer, inform the healthcare provider of what information is needed and where to send the appeal, and track and inform the healthcare provider of the appeal's status.



AstraZeneca



Oncology-related products: Calquence® (acalabrutinib) capsules, Faslodex® (fulvestrant) injection, Imfinzi® (durvalumab) injection for intravenous use, Iressa® (gefitinib) tablets, Lynparza® (olaparib) tablets, Tagrisso® (osimertinib) tablets

Patient and Reimbursement Assistance Websites

astrazenecaspecialtysavings.com

MyAccess360.com

PATIENT ASSISTANCE

AstraZeneca Patient Savings Programs

The goal of the AstraZeneca Patient Savings Programs is to assist eligible patients with their out-of-pocket costs. Most eligible patients will pay \$0 per supply or infusion, dependant on the specific medication, and subject to annual maximums. There are no income requirements to participate in these programs.

Patients are ineligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), or TriCare, or where prohibited by law. Eligibility rules apply. Offer is invalid for claims and transactions more than 120 days from the date of service.

How the Programs Work:

1. Patients may have an out-of-pocket cost for an AstraZeneca specialty product.
2. If the patient meets the eligibility requirements, healthcare professionals can enroll patients 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 their 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), Monday through Friday, 8:00 am to 8:00 pm ET.

AstraZeneca Access 360™

The AstraZeneca Access 360 program provides personal support to help streamline access and reimbursement for select AstraZeneca medicines. Access 360 provides:

- Pharmacy coordination
- Reimbursement support
- Patient affordability.

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 or visit www.MyAccess360.com.

The AZ&Me™ Prescriptions Savings Program

The AZ&Me Prescriptions Savings Program is designed to help qualified patients without insurance and those in Medicare 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.

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, and the same application is used for both programs. To apply for the program patients and providers may either call 1.800.AZandMe (1.800.292.6363) or visit azandmeapp.com to download, fill out, and fax the completed appli-



cation from the provider's office to 1.877.239.0867. For an updated list of the medications available through the AZ&Me Prescription Savings Program, please visit the eligibility page (www.azandmeapp.com/eligibility.html#hcp).

Eligibility Requirements:

- Patient must be a resident of the United States.
- Patient must not be currently receiving prescription drug coverage under a private insurance or government program (excluding Medicare), or receiving any other assistance to help pay for medicine.
- Patient's annual income must be at or below a certain level.

If the patient is a Medicare Beneficiary, they must not be eligible for or enrolled in Low Income Subsidy (LIS) for Medicare Part D, and they must have spent at least three percent of their annual household income on prescription medicines in the current year.

Application Checklist

The following items must be submitted in order to complete the patient application:

- A completed application, signed and dated by the patient and prescriber
- A completed prescription on page three of the application
- If the patient is a Medicare enrollee, please also include a copy of their Medicare Part B and/or Medicare Part D Prescription Drug statement, or a summary document from the pharmacy indicating the amount spent on prescriptions in the current calendar year.

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

For more information, please visit azandmeapp.com or call 1.800.AZandME (1.800.292.6363).

REIMBURSEMENT ASSISTANCE

AstraZeneca Access 360™

Access 360 can assist providers and patients with:

- Benefit investigation
- Prior authorization support
- Claims and appeal process support.

For more information, call 1.844.ASK.A360 (1.844.275.2360), Monday through Friday, 8:00 am to 8:00 pm ET or visit myaccess360.com.



Bayer HealthCare Pharmaceuticals, Inc.

Oncology-related products: Aliqopa™ (copanlisib) for injection, Nexavar® (sorafenib) tablets, Nubeqa® (darolutamide) tablets, Stivarga® (regorafenib) tablets, Vitrakvi® (larotrectinib), Xofigo® (radium Ra 223 dichloride) injection

Patient and Reimbursement Assistance Websites

nubeqa-us.com

hcp.xofigo-us.com/patient-financial-assistance

zerocopaysupport.com

hcp.aliqopa-us.com/access-and-reimbursement/arc-program/

hcp.vitrakvi-us.com/access/

hcp.nexavar-us.com/Resources/REACH-Financial-Support/

PATIENT ASSISTANCE

Xofigo Access Services

Xofigo Access Services is your one course for treatment support and ordering Xofigo.

Xofigo Patient Assistance Program

Xofigo Access Services may provide Xofigo free of charge for eligible patients who are uninsured or who are insured but do not have coverage for Xofigo. 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.

To enroll, complete the Xofigo Access Services Patient Assistance Application (hcp.xofigo-us.com/coordinate-patient-care/getting-patients-started/patient-financial-assistance) and fax the application, including the signed patient authorization, to 1.855.963.4463. Registered providers can also submit an application for patient assistance via the secure Xofigo Access Services Provider Portal at xofigoaccessonline.com/.

For more information, call 1.855.6XOFIGO (1.855.696-3446), Monday through Friday, 9:00 am to 7:00 pm ET.

\$0 Commercial Copay Assistance Program

Patients may be eligible for copayment/coinsurance assistance if they have a private commercial plan that covers Xofigo. Patients approved for assistance will not have to pay anything to access Xofigo. If patients have public insurance (e.g., Medicare or other government

payors, such as the Department of Veterans Affairs and Department of Defense), patients are not eligible. Eligibility criteria include:

- Patient has private commercial insurance.
- Patient resides in the United States, including the District of Columbia, Puerto Rico, Guam, or the U.S. Virgin Islands.

To apply, fax a completed Xofigo Access Services Commercial Copay Assistance Application (hcp.xofigo-us.com/coordinate-patient-care/getting-patients-started/copay-assistance/), including the signed patient authorization and an assignment of commercial copay/coinsurance assistance, to Xofigo Access Services at 1.855.963.4463. Once approved, patients will receive an approval letter with a commercial copay/coinsurance identification (ID) card.



Independent Copay/Coinsurance Assistance Foundations

If patients have Medicare or other government insurance and need assistance with their cost-share requirements for Xofigo, they may be eligible for copay or coinsurance assistance through an independent foundation. Xofigo Access Services access counselors can verify patients' coverage for Xofigo and provide information about any available foundation. The foundations will determine patients' eligibility for copay or coinsurance assistance based on their own criteria.

REACH®

Patients taking Stivarga or Nexavar can enroll in REACH (Resources for Expert Assistance and Care Helpline). REACH provides patients with information about their therapy, helps them evaluate their financial assistance options, and offers education and support to health care professionals. The REACH program offers nurse counselors to answer questions, educate on adverse event management, and provide education materials. REACH service counselors can provide help with:

- Reimbursement assistance
- Alternate coverage research for the uninsured or underinsured
- \$0 Co-Pay Assistance for privately insured patients
- Referral of qualified patients to charitable organizations for assistance with their out-of-pocket expenses.

For more information, call 1.866.639.2827 or visit the prescribed medication's website.

Oncology \$0 Co-Pay Program

For eligible, commercially insured patients prescribed Nexavar or Stivarga, the zero dollar co-pay

program allows patients to fill their prescription with no out-of-pocket costs. Patients can receive up-to \$25,000 in saving with no monthly maximum. To be eligible patients must:

- Be a United States resident
- Be over 18-years-old
- Currently have commercial health insurance for a portion of their prescription drug cost
- Not be enrolled in any federal or state subsidized healthcare program that covers a portion of their prescription drug costs, including Medicare (such as Medicare Part D prescription drug benefit), Medicaid, TriCare, or any other federal or state healthcare plan, including pharmaceutical assistance programs.

Enroll online at zerocopaysupport.com by clicking on the specific medication. For questions about the co-pay program, call 1.866.581.4992 from 9:00 am to 5:00 pm ET.

Independent Charitable Organizations

REACH provides referrals to independent organizations that may assist eligible patients with their out-of-pocket expenses. Patients who do or do not meet the requirements for REACH do not automatically qualify for financial help from charitable organizations.

Bayer U.S. Patient Assistance Foundation

Bayer U.S. Patient Assistance Foundation (www.patientassistance.bayer.us/) is a charitable organization that helps eligible patients get Bayer prescription medicine at no cost. To be eligible for the Bayer U.S. Patient Assistance Foundation free drug program, patients must:

- Live in the United States or Puerto Rico
- Meet certain income limits

- Not have insurance, or have coverage for their Bayer prescription medication.

To apply, complete the enrollment form (www.patientassistance.bayer.us/en/resources/), and fax it to 1.866.575.6568.

Aliqopa Resource Connections

The ARC patient support program offers comprehensive access, reimbursement support, and patient assistance services, including:

- The Bayer U.S. Patient Assistance Foundation for qualified uninsured or underinsured patients. Bayer U.S. Patient Assistance Foundation is a charitable organization that helps eligible patients get Bayer prescription medicine at no cost.
- The Temporary Patient Assistance Program for patients whose coverage is delayed or who experience a temporary lapse in coverage for Aliqopa.
- The Aliqopa \$0 Co-Pay Program 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.

To enroll in the ARC Program, fax the completed enrollment form (hcp.aliqopa-us.com/access-and-reimbursement/arc-program/) to 833.427.2329. For more information, call 833.ALIQOPA (833.254.7672), Monday through Friday, 9:00 am to 7:00 pm ET.



DUDE Access Services™

DUDE (Darolutamide User Drug Experience) Access Services provides a range of services and resources to help patients access therapy, including:

- Two-month free trial
- \$0 co-pay program
- Referrals to charitable foundations, including the Bayer U.S. Patient Assistance Foundation
- Reimbursement and access support.

To provide these savings to your patients and benefit from the advantages of DUDE Access Services, complete and fax the Patient Service Request form (nubeqahcp.com/sites/g/files/vrxlpx1306/files/2020-03/Nubeqa_PatientServiceRequestForm.pdf) to 1.844.NUBEQA3 (1.844.682.3723). Or call 833.337.DUDE (1.833.337.3833), Monday through Friday, 9:00 am to 7:00 pm ET.

Nubeqa Free Trial Program

The Nubeqa free trial program provides two months' supply of Nubeqa at no cost to patients who meet the program eligibility requirements and agree to the terms and conditions. To be eligible, patients must reside in the United States or Puerto Rico and be a new patient not currently using Nubeqa or who previously received Nubeqa through the free trial program. For more information please call, 1.833.337.DUDE (1.833.337.3833).

Nubeqa \$0 Co-Pay Program

Commercially insured patients may qualify for \$0 co-pay. The Nubeqa \$0 co-pay program benefit has a maximum amount of \$25,000 per year, per patient. The Nubeqa co-pay program is for commercially insured patients using Nubeqa for an approved FDA

indication, being treated in the U.S., including, Puerto Rico, Guam, and U.S. territories. For questions about the Nubeqa \$0 co-pay program, call 1.833.337.DUDE (1.833.337.3833).

TRAK Assist™

TRAK Assist provides several options to help patients access their Vitrakvi treatment, including:

- TRAK Assist \$0 Co-Pay Program for eligible patients with commercial or private insurance. Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible.
- Vitrakvi Bridge Program for commercially insured patients whose coverage is delayed or who experience a temporary lapse in coverage. This program provides free Vitrakvi for a limited period of time while a patient is without coverage.
- Referrals to independent assistance foundations for publicly insured patients who need help with out-of-pocket costs related to their treatment. TRAK Assist offers referrals to third-party assistance programs; eligibility criteria apply.
- Bayer U.S. Patient Assistance Foundation for qualified uninsured or underinsured patients.

TRAK Assist also provides a dedicated phone line that provides patients direct access to a nurse or pharmacist who can answer questions about treatment with Vitrakvi. To enroll patients in TRAK Assist, download the TRAK Assist Enrollment Form (www.hcp.vitrakvi-us.com/resources/), and fax the completed form, along with copies of the patient's pharmacy insurance card(s) (front and back), to 1.888.506.TRAK

(1.888.506.8725). For more information, call 1.844.634.TRAK (1.844.634.8725). Monday through Friday, 9:00 am to 7:00 pm ET.

Vitrakvi Commitment Program™

Bayer will provide full or partial refunds (for up to 60 days) to patients (through the Bayer In-Network Specialty Pharmacy) for patients who do not receive clinical benefit within 90 days of initiation on Vitrakvi. Program rules apply. For more information, visit www.hcp.vitrakvi-us.com/access/ or call 1.844.634.TRAK (1.844.634.8725).

REIMBURSEMENT ASSISTANCE

Xofigo Access Services

Xofigo Access Services assists healthcare professionals with:

- Insurance benefits verifications
- Prior authorization support
- Claims appeal research and information
- Claims tracking
- Billing and coding guidance
- 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 (www.xofigoaccessonline.com/).

REACH®

The REACH program offers:

- Benefit verification
- Specialty pharmacy provider identification
- Prior authorization
- Denial/appeal information.

Visit <https://www.nexavar-us.com/co-pay-assistance/> or <https://www.stivarga-us.com/getting-and-paying/REACH/> for more information.



Aliqopa Resource Connections

The ARC patient support program offers comprehensive access, reimbursement support, and patient assistance services, including:

- Insurance benefit verifications
- Prior authorization information (physician office must submit prior authorization)
- Claims appeal information
- Claims status
- Billing and coding information
- Payer policy information.

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

DUDE Access Services™

Reimbursement, access, and other types of support are available. DUDE Access Services will connect you to representatives who can help with benefits verification, prior authorization assistance, and appeal support. For more information, call 833.337.DUDE (1.833.337.3833), Monday through Friday, 9:00 am to 7:00 pm ET.

TRAK Assist™

TRAK Assist provides access support and coverage assistance. Patient coverage support, includes:

- Insurance benefit investigation
- Prior authorization and appeals support
- Sample documentation
- Payer policy information.

For more information, call 1.844.634.TRAK (1.844.634.8725), Monday through Friday, 9:00 am to 7:00 pm ET.



BeiGene

BeiGene

Oncology-related products: Brukinsa™ (zanubrutinib) capsules

Patient and Reimbursement Assistance Website
brukinsa.com/patient-support

PATIENT ASSISTANCE

myBeiGene™

The myBeiGene program is a comprehensive patient support program designed to provide appropriate information and assistance to patients. Dedicated oncology nurse advocates provide personalized support for patients and their caregivers based on each patient's individual needs. MyBeiGene program services, include:

- Assisting with insurance verification and prior authorization support
- Co-pay as little as \$0/prescription for commercial patients
- Bridge supply for insurance coverage delays
- Free product for uninsured and underinsured patients (Certain financial and eligibility criteria apply)
- Education and support
- Connections to third-party advocacy organizations.

Complete the online form (www.brukinsa.com/hcp/mybeigene-patient-enrollment) to enroll in myBeiGene or fax the completed Patient Enrollment Form (brukinsa.com/enrollment-form.pdf) to 1.877.828.5593.

Oncology nurse advocates are available Monday through Friday from 8:00 am to 8:00 pm ET at 1.833.BeiGene (1.833.234.4363) to provide information and answer any questions regarding the myBeiGene patient support program.

Co-Pay/Co-Insurance Assistance

Eligible commercially insured patients may have a co-pay as little as \$0 per prescription. There is no patient income requirement. The program is subject to an annual benefit limit of \$25,000. Patients are ineligible if prescriptions are payable by any state or federally funded programs, including, but not limited to, Medicare, Medicaid, Veterans Affairs (VA), or TriCare, or where prohibited by law. Eligibility criteria and restrictions apply.

Bridge Supply

Eligible patients may receive a 15-day supply of medication (for on-label use only) in cases of a coverage delay lasting longer than 5 days. Eligibility criteria and restrictions apply.

For more information and questions, call 1.833.BeiGene (1.833.234.4363), Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

myBeiGene™

The myBeiGene program is a comprehensive patient support program designed to provide appropriate information and assistance to patients, including assistance with:

- Insurance verification
- Prior authorization support.

For more information, call 1.833.BeiGene (1.833.234.4363), Monday through Friday, 8:00 am to 8:00 pm ET.



Blueprint Medicines

Oncology-related products: Ayvakit™ (avapritinib) tablets, Gavreto™ (pralsetinib) capsules

Patient and Reimbursement Assistance Website
yourblueprint.com/hcp/

PATIENT ASSISTANCE

YourBlueprint™

YourBlueprint facilitates access and reimbursement, including:

- Comprehensive benefits verification
- Assistance with prior authorization, appeals, and formulary exceptions
- Connecting patients with financial assistance options
- Access to temporary treatment programs for patients who have a delay or lapse in insurance coverage.

To enroll, complete the medication-specific Patient Support Program Enrollment Form (<https://yourblueprint.com/hcp/>) and submit it online, or fax the completed form to 1.866.370.3082, or email it to info@yourblueprint.com. Once the completed enrollment form is submitted, the patient's case manager will contact the healthcare professional by phone to confirm enrollment and discuss next steps based on the services requested.

To speak with a dedicated case manager, call 1.888.BLUPRNT (1.888.258.7768), Monday through Friday, 8:00 am to 8:00 pm ET.

Co-Pay Assistance Program

This program helps eligible, commercially insured patients

reduce their out-of-pocket costs (co-pay, co-insurance, or deductible) to as little as \$0. Patients must have commercial insurance with coverage for their prescription. Uninsured or cash paying patients are not eligible. Electronic enrollment is required. Offer is not available to patients whose prescription claims are eligible to be reimbursed, in whole or in part, by any governmental program, such as patients enrolled in Medicare Part D and patients whose prescription is paid for by Medicare, Medicaid, Medigap, CHAMPUS, Department of Defense (DoD), TriCare, Veterans Affairs (VA), Children's Health Insurance Program (CHIP), the Indian Health Service, or a state pharmaceutical assistance program. Blueprint Medicines reserves the right to rescind, revoke, or amend the program and discontinue support at any time without notice.

To begin the process of determining patient eligibility and enrollment in the Co-Pay Assistance Program, visit portal.trialcard.com/yourblueprint/. For any questions, contact customer support at 1.888.BLUPRNT (1.888.258.7768).

Patient Assistance Program

If a patient is uninsured or has limited coverage, they may be

eligible to receive their medication at no cost through this program. To qualify for this program, patients must meet certain requirements, including:

- Have a valid prescription for a Blueprint Medicine therapy
- Reside in the United States or U.S. territory
- Meet financial eligibility criteria.

To be evaluated for assistance, complete and submit the medication-specific enrollment form (<https://yourblueprint.com/hcp/>) via fax to 1.866.370.3082 or email to info@yourblueprint.com.

Independent Charitable Foundations

Case managers can provide you with contact information for independent charitable foundations that might be able to assist patients. These foundations are not associated with Blueprint Medicines and establish their own rules and application processes. Blueprint Medicines does not endorse any particular foundation.

Uninterrupted Access

YourBlueprint offers the following no cost options to eligible patients who need assistance accessing their Blueprint Medicines therapy while awaiting an insurance



coverage determination or while transitioning between doses. These programs include:

- **QuickStart Program:** This program offers a no cost 15-day supply of therapy to newly prescribed patients who have an insurance coverage delay. Eligible patients may receive three refills pending insurance coverage. The program is available to patients with private/commercial or government insurance experiencing delays in coverage. Patients must be new to therapy and enrollment in YourBlueprint is required.
- **Coverage Interruption Program:** This program provides a no cost 15-day supply of treatment to eligible patients already on therapy who face a temporary interruption in insurance coverage. Eligible patients may receive three refills pending insurance coverage. Patients must be on therapy and enrollment in YourBlueprint is required.
- **Ayvakit Dose Exchange Program:** This program allows patients who have a change in their dose of Ayvakit to exchange remaining medication for the new dose. To apply to this program, please complete the Ayvakit dose exchange form (<https://yourblueprint.com/wp-content/uploads/AYVAKIT-Dose-Exchange-Form.pdf>) and submit it to YourBlueprint via fax to 1.866.370.3082 or email to info@yourblueprint.com.

To speak with a dedicated case manager, call 1.888.BLUPRNT (1.888.258.7768), Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

YourBlueprint™ Benefits Verifications

Case managers can conduct a benefits verification to determine patients; health insurance coverage and out-of-pocket costs. After verifying coverage, the program will provide a summary of benefits to the provider's office over the phone, as well as fax. For the patient, it can call to review the summary of benefits verbally, and upon request, mail a copy to the patient.

Prior Authorization

Case managers can support patients through the process of managing a prior authorization requirement. Here is what to expect:

- First, YourBlueprint will coordinate with patients' insurer to gather the prior authorization requirements, including the payer specific documents.
- A case manager will then contact the provider's office to help guide them through the submission process and provide the necessary documents, including a documentation checklist.
- After the provider's office submits the prior authorization request, upon request, YourBlueprint can track the progress and communicate the status of a prior authorization to you.

Appeals

In the event of a prior authorization denial, case managers can assist with an appeal of the payer's decision via a request for reconsideration by providing:

- Additional guidance on types of information to include
- A documentation checklist
- A sample letter of medical necessity and/or a sample letter of appeal.

For more information, visit yourblueprint.com/hcp or call 1.888.BLUPRNT (1.888.258.7768), Monday through Friday, 8:00 am to 8:00 pm ET.



Bristol Myers Squibb



Oncology-related products: Empliciti® (elotuzumab) for injection, Onureg® (azacitidine) tablets, Opdivo® (nivolumab) injection for intravenous use, Sprycel® (dasatinib) tablets, Yervoy® (ipilimumab) injection for intravenous use

Patient and Reimbursement Assistance Website
[bmsaccesssupport.com](https://www.bmsaccesssupport.com)

PATIENT ASSISTANCE

BMS Access Support®

Bristol Myers Squibb (BMS) is committed to helping appropriate patients get access to BMS medications by providing access and reimbursement support services. The BMS Access Support program offers benefits reviews, prior authorization assistance, and appeal process support, as well as an easy-to-initiate co-pay assistance process and information on financial support.

BMS Oncology Co-Pay Assistance Program

The program provides financial assistance with out-of-pocket deductibles, co-pay, or co-insurance costs for eligible patients who have been prescribed certain BMS oncology products. Patients are not eligible if they have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, MediGap, CHAMPUS, TriCare, Veterans Affairs (VA), or Department of Defense (DoD) programs; patients who move from commercial to state or federal healthcare program insurance will no longer be eligible. To be eligible, patients must have

commercial (private) insurance and live in the United States or Puerto Rico. Enrolled patients pay the first \$25 of the co-pay for each dose of a BMS medication covered by the program. Bristol Myers Squibb will cover the remaining amount up to a maximum of \$25,000 per year, per patient, per product. If a patient is prescribed two BMS medications in combination, the maximum is \$50,000. For patients prescribed Onureg, eligible patients with an activated co-pay card and a valid prescription may pay as little as \$10 per 30-day supply, subject to a maximum benefit of \$15,000 per calendar year (excluding certain dispensing costs) and a maximum of \$6,850 per prescription. The Program may apply retroactively to out-of-pocket expenses that occurred within 120 days prior to the date of the enrollment. The enrollment period is one calendar year.

Obtain the Enrollment Form in one of the following ways:

- Download the Oncology Access and Reimbursement Support form (<https://www.bmsaccesssupport.com/servlet/servlet.FileDownload?file=00Pi000000nzWysEAE>)

and fax the completed form to 1.888.776.2370.

- Begin the enrollment process online with the secure portal: <https://www.mybmescases.com/app/login#/>.
- Call BMS Access Support at 1.800.861.0048. Monday through Friday, 8:00 am to 8:00 pm ET.

BMS Access Support will notify the provider and patient of the result and the appropriate next steps. For questions or to confirm receipt of the application, call the Support Center at 1.800.861.0048, Monday through Friday, 8:00 am to 8:00 pm ET.

Assistance for Uninsured Patients

For patients without prescription drug insurance, or for patients who are underinsured, BMS Access Support can make a referral to independent charitable foundations that may be able to help, including the Bristol Myers Squibb Patient Assistance Foundation (BMSPAF): [bmspaf.org](https://www.bmspaf.org). The BMSPAF is a charitable organization that may also provide medicine, free of charge, to eligible, uninsured patients who have an established financial hardship.



Patients may be eligible for assistance through the BMSPAF if they:

- Do not have insurance coverage for prescribed medication listed on its site
- Live in the United States, Puerto Rico, or U.S. Virgin Islands
- Are being treated by a U.S.-licensed prescriber
- Are being treated as an outpatient
- Have a yearly income that is at or below 300 percent of the Federal Poverty Level. Medications that are injected and certain prescribed medications for cancer may be subject to higher limits.

Other eligibility criteria may apply. For more information about eligibility, call BMSPAF at 1.800.736.0003.

Assistance for Patients with Federally-Funded Insurance Plans

Patients insured through Federal Healthcare Programs are not eligible for co-pay assistance programs sponsored by Bristol Myers Squibb, but BMS Access Support can make a referral to independent charitable foundations offering support for your specific patient. It is important to note that charitable foundations are independent from Bristol Myers Squibb Company. 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.

Sprycel Assist®

With Sprycel Assist, co-pay assistance and support for eligible patients is available from day one. The Sprycel Assist patient support program includes:

- \$0 co-pay offer for eligible commercially insured patients

- One-month free trial offer for new, eligible Medicare, Medicaid, and cash-paying patients
- Benefits review to assist in verifying coverage
- Information, support, and resources every step of the way.

Co-Pay Assistance

For eligible commercially insured patients, patients pay \$0 out-of-pocket drug cost per one-month supply and the program covers a maximum of \$15,000 in co-pays per calendar year (excluding certain dispensing costs). Patients must have commercial (private) insurance, but their coverage does not cover the full cost of the prescription. Patients are not eligible if they have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, MediGap, CHAMPUS, TriCare, Veterans Affairs (VA), or Department of Defense (DoD) programs; patients who move from commercial to state or federal healthcare program insurance will no longer be eligible. To enroll, call 1.855.SPRYCEL (1.855.777.9235), Monday through Friday, 8:00 am to 8:00 pm ET.

1-Month Free Trial

For new eligible Medicare, Medicaid, and cash-paying patients, patients must be new to Sprycel and have not previously filled a prescription for it. The free Trial may not be redeemed on prescriptions written for longer than 30 days.

REIMBURSEMENT ASSISTANCE

BMS Access Support Benefits Reviews

BMS Access Support reviews patient coverage for BMS medication.

Reviews are typically completed within a median time of 24 hours. For enrolled patients, benefits may also be reverified.

Prior Authorization

BMS Access Support can assist by providing information about the prior authorization process. A BMS Access Support care coordinator can conduct benefits review, obtain information about any prior authorization requirement, call the payer to obtain prior authorization details, and fax 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 to submit the required documents and information before the appeal deadline.

To start a benefits review or schedule a call with a care coordination, visit bmsaccesssupport.bmscustomerconnect.com/overview-services.

Sprycel Assist®

Sprycel Assist can do a benefits review to assist in verifying coverage. If an insurer requires prior authorization, Sprycel Assist can notify both the healthcare provider and patient, they can provide pay-specific forms to the provider's office. For assistance, call 1.855.SPRYCEL (1.855.777.9235), Monday through Friday, 8:00 am to 8:00 pm ET.



Celgene Oncology

Oncology-related products: Abraxane® (paclitaxel protein-bound particles for injectable suspension) (albumin-bound), Idhifa® (enasidenib) tablets, Inrebic® (fedratinib) capsules, Istodax® (romidepsin) for injection, Pomalyst® (pomalidomide) capsules, Reblozyl® (luspatercept-aamt) for injection, Revlimid® (lenalidomide) capsules, Thalomid® (thalidomide) capsules, Vidaza® (azacitidine for injection)

Patient and Reimbursement Assistance Website
celgenepatientsupport.com

PATIENT ASSISTANCE

Celgene Patient Support®

Celgene Patient Support cares about making sure patients get the answers they need. That's why specialists are ready to help answer questions about the insurance approval process, and the financial help that may be available for a prescribed Celgene medicine. Celgene Patient Support can help patients understand the programs and services available.

To enroll, download the English or Spanish enrollment form at celgenepatientsupport.com/enrollment/. Fax the completed form to 1.800.822.2496, or email it to patientsupport@celgene.com, or submit the form online at celgenepatientsupport.com/enrollment/email-or-fax/. For more information, call 1.800.931.8691.

Celgene Commercial Co-Pay Program

If patients have commercial insurance, they may qualify for this program. If they qualify, patients' out-of-pocket co-pay responsibility will be:

- \$25 (subject to annual benefit

- limits) for Revlimid, Idhifa, Inrebic, or Pomalyst
- \$0 (subject to annual benefit limits) for Reblozyl and Abraxane.

This program provides up to \$10,000 per calendar year to help meet co-pay/co-insurance costs. To be eligible, patients must have commercial or private insurance that does not cover the full cost of the prescribed Celgene medicine and reside within the United States or U.S. territory. Patients with government healthcare insurance (for example, Medicare, Medicaid, Medigap, TriCare, CHAMPVA) are not eligible.

Other eligibility requirements and restrictions apply. If eligible, patients will be enrolled from the date of enrollment through the end of the current calendar year.

Celgene Patient Assistance Program

If patients do not have health insurance or enough coverage to pay for their medicine, the Celgene Patient Assistance Program may be able to provide them with the

prescribed Celgene medicine at no cost. To qualify, patients must meet certain financial criteria. It can also help find other programs for which patients may qualify to help pay for their medicine. To find out more, call a Celgene Patient Support specialist at 1.800.931.8691, Monday through Friday, 8:00 am to 8:00 pm ET.

Independent Third-Party Organizations

For patients who have Medicare, Medicaid, or other government-sponsored insurance, Celgene Patient Support can provide them 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

A Specialist can provide information about independent third-party organizations that may be able to help with travel costs to and from the doctor's office, including gas,



tolls, parking, and taxi, bus, or train fare. Financial and medical eligibility requirements vary by organization.

REIMBURSEMENT ASSISTANCE

Celgene Patient Support®

Specialists are available to assist with each of the following steps in the insurance approval process for prescribed Celgene medications.

Benefits Investigation

Celgene Patient Support can initiate a benefits investigation to determine co-payment and other out-of-pocket costs, assess prior authorization or precertification requirements, and educate patients about insurance coverage or other programs for which they may qualify.

Prior Authorization/ Precertification Assistance

A specialists can assist with the prior authorization or precertification process, process, providing the necessary forms for completion. They can also follow up with the insurance provider to determine the outcome.

Appeals Assistance

If the patient's insurance company denies a prior authorization, precertification, or claim for the prescribed Celgene medication, Celgene Patient Support can provide:

- Information about the appeals process after a denied prior authorization, precertification, and/or claim
- A checklist of the required documentation for submission to the insurance company.

Celgene provides a facilitation service and will not provide any medical input into a prior authorization or an appeal.

To enroll, download the English or Spanish enrollment form at celgenepatientsupport.com/enrollment/email-or-fax/. Fax the completed form to 1.800.822.2496, or email it to patientsupport@celgene.com, or submit the form online. For more information, call 1.800.931.8691.



Coherus BioSciences

Oncology-related product: Udenyca® (pegfilgrastim-cbqv)

Patient and Reimbursement Assistance Website
coheruscomplete.com

PATIENT ASSISTANCE

Coherus COMPLETE™

Coherus COMPLETE provides a suite of patient support services and programs designed to remove reimbursement and access hurdles for Udenyca.

Coherus COMPLETE Co-Pay Assistance Program

Coherus COMPLETE offers a Co-Pay Assistance Program that covers out-of-pocket expenses related to Udenyca for commercially insured patients. Eligible patients qualify for \$0 out-of-pocket costs for each Udenyca dose with an 180-day lookback period. The maximum annual benefit is \$15,000. Reimbursement is done via electronic remit; no physical co-pay card is required.

To be eligible for the Co-Pay Assistance Program, patients:

- Must be prescribed Udenyca for a medically appropriate use
- Must have commercial health insurance that covers the medication costs of Udenyca
- Must not be covered by any federal, state, or government-funded healthcare program, such as Medicare, Medicaid, Medicare Advantage, Medicare

Part D, Veterans Affairs, the Department of Defense, or TriCare

- Must not seek reimbursement amount received from Coherus from any third-party payers, including flexible spending accounts or healthcare savings accounts.

To enroll, visit copay.coheruscomplete.com to log into the portal to apply.

Patient Assistance Program

Udenyca can be provided at no cost to eligible uninsured and underinsured patients with financial hardship through the patient assistance program. Patient eligibility criteria:

- Uninsured or functionally uninsured
- United States citizen or resident and must physically reside in the U.S. or a U.S. territory
- Be under the care of a U.S. licensed provider with an established practice located in the U.S.
- Patients who appear to be Medicaid eligible must have received a denial from Medicaid
- Diagnosis and dosing must be consistent with Udenyca's FDA approved label
- Adjusted annual household income of less than or equal

to 500 percent of the federal poverty level.

This program also applies to patients with government insurance who qualify. Enroll patients at coheruscomplete.com. For any questions, call 1.844.4.UDECYCA (1.844.483.3692).

Charitable Foundations

Coherus COMPLETE may also be able to help patients find financial support through charitable foundations. Patient access specialists can research alternative coverage options for patients. When funding becomes available, providers' practice will receive email notifications alerting them to available funds from charitable foundations. (1.844.483.3692).

REIMBURSEMENT ASSISTANCE

Coherus COMPLETE™

Dedicated field reimbursement managers and patient access specialists provide comprehensive reimbursement support for your patients.

To contact your field reimbursement manager go to coheruscomplete.com or call 1.844.483.3692



Oncology-related product: Turalio® (pexidartinib) capsules

Patient and Reimbursement Assistance Website
turaliohcp.com/en/access-savings

PATIENT ASSISTANCE

Daiichi Sankyo Access Central™

Daiichi Sankyo Access Central provides access and financial support to patients who have been prescribed Turalio. Biologics is the exclusive specialty pharmacy provider for Turalio. Please fax the Patient Enrollment Form (dsiaccesscentral.com/hcp/turalio) and patients' prescription directly to Biologics at 1.800.823.4506.

Turalio Co-Pay Program

Eligible patients may pay as little as \$0 per prescription, with a maximum benefit of \$25,000 per calendar year. Patients must have commercial insurance coverage. There are no income requirements for eligibility. Patients participating in government healthcare insurance programs are not eligible, including patients participating in Medicare, Medicaid, Medigap, TriCare, Veterans Affairs (VA), Department of Defense (DOD), or any state-funded programs. In order to continue receiving copay assistance, patients must reapply for the program each calendar year. Patients can enroll up to 30 days after their first Turalio treatment and utilize a retroactive enrollment period for

assistance on dates of service that took place prior to enrollment.

There are two simple ways to enroll:

1. Fill out and fax the Patient Enrollment Form (dsiaccesscentral.com/hcp/turalio) to Biologics at 1.800.823.4506, and Biologics will complete the enrollment process for eligible patients.
2. Patients may also be enrolled online at: turalio.copaysaving-program.com/.

If patients are eligible, Biologics will enroll them and call providers' practice so that they can inform their patients of their enrollment. An Access Central coordinator may call providers' practice to address any issues with the copay assistance enrollment process. For questions about eligibility or the enrollment process, call Biologics at 1.800.850.4306.

Patient Assistance Program

The Turalio Patient Assistance Program may provide Turalio at no cost for financially eligible patients who are uninsured or underinsured. Patients must have been denied coverage, are uninsured, or are functionally uninsured (denied prior authorization, formulary exclusion).

Additional terms and conditions apply. Medicare enrollees may be eligible for this program if they are unable to meet their out-of-pocket costs for Turalio and meet the required income criteria.

To enroll, complete the Patient Enrollment Form (dsiaccesscentral.com/hcp/turalio), and fax it to 1.833.471.9988 for patients' eligibility to be assessed. You can also start the enrollment process over the phone by calling 1.800.850.4306.

Turalio Quickstart Program

Patients experiencing a five-day delay in getting their prescription may be eligible for the Turalio QuickStart Program. When filling out the Patient Enrollment Form (dsiaccesscentral.com/hcp/turalio), completing the optional QuickStart prescription section will help expedite this process. To be eligible, patients must:

- Be new to Turalio
- Have commercial or government insurance
- Be experiencing a coverage delay of five or more business days after submission of a completed prior authorization.

Additional terms and conditions apply. Please note that QuickStart



prescriptions cannot be shipped until both the physician and patient have completed the REMS requirements, including signing the REMS Patient Enrollment Form (www.turaliorems.com/#Main).

REIMBURSEMENT ASSISTANCE

Daiichi Sankyo Access Central™

Daiichi Sankyo Access Central provides support and information to help patients access Turalio, which is available through Biologics. Fax the Patient Enrollment Form (dsiaccesscentral.com/hcp/turalio) and patients' prescription directly to Biologics at 1.800.823.4506. Upon receiving the form, Biologics will be able to:

- Conduct a benefits investigation
- Help complete the prior authorization
- Assist with enrollment into the Turalio Co-Pay Program for eligible commercially insured patients
- Refer uninsured patients who may be eligible for the Turalio Patient Assistance Program to Daiichi Sankyo Access Central
- Provide providers with a summary of benefits when requested.

Biologics is equipped to answer questions about Turalio prescriptions and patient support by calling 1.800.850.4306.



Daiichi Sanyko and Astra Zeneca



Oncology-related product: Enhertu®(fam-trastuzumab deruxtecan-nxki) injection for intravenous use

Patient and Reimbursement Assistance Website
enhertu4u.com/hcp.html

PATIENT ASSISTANCE

ENHERTU4U

Support options are available to help patients who have been prescribed Enhertu access their treatment.

Enroll today for help with:

- Affordability options
- Coding and reimbursement
- Distribution
- Nursing support.

ENHERTU Patient Savings Program

The goal of the Enhertu Patient Savings Program is to remove cost as a barrier for eligible commercial patients by assisting with their out-of-pocket costs. Eligible patients may pay as little as \$0 per Enhertu prescription, up to \$26,000 per calendar year. The annual benefit can be used for the cost of the drug itself and may also cover up to \$100 in infusion costs per administration. There are no income requirements to participate in the program. Patients who are residents of Massachusetts, Michigan, Minnesota, or Rhode Island are not eligible for infusion assistance.

Patients may be eligible for this program they are insured by commercial insurance and their insurance does not cover the full cost of the

prescription. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible. This includes patients enrolled in Medicare Part B, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DoD) programs or TriCare, and patients who are Medicare-eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees.

If patients meet eligibility requirements, they can be enrolled online (enhertusavings.com/auth/login) or by calling 1.833.ENHERTU (1.833.364.3788). If you need assistance enrolling a patient or have questions, please contact 1.833.364.3788.

Patient Assistance Program

This program is designed to help qualifying uninsured, underinsured, or Medicare patients who are having financial difficulty affording their medication. The program provides Enhertu to qualifying patients at no cost. To be eligible for the program, patients must:

- Be a resident of the United States
- Not have insurance, private or government, that covers Enhertu

- Not be receiving any other assistance to help pay for Enhertu
- Have an annual income at or below a certain level.

If patients are a Medicare beneficiary:

- They must not be eligible for or enrolled in Low Income Subsidy (LIS) for Medicare Part D.
- They must have spent at least three percent of their annual household income on prescription medicines in the current year.

If patients have experienced a life-changing event in the past year, and their financial documentation does not accurately reflect their current situation, they are encouraged to apply to the Enhertu Patient Assistance Program. They may still meet the criteria to enroll. To enroll in the Enhertu Patient Assistance Program, complete the enrollment form (enhertu4u.com/hcp/affordability.html) and fax it to 1.833.904.1851. Once patients are enrolled in the program, a Product Request Form (www.enhertu4u.com/hcp/affordability.html) must be completed for each prescription and refill to ensure accuracy of weight-based dosing of Enhertu.

For more information, call 1.833.ENHERTU (1.833.364.3788),



Monday through Friday, 9:00 am to 6:00 pm ET.

Independent Foundations

Assistance may be available through independent foundations. Foundations can provide a variety of assistance types: co-pay, transportation, premium, patient education, etc. These foundations are not associated with AstraZeneca or Daiichi Sankyo; specific details and eligibility requirements can be found directly at the foundations' websites.

RIEMBURSEMENT ASSISTANCE

ENHERTU4U

Benefit Verification and Prior Authorization Assistance

Specialists can help with benefit verification, prior authorization assistance, and pharmacy research and coordination. To request support for your patient, please complete and sign pages one and three of the patient enrollment form (enhertu4u.com/hcp/affordability.html) and fax it to 1.866.760.5917. A signature is required from both prescriber and patient. You can also call 1.833.ENHERTU (1.833.364.3788) to enroll patients over the phone.

Upon receiving a completed enrollment form, ENHERTU4U will complete the benefit verification within a business day and provide your office with the prior authorization requirements and required forms to obtain insurance approval for treatment. Once you submit the prior authorization, the program will follow up with your patient's insurance company to ensure that they receive a coverage decision. Patients will be assessed for a

temporary free supply if they experience a coverage delay of greater than five business days.

Coding and Appeals

Coding and appeals support are available through ENHERTU4U. In some cases, payers may deny an initial claim for Enhertu. Fax a completed enrollment form and the explanation of benefits with reason for denial to 1.866.760.5917 for assistance.

If your claim is denied, the program will provide you with the specific appeals requirements. You will need to provide a formal letter appealing the denial to the payer. For more information, call 1.833.ENHERTU (1.833.364.3788).



Eisai Co., Ltd.

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

Patient and Reimbursement Assistance Website
eisaireimbursement.com

PATIENT ASSISTANCE

Eisai Assistance Program

Eisai Patient Assistance Program

Eisai has established the Patient Assistance Program for patients who need help paying for Lenvima. This program provides medications at no cost to uninsured and financially burdened patients who meet program eligibility criteria.

To enroll, complete the Lenvima Eisai Assistance Program Enrollment Form (<http://www.eisaireimbursement.com/-/media/Files/XRay/Lenvima/LENVIMA-Eisai-Assistance-Program-Enrollment-Form.pdf>), and fax it to 1.855.246.5192. For more information, call 1.866.61.EISAI (1.866.613.4724), Monday through Friday, 8:00 am to 8:00pm ET.

Halaven Patient Assistance Program

Eisai has created the Halaven Patient Assistance Program for customers who need assistance paying for Halaven. This program provides Halaven at no cost to patients who meet program eligibility criteria. Healthcare providers can call the program at 1.866.61.EISAI (1.866.613.4724), Monday

through Friday, 8:00 am to 8:00 pm ET to determine eligibility.

Eisai reserves the right, at its sole discretion, to discontinue the Patient Assistance Program or change the qualifications at any time. All patient information remains confidential. Product supply for the program depends upon availability.

\$0 Co-Pay Program

Eligible, commercially insured patients prescribed Halaven or Lenvima may pay as little as \$0 per month. Depending on patients' insurance plan, they could have additional financial responsibility for any amounts over Eisai's maximum liability. Limits vary depending on the Eisai medication prescribed. Limits, include:

- For patients prescribed Halaven, the co-pay program provides up to \$18,000 per year to assist with out-of-pocket costs.
- For patients prescribed Lenvima, the co-pay program provides up to \$40,000 per year to assist with out-of-pocket costs.

The program is not available to patients enrolled in state or federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD, or TriCare.

To receive Lenvima through a specialty pharmacy and automatically enroll in all patient support services, complete the Lenvima Intake Form (<http://www.eisaireimbursement.com/-/media/Files/XRay/Lenvima/LENVIMA-Pan-Tumor-Intake-Form.pdf>) and fax the completed form to identified specialty pharmacy.

For patients prescribed Halaven, the completed enrollment form ([eisaireimbursement.com/-/media/Files/XRay/Halaven/Halaven-0-Copay-Enrollment-Form.pdf](http://www.eisaireimbursement.com/-/media/Files/XRay/Halaven/Halaven-0-Copay-Enrollment-Form.pdf)) must be submitted by fax to 1.844.745.2350, including the patient and physician's signature.

If the patient is determined to be eligible for the Halaven \$0 Co-Pay Program, they will be sent a welcome letter and a card. This card should be given to the physician's office so that it can be used to process the virtual debit card payment. 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 financial responsibility: deductible; co-payment; and co-insurance.

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 the patient and the provider.

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 questions about the savings program, please call 1.866.61.EISAI (1.866.613.4724).

REIMBURSEMENT ASSISTANCE

The Eisai Assistance Program

For patients prescribed Halaven, Eisai can provide insurance verification, coverage options, information about the prior authorization process, and information about the claims and denials appeals process. Call 1.866.61.EISAI (1.866.613.4724) Monday through Friday, 9:00 am to 6:00 pm ET for all questions.

For Lenvima, patient support includes a benefit investigation to help patients understand their coverage. Call 1.866.61.EISAI (1.866.613.4724) or visit www.eisa-ireimbursement.com/hcp/lenvima/accessing-lenvima for more information and to enroll patients.

Oncology-related products: Alimta® (pemetrexed) for injection, Cyramza® (ramucirumab) injection, Erbitux® (cetuximab) injection, Portrazza® (necitumumab) injection, Retevmo™ (selpercatinib) capsules, Verzenio® (abemaciclib) tablets

Patient and Reimbursement Assistance Websites

lillyoncologysupport.com/
verzenio.com/hcp/savings-support
retevmo.com/hcp/savings-support

PATIENT ASSISTANCE

Lilly Oncology Support Center

Through the Lilly Oncology Support Center, Lilly strives to offer personalized treatment support for eligible patients prescribed a Lilly Oncology product. For those who qualify, it can help with:

- Understanding patients' insurance coverage
- Review of financial-assistance options, including savings card programs and independent patient-assistance foundations
- For some products it provides dedicated, personalized support through every step of treatment.

Lilly Oncology Infused Products Co-Pay Program

Eligible, commercially insured patients may qualify for savings card assistance, which may help patients manage treatment costs. Patients must first pay a portion of their co-pay or coinsurance (\$25 for each dose of the prescribed Lilly Oncology medicine). The program will cover the remainder of patients' co-pay or coinsurance for the pre-

scribed Lilly Oncology medicine, up to a monthly cap of wholesale acquisition cost plus usual and customary fees and a maximum of \$25,000 during a 12-month enrollment period. To be eligible, patients must:

- Have been prescribed one of the following Lilly Oncology medicines covered by the program—Alimta, Cyramza, Erbitux, or Portrazza
- Have commercial insurance that covers the prescribed Lilly Oncology medicine, but does not cover the full cost
- Be 18 years of age or older
- Be receiving the prescribed medicine for an FDA-approved use
- Be a resident of the United States or Puerto Rico.

Patients may not be participating in any state or federal healthcare program, including, without limitation, Medicaid, Medicare, Medigap, DoD, VA, TriCare, or any state patient, or pharmaceutical assistance program; patients who move from commercial insurance to a state or federal healthcare program will no longer be eligible.

Download and print the Infused Products Enrollment Form (lillyoncologysupport.com/assets/pdf/patient_assistance_program_application.pdf). Complete and fax the form to 1.877.366.0585.

Independent Patient Assistance Program Foundations

The Lilly Cares Foundation, Inc., a separate nonprofit organization, offers a patient assistance program to help qualifying patients receive Lilly medications at no cost. For more information about Lilly Cares, please visit LillyCares.com.

Lilly Oncology Support Center can also provide information about a number of independent patient-assistance programs that may be able to help underinsured patients get the treatment they need with less financial stress. These foundations are not affiliated with Eli Lilly and Company and are operated independently. Funding availability changes weekly, so contact a Lilly Oncology Support Center representative at 1.866.472.8663 for the most recent updates.



Verzenio Continuous Care™

Verzenio Continuous Care provides various forms of support and information to help patients access Verzenio, which may include the following:

- Benefits investigation support
- Co-pay savings and other financial support
- Ongoing support
- Field reimbursement support.

The Verzenio Continuous Care Program is not a guarantee of coverage. Terms and conditions apply for all programs. To enroll, complete and fax the Enrollment Form ([verzenio.com/assets/pdf/hcp_enrollment_form.pdf](https://www.verzenio.com/assets/pdf/hcp_enrollment_form.pdf)) to 1.855.545.5957. In order to process the requested services, Verzenio Continuous Care will require two patient signatures and a prescriber signature. Not signing the Enrollment Form will result in an incomplete submission and a delay in requested services.

For any questions, call Lilly Oncology Support Center at 1.844.VERZENIO (1.844.837.9364), Monday through Friday, 8:00 am to 10:00 pm ET.

Verzenio Savings Card

Eligible, commercially insured patients pay as little as \$0 a month. Subject to a monthly cap of wholesale acquisition cost plus usual and customary pharmacy charges and a separate \$25,000 maximum annual cap. Patients are responsible for any applicable taxes, fees, or amounts exceeding monthly or annual caps. This offer is invalid for patients without commercial insurance coverage or those whose prescription claims 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, or any state patient or pharmaceutical assistance program. Card activation is required.

Digital cards can be downloaded online at [verzenio.com/hcp/savings-support](https://www.verzenio.com/hcp/savings-support).

MyRightDose

This dose exchange program may simplify midcycle dose reductions for patients and at no cost to them. Additional terms and conditions apply.

To apply for this program, complete the Dose Exchange Program Enrollment Form ([verzenio.com/assets/pdf/MyRightDose_Enrollment_Form.pdf](https://www.verzenio.com/assets/pdf/MyRightDose_Enrollment_Form.pdf)). Fax the completed form with prescriber signature to 1.833.665.6329. For more information, call 1.833.557.2417, Monday through Friday, 9:00 am to 6:00 pm ET or visit [verzenio.com](https://www.verzenio.com).

Retevmo Support

Retevmo Support is tailored to eligible patients' treatment journey. Retevmo Support programs and offerings are not a guarantee of coverage. To enroll eligible patients in all or any of these support programs, call the Lilly Oncology Support Center at 1.866.472.8663, Monday through Friday, 8:00 am to 10:00 pm ET.

Retevmo Savings Card

Eligible commercially insured covered patients pay as little as \$0 a month. Offer is good for up to 12 months until Dec. 31, 2021. Patients must have coverage for Retevmo through their commercial drug insurance to pay as little as \$0 for a 30-day supply of Retevmo, subject

to a monthly cap of wholesale acquisition cost plus usual and customary pharmacy charges, and a separate \$25,000 maximum annual cap. Participation in the program requires a valid patient HIPAA authorization. Patient is responsible for any applicable taxes, fees, or amounts exceeding monthly or annual caps. This offer is invalid for patients without commercial drug insurance or those whose prescription claims 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.

To apply for the Retevmo Savings Card, visit [retevmo.com/savings-support#savings-card](https://www.retevmo.com/savings-support#savings-card) or call 1.866.472.8663, Monday through Friday, 8:00 am to 10:00 pm ET to request a savings card.

Retevmo Interim Access Program

The Retevmo Interim Access Program may provide a temporary supply of Retevmo at no cost to insured, eligible patients who have been prescribed Retevmo for the first time and are experiencing a delay in their insurance coverage decision. This program is not available to patients whose insurers have made a final determination to deny the patient coverage for Retevmo. If a denial is received after the initial five business days have passed and appeal rights are being pursued, or if there is a persistent coverage delay, the patient, under appropriate circumstances, may be eligible for up to three additional 15-day supplies of Retevmo.



MyRightDose

This dose exchange program may simplify midcycle dose changes for patients. It ships the appropriate dose directly to your patients' home in as early as 48 hours and at no cost to them. Additional terms and conditions apply. To enroll patients, complete the MyRightDose Enrollment Form (retevmo.com/assets/pdf/dose-exchange-enrollment-form.pdf), and fax it with the prescriber's signature to 1.844.372.9043. For more information, call 1.833.290.2175, Monday through Friday, 9:00 am to 6:00 pm ET, or visit retevmo.com.

REIMBURSEMENT ASSISTANCE

Oncology Support Center

Through the Lilly Oncology Support Center, Lilly strives to offer individualized treatment support for eligible patients prescribed a Lilly Oncology product. For those who qualify, Lilly Oncology can help with reimbursement (eligibility determinations, benefits investigation, prior authorization assistance, and appeals information).

For questions or more information, call 1.866.472.8663, Monday through Friday, 8:00 am to 10:00 pm ET.

Verzenio Continuous Care™

Once enrolled in the Verzenio Continuous Care Program, patients will have access to a benefits investigation.

Benefits Investigation

The program helps patients understand their coverage options, locate the appropriate pharmacy, and identify their lowest possible out-of-pocket cost.

For any questions, call Lilly Oncology Support Center at 1.844.VERZENIO

(1.844.837.9364), Monday through Friday, 8:00 am to 10:00 pm ET.

Retevmo Support

Retevmo Support can provide insurance and coverage assistance. A benefits investigation helps eligible, enrolled patients understand their coverage options, locate the appropriate specialty pharmacy, and identify their lowest possible out-of-pocket cost, and a field reimbursement manager helps patients access prescribed Lilly FDA-approved medicines. For more information, call Lilly Oncology Support Center at 1.866.472.8663, Monday through Friday, 8:00 am to 10:00 pm ET.



EMD Serono, Inc.



Oncology-related product: Bavencio® (avelumab) injection

Patient and Reimbursement Assistance Website
[coverone.com](https://www.coverone.com)

PATIENT ASSISTANCE

CoverOne® Patient Assistance Program

CoverOne provides patient access and reimbursement support services to help eligible patients gain appropriate access to Bavencio in the United States.

CoverOne recognizes that each patient's situation is different and is dedicated to helping them one at a time. For more information, contact 844.8COVER1 (844.826.8371), Monday through Friday, 8:00 am to 8:00 pm ET.

When Bavencio is used in combination with axitinib, questions related to reimbursement and access for axitinib may be referred to Pfizer Oncology Together™ at www.pfizeroncologytogether.com/hcp.

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, providers should complete a CoverOne Enrollment Form on the CoverOne Enrollment Portal ([coverone.com/en/portal/log-in.html](https://www.coverone.com/en/portal/log-in.html)) or fax it 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 patients' 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.

Co-Pay Assistance Program

CoverOne provides co-pay assistance for privately insured Bavencio patients with co-pay/co-insurance responsibilities who meet the program eligibility criteria.

Healthcare professionals may submit an application for co-pay assistance for their privately-insured patients by submitting an enrollment form through the CoverOne Enrollment Portal (<https://www.coverone.com/en/portal/log-in.html>) or by faxing a completed Enrollment Form to 1.800.214.7295. CoverOne is not permitted to offer co-pay assistance to any claims covered, paid or reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs. Full terms and conditions for co-pay assistance can be found at [coverone.com](https://www.coverone.com).

Enrolled patients may be eligible to pay as little as a \$0 co-pay for each treatment for Bavencio, up to a maximum of \$30,000 per year. Once the annual co-pay assistance limit is reached, enrolled patients are responsible for paying all co-pays and any balance not covered by CoverOne.

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.

REIMBURSEMENT ASSISTANCE

CoverOne

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.

Enroll patients through the CoverOne Enrollment Portal (www.coverone.com/en/portal/log-in.html), or fax a completed CoverOne Enrollment Form (www.coverone.com/en/Reimbursement_support_services.html) to 1.800.7295 to request services.

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.

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



Epizyme, Inc.



Oncology-related product: Tazverik® (tazemetostat) tablets

Patient and Reimbursement Assistance Website
tazverik.com/

PATIENT ASSISTANCE

EpizymeNOW

To help facilitate access to Tazverik for patients with a valid prescription, EpizymeNOW Patient & Product Support can help patients understand their insurance coverage and identify any financial or product support that may be available. All patient support is subject to eligibility criteria and program terms and conditions.

To enroll patients in EpizymeNOW Patient and Product Support, complete the enrollment form (tazverik.com/Content/pdf/patient-support-form.pdf) by checking all support options for which you are applying, and fax the completed form to 1.877.542.2731. For more information, call 1.833.4EPINOW (1.833.437.4669), Monday through Friday, 9:00 am to 6:00 pm ET.

Co-Pay Assistance Program

For patients with commercial (private) health insurance, they may be eligible to receive co-payment assistance to help reduce their out-of-pocket costs for Epizyme medications. Patients pay no more than \$10 per co-payment amount per prescription fill, with an annual cap of \$15,000. This offer is not

valid for cash-paying patients or patients currently enrolled in Medicare, Medicaid, or any other federal or state healthcare program. Limitations apply. To be eligible, patients must:

- Currently have commercial (private) health insurance that covers Tazverik
- Not have primary or secondary insurance coverage under any state or federal health care program
- Reside in the United States, including U.S. territories
- Have a valid prescription for Tazverik.

Healthcare professionals and pharmacy staff can enroll patients into the co-pay program online at: <https://portal.trialcard.com/epizyme/>.

Patient Assistance Program

Patients may be eligible to receive free medication if they are:

- Uninsured
- Underinsured (based on program eligibility criteria)
- Enrolled in the Medicare Part D benefit and have coverage for Tazverik, but are currently experiencing financial hardship (based on Epizyme's review of appropriate supporting documentation).

To be eligible, patients must:

- meet Epizyme's financial eligibility requirements for enrollment in the patient assistance program based on income and other supporting financial documentation
- Reside in the United States, including U.S. territories
- Have a valid prescription for Tazverik
- Be currently uninsured or underinsured based on insurance information verification.

Quick Start Program

Patients may be eligible to receive their medication right away if they experience a delay in the authorization of prescription drug coverage greater than five business days and their doctor has determined there is an immediate medical need to start treatment with Tazverik. If eligible, a 15-day supply (up to 60 days) of Tazverik will be provided to patients until their prior authorization or coverage request is approved.

Bridge Supply Program

Patients may be eligible to receive a limited supply of free medication if they experience an unexpected change or disruption in their prescription drug coverage or supply (e.g., insurance provider requires a new or updated prior authorization or a change or loss of insurance).



REIMBURSEMENT ASSISTANCE

EpizymeNOW

EpizymeNOW provides resources to support patients' access to Tazverik. Insurance related support includes benefit investigation, prior authorization, and appeal process support.

For insurance related support, enroll patients in EpizymeNOW Patient and Product Support by completing the enrollment form (tazverik.com/Content/pdf/patient-support-form.pdf), checking all support options for which you are applying, and faxing the completed form to 1.877.542.2731. For more information, call 1.833.4EPINOW (1.833.437.4669), Monday through Friday, 9:00 am to 6:00 pm ET.



Exelixis, Inc.



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

Patient and Reimbursement Assistance Websites

ease.us

cometriq.com/hcp/access/

PATIENT ASSISTANCE

EASE Exelixis Access Services®

Exelixis Access Services (EASE) provides a variety of support to help patients get started on treatment as soon as possible. EASE can meet the unique needs of patients and practices at each step along the access journey. EASE offers regionally dedicated case managers as a single point of contact. They can provide the status of patients' access journey, offer prompt support with payer coverage, financial assistance, and treatment coordination, and provide proactive follow-up. EASE services include:

- The EASE \$0 Co-Pay Program ensures that eligible commercially insured patients pay \$0 per month for a maximum benefit of \$25,000 per year. Additional restrictions and eligibility rules apply. Patients with government insurance are excluded. Visit activatethecard.com/7311 to enroll eligible patients.
- The EASE Patient Assistance Program helps eligible patients who cannot afford their drug costs receive their Exelixis medicines free of charge. Additional restrictions and eligibility rules apply.
- The Cabometyx Quick Start

Program provides free medicine to eligible patients who experience a payer decision delay of five days or more. Limited to on-label indications. Additional restrictions and eligibility rules apply.

- The 15-Day Free Trial Program provides free medicine to help patients start treatment quickly. Limited to on-label indications. Additional restrictions and eligibility rules apply.
- The Dose Exchange Program provides a free 15-day supply in the lower dose to help patients who require a dose reduction. Additional restrictions and eligibility rules apply.

To apply for these services, download and complete the appropriate medication specific form (Cabometyx: www.cometriq.com/downloads/COMETRIQ_EASE_Enrollment_Form.pdf; Cometriq: www.cometriq.com/downloads/COMETRIQ_EASE_Enrollment_Form.pdf). Make sure to select the services for which patients are applying, and fax the completed form to 1.844.901.3273. Patients can also be enrolled into EASE services using CoverMyMeds® (www.covermymeds.com/main/). EASE will confirm patients' eligibility for requested services. For

more information, call 1.844.900.EASE (1.844.900.3273), Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

EASE Exelixis Access Services®

At the provider's request, EASE can provide support with:

- Benefits investigation
- Prior authorization assistance
- Appeals support and follow-up.

For more information, call 1.844.900.EASE (1.844.900.3273), Monday through Friday, 8:00 am to 8:00 pm ET.

This description of the Exelixis Access Services program is for informational purposes only. Exelixis makes no representation or guarantee concerning reimbursement or coverage for any service or item. Information provided through the Exelixis Access Services program does not constitute medical or legal advice and is not intended to be a substitute for a consultation with a licensed healthcare provider, legal counsel, or applicable third-party payer(s). Exelixis reserves the right to modify the program at any time without notice.



Genentech, Inc.

Genentech
A Member of the Roche Group

Oncology-related products: Alecensa® (alectinib) capsules, Avastin® (bevacizumab) injection for IV use, Cotellic® (cobimetinib) tablets, Erivedge® (vismodegib) capsules, Gazyva® (obinutuzumab) injection, Herceptin® (trastuzumab) injection for intravenous use, Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk) injection, Kadcyla® (ado-trastuzumab emtansine) injection for intravenous use, Perjeta® (pertuzumab) for injection, Polivy® (polatuzumab vedotin-piiq) injection for intravenous use, Rituxan® (rituximab), Rituxan Hycela® (rituximab and hyaluronidase human) injection for subcutaneous use, Rozlytrek® (entrectinib) capsules, Tarceva® (erlotinib) tablets (co-marketed with Astella Pharma US, Inc.), Tecentriq® (atezolizumab) injection for intravenous use, Venclexta® (venetoclax) tablets, Zelboraf® (vemurafenib) tablets

Patient and Reimbursement Assistance Website
genentech-access.com

PATIENT ASSISTANCE

Genentech Access Solutions The Genentech Patient Foundation

The Genentech Patient Foundation gives free Genentech medicine to people who don't have insurance coverage or who have financial concerns. Patients qualify if they:

- Are uninsured with incomes under \$150,000
- Are insured without coverage for a Genentech medicine with incomes under \$150,000
- Are insured with coverage for a Genentech medicine, with unaffordable out-of-pocket costs, who have pursued other forms of financial assistance, and with household size and income within certain guidelines. (Guidelines are available at www.gene.com/patients/patient-foundation/see-if-you-qualify).

If one of these situations applies, fax the completed enrollment forms (gene.com/patients/patient-foundation/apply-for-help) to 833.999.4363. You can expect to hear from a foundation specialist to let you know if the application was approved or if more information is needed. Once the application is approved, the foundation will send the Genentech medicine to the patient or the healthcare provider's office as directed on the form as quickly as possible.

For more information, call 888.941.3331, Monday through Friday, 6:00 am to 5:00 pm ET.

Genentech Oncology® Co-pay Assistance Program

This co-pay assistance program helps eligible patients pay for prescription medication costs. In order to qualify for the program, patients must meet the following criteria:

- Be covered by commercial or private insurance

- Receive a Genentech Oncology product for an FDA-approved indication
- Not participate in a federal or state-funded healthcare program, such as Medicare, Medicaid, Medigap, VA, DoD, or TriCare
- Be 18 years of age or older, or have a legal guardian 18 years of age or older to manage the program
- Live in and receive treatment in the United States or U.S. territories
- Not be receiving assistance through the Genentech Patient Foundation or any other co-pay charitable organization.

There are no income requirements. Patients pay as little as \$5 for their prescribed Genentech Oncology products with an annual benefit limit of \$25,000 per product. The \$5 co-pay applies to FDA-approved Genentech combination products. Retroactive requests for assistance may be honored for qualifying



patients if the infusion or prescription fill occurred within 180 days prior to enrollment and the patient meets all eligibility criteria at the time of infusion. No physical card is needed; patients simply need their Member ID.

Please note: Co-pay assistance for patients who are enrolled in the co-pay program for Tarceva will be ending effective December 15th, 2020.

To get started, visit copayassistance.now.com. For questions about this program, call 855.MY.COPAY (855.692.6729), Monday through Friday, 9:00 am to 8:00 pm ET.

Referrals to Independent Co-pay Assistance Foundations

An independent co-pay assistance foundation is a charitable organization providing financial assistance to patients with specific disease states. Genentech Access Solutions offers referrals to independent co-pay assistance foundations for eligible patients who are commercially or publicly insured, including those covered by Medicare and Medicaid. Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral.

To get started, visit genentech-access.com, select the prescribed medication, and follow instructions to apply for this assistance.

REIMBURSEMENT ASSISTANCE

Genentech Access Solutions

Benefits Investigation

Genentech Access Solutions can conduct a benefits investigation (BI)

to help determine if a Genentech medicine is covered, if prior authorizations are required, which specialty pharmacy 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.

Both the Prescriber Service Form and the Patient Consent Form must be received before Genentech Access Solutions can begin helping patients. Forms can be found by going to genentech-access.com, selecting the prescribed medication, and selecting the “Forms and Documents.”

They can be submitted via fax to 888.249.4919 or online via My Patient Solutions (genentech-access.com/hcp/my-patient-solutions.html).

Prior Authorization Assistance

Genentech Access Solutions can help identify if a prior authorization is necessary and offer resources as healthcare professionals obtain for patients. Both the Prescriber Service Form and the Patient Consent Form must be received before Genentech Access Solutions can begin helping patients.

If the request for a prior authorization is not granted, your BioOncology field reimbursement manager or Genentech Access Solutions specialist can work with providers to determine next steps.

Appeals

If patients' health insurance plan has issued a denial, a BioOncology field reimbursement manager or Access Solutions specialist can provide resources providers prepare an appeal submission per patients' 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 the patient's appeal submission

- A field reimbursement manager or Access Solutions specialist has local payer coverage expertise and can help determine specific requirements for the patient.

Sample letters and additional considerations are available at genentech-access.com by selecting the prescribed medication and selecting the “Forms and Documents” section. Appeals cannot be completed or submitted by Genentech Access Solutions on providers' behalf.

My Patient Solutions

My Patient Solutions is an online tool to help enroll patients in Genentech Access Solutions and manage service requests. Log in or register (www.genentech-access.com/hcp/my-patient-solutions.html) with My Patient Solutions to:

- Enroll and re-enroll patients
- Communicate with a Genentech Access Solutions specialist
- See which service requests require action
- Co-pay assistance details
- View benefits investigation reports
- Follow up on prior authorizations or appeals
- Request benefits reverifications.

Account registration can be completed by one person for the entire practice and for multiple practice locations at https://genentech-prod.force.com/ihcp/GNE_CM_PACT_Login#!/. For assistance, call 866.422.2377, Monday through Friday, 6:00 am to 5:00 pm ET.



GlaxoSmithKline

Oncology-related product: Blenrep (belantamab mafodotin-blmf) for injection, Zejula® (niraparib) capsules

Patient and Reimbursement Assistance Website
togetherwithgskoncology.com

PATIENT ASSISTANCE

Together with GSK Oncology

Together with GSK Oncology offers patients and healthcare professionals a variety of access and reimbursement services for all GSK oncology products—all in one place.

To enroll, complete the enrollment form for the prescribed medication (www.togetherwithgskoncology.com/hcp-resources/). Select services requested from the program and complete all patient and prescriber information. Make sure that both the patient and prescriber sign the form. Fax the completed form, plus copies of the patient's medical and pharmacy insurance cards, to the number listed on the form.

Together with GSK Oncology will contact the prescriber's office by the next business day—and will conduct a summary-of-benefits call with the patient within two business days.

For more information, call 1.844.4.GSKONC (1.844.447.5662), Monday through Friday, 8:00 am to 8:00 pm ET.

Commercial Co-pay Program

Eligible, commercially insured patients could pay as little as \$0 for their medicine. Download and complete the Together with GSK Oncology enrollment form for with the patient to submit for approval. Terms and Conditions apply.

Patients may be eligible based on general criteria below:

- Have a commercial medical or prescription insurance plan or are uninsured
- Are a resident of the United States (including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands)
- Are not eligible for or enrolled in a government funded program.

If the patient is approved, the Together with GSK Oncology Commercial Co-pay Program may help with patient's cost share for a GSK Oncology product and the cost of administration, up to \$100 per administration for IV products, up to a program total of \$26,000 annually. Residents of Massachusetts, Michigan, Minnesota, or Rhode Island are not eligible for reimbursement of administration fees. Eligibility in the program is for one year. Patients must apply for co-pay assistance each year that they wish to participate in the program.

Patient Assistance Program

Uninsured patients and those whose insurance does not cover their prescribed medication (including Medicare), and who meet eligibility requirements may access medication free of charge through GSK's patient assistance program.

To qualify for the patient assistance program patients must:

- Live in one of the 50 states, District of Columbia, Puerto Rico, or U.S. Virgin Islands
- Meet one of these criteria:
 - Uninsured
 - Have private commercial insurance but have no coverage (medical or pharmacy) for the product as demonstrated to the program through the defined appeals process criteria (please contact program for details)
- Not be currently receiving prescription drug coverage through a government Program (excluding Medicare), which includes Medicaid, VA, DOD or TriCare benefits
- Not be eligible for Puerto Rico's Government Health Plan Mi Salud, or have applied and been denied
- Meet certain income eligibility requirements. Patients whose income exceeds program eligibility maximum will be provided the opportunity to demonstrate that



their eligible medical expenses bring them within the income eligibility criteria (please contact program for details).

For more information, call 1.844.4GSKONC (1.844.447.5662).

Quick Start and Bridge Program

For patients experiencing delay in coverage for Zejula at first dispense (Quick Start), or coverage interruptions while already on treatment (Bridge), download and fill out the Zejula enrollment form (www.togetherwithgskoncology.com/hcp-resources/zejula/). Fax the completed form to 1.800.645.9043.

RIEMBURSEMENT ASSISTANCE

Together with GSK Oncology

For healthcare professionals—and their patients—Together with GSK Oncology offers:

- Patient-specific benefits investigation
- Prior authorization and appeals support
- Claims assistance.

Together with GSK Oncology can provide practices with assistance for claims submissions, including providing examples of forms and sample letters, outlining payer-specific information.

For more information, call 1.844.4.GSKONC (1.844.447.5662), Monday through Friday, 8:00 am to 8:00 pm ET.



Immunomedics



Oncology-related product: Trodelvy™ (sacituzumab govitecan-hziy) for injection

Patient and Reimbursement Assistance Website
enhertu4u.com/hcp.html

PATIENT ASSISTANCE

Trodelvy Access Services

Trodelvy access services is a patient access and reimbursement support program. It will help healthcare providers and their patients understand specific coverage and reimbursement guidelines for Trodelvy. Patient access support includes:

- Trodelvy savings program
- Immunomedics patient assistance program
- Referrals to independent third-party assistance organizations.

To enroll a patient, complete the Enrollment Form (<https://trodelvy.com/hcp/access-services>) with the patients, and fax it to 1.833.851.4344. For further information, contact the program at 1.844.TRODELVY (1.844.876.3358), Monday through Friday, 9:00 am to 7:00 pm ET.

Trodelvy Savings Program

Once enrolled the patient pays \$0 out-of-pocket for Trodelvy with maximum benefit of \$25,000 per year. Patients must meet certain eligibility criteria to qualify for this program. The program is not available to patients with any form of government insurance.

To enroll a patient, complete the Enrollment Form (<https://trodelvy.com/hcp/access-services>), check the “refer patient to TRODELVY Savings Program” box, and fax it to 1.833.851.4344.

Immunomedics Patient Assistance Program

Patients who are uninsured or underinsured may be eligible to obtain access to Trodelvy at no cost through the Immunomedics Patient Assistance Program. To qualify for assistance, patients must meet certain eligibility criteria. To determine patient eligibility, fax a completed program Enrollment Form (https://trodelvy.com/pdf/PAP_Enrollment.pdf) to 1.833.851.4344.

For more information regarding the program, contact 1.844.TRODELVY (1.844.876.3358).

Independent Third-Party Assistance Organizations

Patients with Medicare or other government insurance who need assistance with cost-share requirements for Trodelvy may be eligible for co-pay or co-insurance assistance through an independent co-pay assistance foundation. Case managers can help patients assess their high-level eligibility for possible coverage through an independent

co-pay assistance foundation. If co-pay assistance needs are identified, the case managers can provide information about any available foundations. The foundation will determine patients’ eligibility for co-pay or co-insurance assistance based on their own criteria and, completely independent of Immunomedics and its agents, will contact the patient directly regarding the application process. Immunomedics and its agents make no guarantee regarding reimbursement for any service or item.

REIMBURSEMENT ASSISTANCE

Trodelvy Access Services

Trodelvy access services is a patient access and reimbursement support program. Reimbursement support services include:

- Coverage verification
- Prior authorization information
- Claims status information
- Billing and coding information
- Alternate assistance options.

Coverage, coding, and billing requirements for Trodelvy may vary by plan and patient. For further information, contact the program at 1.844.TRODELVY (1.844.876.3358), Monday through Friday, 9:00 am to 7:00 pm ET.



Incyte Corporation

Oncology-related product: Jakafi® (ruxolitinib) tablets, Pemazyre® (pemigatinib) tablets

Patient and Reimbursement Assistance Website
[incytecares.com](https://www.incytecares.com)

PATIENT ASSISTANCE

IncyteCARES

IncyteCARES helps eligible patients access their prescribed Incyte medications and offers information and resources that provide extra support during treatment. Its team is available to patients and their caregivers by phone every weekday. It helps eligible patients with:

- Reimbursement support
- Delivery coordination
- Financial assistance options
- Temporary access for coverage delays
- Connection to support resources
- Education and helpful resources.

To enroll, complete and submit the medication-specific enrollment form at [incytecares.com](https://www.incytecares.com) or through the online portal (<https://hcp.incytecares.com/jakafi/enrollment/information-patient.aspx>) for patients prescribed Jakafi. Completed hard-copy forms should be faxed to the number indicated on the form. Once an eligible patient is enrolled, an IncyteCARES representative will:

- Review coverage and costs for the prescribed medication
- Coordinate patients' prescription and monthly delivery with an appropriate specialty pharmacy

- Offer financial assistance options for which the patient may be eligible
- Explain other resources and support available to the patient during treatment.

For additional help, call 1.855.452.5234, Monday through Friday, 8:00 am to 8:00 pm ET.

Copay/Coinsurance Program

Eligible patients can receive their medication for as little as \$0 per month, subject to monthly and annual limits. To qualify, patients must:

- Have commercial or private prescription drug coverage
- Be a resident of the United States or a U.S. territory
- Have a valid prescription for an Incyte medication for an FDA-approved use.

Patients insured under federal or state government prescription drug programs—including Medicare Part D, Medicare Advantage, Medicaid, or TriCare—are not eligible. Patients without prescription drug coverage are also not eligible.

Amount of savings for the purchase of Jakafi will not exceed \$11,977 per month and \$25,000 per year.

Amount of savings on Pemazyre will not exceed \$9,000 per claim and \$25,000 per year.

To enroll, contact IncyteCARES at 1.866.708.8806 or apply online for Jakafi (<https://services.trialcard.com/Coupon/incyte>) or Pemazyre (<https://portal.trialcard.com/pemazyre/>).

Patient Assistance Program

The IncyteCARES Patient Assistance Program helps eligible patients who do not have prescription drug insurance or who have an insurance plan that will not cover their treatment. Eligible patients can receive medication free of charge. Terms of program may change at any time.

To qualify, patients must:

- Be a resident of the United States or a U.S. territory
- Have a valid prescription for an Incyte medication for an FDA-approved use
- Meet certain household size and annual income criteria.

Patients with prescription coverage through government programs, including Medicare Part D, Medicare Advantage, Medicaid, TriCare, or by a health care exchange plan are



not eligible. Patients must first be enrolled in IncyteCARES. Within two business days of receiving the enrollment form, patients are notified of “conditional approval” for the program. This allows them to receive free medication for 90 days. Full approval is only granted once income information is submitted and confirmed.

Temporary Access Program

Eligible patients receive a free short-term supply of medication. If a patient’s prescription drug insurer requires more than a three-day wait for determining coverage approval, IncyteCARES may be able to provide a free short-term supply of the prescribed Incyte medication in the meantime. No purchase contingencies or other obligations apply. To qualify, patients must:

- Have commercial or private prescription drug coverage or a healthcare exchange plan.
- Be a resident of the United States or a U.S. territory
- Have a valid prescription for an Incyte medication for an FDA-approved use
- Provide proof of the coverage delay. This may be a notice providers or patients receive from the insurance company.

Patients insured under federal or state government prescription drug programs, including Medicare Part D, Medicare Advantage, Medicaid, or TriCare, are not eligible. Patients without prescription drug coverage are also not eligible.

Independent Foundations

Patients may be eligible for help with medication, treatment-related travel, and other costs.

If patients do not qualify for the IncyteCARES Copay/Coinsurance Program or patient assistance program, IncyteCARES may be able to provide information about other organizations or independent foundations that may offer help. Some assist with medication costs, transportation or lodging expenses related to treatment, or counseling services, offered at reduced or no cost. Eligibility and availability of these assistance programs are determined by the individual organizations.

REIMBURSEMENT ASSISTANCE

IncyteCARES

IncyteCARES’ mission is to help eligible patients access their prescribed IncyteCARES medications and to offer information and resources that provide support during treatment.

For eligible patients, IncyteCARES can provide benefits verification and as-needed prior authorization or appeal support. For more information, call 1.866.708.8806, Monday through Friday, 8:00 am to 8:00 pm ET or visit www.incyte-cares.com/.

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) serves as a central point of contact between patients, caregivers, doctors' offices, insurance companies, and specialty pharmacies. Patient access specialists will check each patient's pharmacy and medical benefits to determine if the medicine is covered for the indication the treating physician has specified. If there are any restrictions, IPSEN CARES will inform the doctor about the additional information required by the insurance company for the doctor's completion. A summary of all the information collected will be sent back to the doctor's office in a single document. IPSEN CARES offers the following services:

- Reimbursement assistance
- Financial Support
- Patient support.

Providers can help patients enroll in three ways:

1. Through the online provider portal at <https://ipsencaresportal.biologicsinc.com/Account/Login>
2. By printing a medication-specific downloadable PDF to be filled out and faxed to 1.888.525.2416

3. By calling a patient access specialist at 866.435.5677.

IPSEN CARES

Copay Assistance Program

Most eligible patients with private insurance pay no copay subject to a maximum annual benefit of \$20,000. For Somatuline Depot, the program exhausts after 13 injections, or a maximum annual benefit of \$20,000, whichever comes first. Cash-pay patients are eligible to participate.

For cash-pay patients, the maximum copay benefit amount per prescription is \$1,666.66, subject to the annual maximum of \$20,000 in total. Patient pays any amount greater than the maximum copay savings amount per prescription. Patients must enroll every 12 months from date of acceptance to receive a continued benefit.

Patients are not eligible for copay assistance through IPSEN CARES if they are enrolled in any state or federally funded programs for which drug prescriptions or coverage could be paid in part or in full, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or TriCare (collectively, "Government Programs"), or where prohibited by law. For more information, visit www.ipsencares.com/ or call 866.435.6577.

Patient Assistance Program

The patient assistance program 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.

Providers can help patients enroll in three ways:

1. Through the online provider portal at <https://ipsencaresportal.biologicsinc.com/Account/Login>
2. By printing a medication-specific downloadable PDF to be filled out and faxed to 1.888.525.2416
3. By calling a patient access specialist at 866.435.5677.

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:

- **Benefits Verification:** Ipsen CARES verifies patients' coverage,



restrictions (if applicable), and copayment/coinsurance amounts.

- **Prior Authorization:** IPSEN CARES provides information on documentation required by payers on prior authorization specifics and makes recommendations for next steps based on payer policy.
- **Appeals Information:** IPSEN CARES provides information on the payer-specific processes required to submit a level I or a level II appeal, as well as provides guidance as needed throughout the process.

Visit ipsencares.com for more information or call 866.435.5677, Monday through Friday, 8:00 am to 8:00 pm ET.

2018-2019 Federal Poverty Guidelines*

Family Size	100%	133%	138%	250%	400%
1	\$12,140	\$16,146	\$16,753	\$30,350	\$48,560
2	\$16,460	\$21,892	\$22,715	\$41,150	\$65,840
3	\$20,780	\$27,637	\$28,676	\$51,950	\$83,120
4	\$25,100	\$33,383	\$34,638	\$62,750	\$100,400
5	\$29,420	\$39,129	\$40,600	\$73,550	\$117,680
6	\$33,740	\$44,874	\$46,561	\$84,350	\$134,960
7	\$38,060	\$50,620	\$52,523	\$95,150	\$152,240
8	\$42,380	\$56,365	\$58,484	\$105,950	\$169,520

* Federal poverty level amounts are higher in Alaska and Hawaii.



Janssen Biotech, Inc.

Oncology-related products: Balversa™ (erdafitinib) tablets, Darzalex® (daratumumab) injection for intravenous use, Darzalex Faspro™ (daratumumab and hyaluronidase-fihj) injection for subcutaneous use, Erleada® (apalutamide) tablets, Procrit® (epoetin alpha) injection, Yondelis® (trabectedin) for injection, Zytiga® (abiraterone acetate) tablets

Patient and Reimbursement Assistance Website
JanssenCarePath.com

PATIENT ASSISTANCE

Janssen CarePath

Janssen CarePath is the one source for access, affordability, and treatment support for patients. Janssen CarePath helps verify insurance coverage for patients, provides reimbursement information, helps find financial assistance options for eligible patients, and provides ongoing support to help patients start and stay on prescribed Janssen medications.

Eligible patients can be enrolled through the Janssen CarePath provider portal at janssencarepath-portal.com. For questions, call 877.CarePath (877.227.3728), Monday through Friday, 8:00 am to 8:00 pm ET.

Janssen CarePath Savings Program

The Janssen CarePath Savings Program can help eligible patients receive instant savings on their out-of-pocket costs for their Janssen medicine. Depending on their health insurance plan, savings may apply toward co-pay, co-insurance,

or deductible. This program is only available to individuals using commercial or private health insurance for their Janssen medication, including plans available through state and federal healthcare exchanges. This program is not available to individuals who use any state or federal government-funded healthcare programs to cover a portion of medication costs, such as Medicare, Medicaid, TriCare, Department of Defense, Veterans Administration. Terms expire at the end of each calendar year and may change. There is no income requirement.

Savings for Janssen medicines, include:

- For Balversa, eligible patients will pay \$5 per fill with a \$25,000 maximum program benefit per calendar year.
- For Darzalex, Darzalex Faspro, and Yondelis, eligible patients will pay \$5 per dose with a \$20,000 maximum program benefit per calendar year. The program does not cover costs to give the treatment.
- For Erleada, eligible patients pay \$0 per month with a \$15,000

maximum program benefit per calendar year or one-year supply, whichever comes first.

- For Zytiga, eligible patients pay \$10 per month with a \$12,000 maximum program benefit per calendar year or one-year supply, whichever comes first.

To learn more about the Janssen CarePath Savings Program, including full eligibility requirements, visit www.janssencarepath.com/hcp, select the prescribed medication, see affordability options. For patients prescribed Balversa, visit www.balversa.com/support-resources/cost-support for more information.

Other Affordability Options

For patients using government-funded healthcare programs or without health coverage, Janssen CarePath can provide information about other resources that may be able to help patients with their out-of-pocket medication costs.

Independent co-pay assistance foundations have their own rules for eligibility. Janssen has no control over these independent founda-



tions and can only refer patients to a foundation that supports their disease state. Janssen does not endorse any particular foundation.

JanssenPrescription Assistance.com

Call Janssen CarePath at 877. CarePath (877.22.-3728) or visit [JanssenPrescriptionAssistance.com](https://www.JanssenPrescriptionAssistance.com) for more information on affordability programs that may be available.

Johnson & Johnson Patient Assistance Foundation

The Johnson & Johnson Patient Assistance Foundation, Inc. (JJPAF) is an independent, nonprofit organization that is committed to helping eligible patients without insurance coverage receive prescription products donated by Johnson & Johnson operating companies. To see if your patient might qualify for assistance, please contact a JJPAF program specialist at 800.652.6227, Monday through Friday, 9:00 am to 6:00 pm ET, or visit the foundation website at www.JJPAF.org.

REIMBURSEMENT ASSISTANCE

Janssen CarePath

Janssen CarePath helps verify insurance coverage for patients, provides reimbursement information, helps find financial assistance options for eligible patients, and provides ongoing support to help patients start and stay on prescribed Janssen medications.

What Janssen CarePath can do on behalf of your patients:

- Provide support with dedicated care coordinators for providers and patients
- Conduct benefits investigations and provide insurance coverage information

- Review and explain patients' insurance coverage and out-of-pocket costs for Janssen medications
- Help identify financial assistance options for eligible patients.

Janssen CarePath Provider Portal

The Provider Portal gives you 24-hour online access to request and review benefits investigations, provide prior authorization support and status monitoring, and enroll eligible patients in the Janssen CarePath Savings Program.

Create a Provider Portal account at [JanssenCarePathPortal.com](https://www.JanssenCarePathPortal.com). For any questions, contact 877.CarePath (877.227.3728), Monday through Friday, 8:00 am to 8:00 pm ET.

Janssen CarePath Account

Patients and caregivers can create an online account at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com) for 24-hour/365-day access to learn about their insurance coverage, enroll in the Janssen CarePath Savings Program if eligible, manage their savings program benefits, and sign up for personalized treatment reminders.



Jazz Pharmaceuticals



Oncology-related products: Defitelio® (defibrotide sodium) injection, Erwineaze® (asparaginase *Erwinia chrysanthemi*) for injection, Vyxeos® (daunorubicin and cytarabine) liposome for injection, Zepzelca® (lurbinectedin) for injection

Patient and Reimbursement Assistance Website
jazzcares.com/hcp

PATIENT ASSISTANCE

JazzCares™

The JazzCares Program is sponsored by Jazz Pharmaceuticals to help improve access to Jazz products for appropriate patients. Dedicated JazzCares specialists are available to assist patients and practices with coverage and reimbursement support for their prescribed medicines.

The JazzCares Program includes:

- Help understanding insurance coverage
- Help commercially insured patients with paying for their medication
- Free-drug program for eligible patients
- Referrals to other financial assistance options.

To speak with a JazzCares representative, call 1.888.533.5299, Monday through Friday, 8:00 am to 8:00 pm ET.

Savings Card

This program provides eligible, commercially insured patients with assistance for out-of-pocket costs for their prescribed Jazz medicines, subject to an annual maximum.

This program is only available for eligible patients prescribed Vyxeos or Zepzelca. For more information, call JazzCares at 1.888.533.5299.

Free Drug Program

Eligible patients who are uninsured or who are deemed uninsured due to lack of coverage for their prescribed medicine may receive their Jazz product at no cost. Subject to financial and residency eligibility criteria. For full eligibility requirements and to apply for patients prescribed Zepzelca, visit jazzcares.com/zepzelca.html#hcp, and complete the patient assistance application by faxing it to 1.855.593.3955. For all other oncology-related products, call JazzCares at 1.888.533.5299, Monday through Friday, 8:00 am to 8:00 pm ET for more information.

Other Financial Assistance Options

JazzCares can also refer patients to third-party organizations that may be able to offer financial assistance for the cost of medication.

REIMBURSEMENT ASSISTANCE

JazzCares™

To help patients get access to their prescribed Jazz medicines, JazzCares specialists are available to:

- Investigate benefits and verifies patient coverage
- Provide prior authorization and appeals support
- Answer coding and other reimbursement questions
- Refers patients to financial assistance options.

Get started with JazzCares support by calling its hotline at 1.888.533.5299, Monday through Friday, 8:00 am to 8:00 pm ET.

Karyopharm Therapeutics



Oncology-related product: Xpovio® (selinexor) tablets

Patient and Reimbursement Assistance Website
karyforward.com

PATIENT ASSISTANCE

KaryForward®

KaryForward is a patient support program dedicated to providing assistance and resources to patients and their caregivers for Karyopharm medications, including insurance coverage, financial assistance, and resources and support.

All support and programs are subject to eligibility requirements. To enroll, download and complete the KaryForward Enrollment Form (www.karyforward.com/pdf/karyforward-enrollment-form.pdf), check all services the patient is applying for, and fax the completed form to 1.833.589.1603. For more information, call 1.877.KARY4WD (1.877.527.9493), Monday through Friday, 8:00 am to 8:00 pm ET.

Xpovio Copay Program

This offer allows eligible patients with commercial insurance to pay as little as \$5 per month, with a maximum of \$8,000 per 30-day prescription and up to a maximum total of \$25,000 per calendar year. The program will cover the copay costs of the Karyopharm Therapeutics product only. Patients must meet the following criteria to enroll:

- United States or U.S. territory residency

- Patient has commercial (private) insurance that covers Xpovio
- Patient has a valid prescription for Xpovio that is consistent with an approved indication.

Patients are not eligible if they are uninsured or if they participate in any federal or state healthcare program, including without limitation, Medicare, Medicaid, TriCare, and Veterans Health Administration. This offer is not valid for cash-paying patients, where Xpovio is not covered by patients' commercial insurance, or where the plan reimburses patients for the entire cost of the medication. Karyopharm Therapeutics reserves the right to rescind, revoke, amend, or terminate this offer or the program in its entirety at any time.

To enroll patients in the program, apply online at <https://qv.trialcard.com/xpovio#/app/layout/home> or download and complete the KaryForward Enrollment Form (www.karyforward.com/pdf/karyforward-enrollment-form.pdf), check the "Copay Program" circle, and fax the form to 1.833.589.1603.

KaryForward Patient Assistance Program

Patients who are uninsured or underinsured may be eligible to

receive Karyopharm medications at no cost. In order to be eligible for the program, patients must:

- Be a resident of the United States or its territories and be under the care of a licensed healthcare professional authorized to prescribe, dispense, and administer medicine in the U.S.
- Be uninsured or underinsured or lack coverage for the prescribed therapy
- Have an annual household income that does not exceed the greater of \$100,000 or 800 percent of the current Federal Poverty Level (FPL).

To enroll patients in KaryForward Patient Assistance Program, download and complete the Enrollment Form (www.karyforward.com/pdf/karyforward-enrollment-form.pdf), mark the "Patient Assistance Program," and fax the completed form to 1.833.589.1603.

Alternate Sources of Coverage

If patients do not meet the eligibility criteria for the co-pay program or patient assistance program and still need assistance, KaryForward may be able to help identify alternate sources of coverage. To get started, download and complete an enrollment form (www.karyforward.com/pdf/karyforward-enrollment-form.pdf) or call



KaryForward at 1.877.KARY4WD (1.877.527.9493), Monday through Friday, 8:00 am to 8:00 pm ET.

QuickStart Program

This program enables providers to initiate Karyopharm medications according to prescribing information for patients who experience a delay in insurance coverage. Patients may be eligible for this program if:

- There is an inability to verify insurance coverage within five business days, and/or
- Circumstances exist, including but not limited to patient safety, and/or
- A healthcare professional determines the patient needs urgent access to the Karyopharm medication.

Bridge Program

This program enables providers to provide eligible patients an emergency supply of a Karyopharm medication, at no cost, if they experience an unexpected disruption in therapy exceeding five business days—and if a provider determines that it is medically necessary for the patient to continue therapy without interruption.

REIMBURSEMENT ASSISTANCE

KayForward®

Get assistance navigating the insurance process, including:

- Insurance verification, including benefits, deductibles, and copay or coinsurance
- Prior authorization assistance, including identifying plan-specific requirements and providing information about the process
- Coding and billing assistance, including providing information on the prescribed therapy and the respective regimen

- Claims management and appeals assistance, including providing information about the appeals process if a denial is received.

To get started, fax a completed Enrollment Form (www.karyforward.com/pdf/kary-forward-enrollment-form.pdf) 1.833.589.1603 or call KaryForward at 1.877.KARY4WD (1.877.527.9493), Monday through Friday, 8:00 am to 8:00 pm ET.



Kite Pharma



Oncology-related product: Tecartus™ (brexucabtagene autoleucel) suspension for IV infusion, Yescarta® (axicabtagene ciloleucel) suspension for IV infusion

Patient and Reimbursement Assistance Website
kiteconnect.com

PATIENT AND REIMBURSEMENT ASSISTANCE

offer healthcare professionals and patients, contact 1.844.454.KITE (1.844.454.5483).

Kite Konnect™

Through Kite Konnect, Kite Pharma makes it as easy as possible for healthcare providers to connect patients to the care they need. Use Kite Konnect to assist patients throughout their treatment journey, from initial enrollment to logistical support and more. 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 commitment:** Cell order tracking and continuous communication.

Yescarta is only available at authorized treatment centers. Start by enrolling patients for therapy using the Kite Konnect Hospital Portal: <https://kiteconnect.force.com/s/>. To learn more about the information and support Kite Pharma



Merck



Oncology-related products: Emend® (aprepitant) capsules, Emend® (fosaprepitant dimeglumine) for injection, Intron® A (interferon alfa-2b, recombinant) for injection, Keytruda® (pembrolizumab) injection, Zolanza® (vorinostat) capsules

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 may be able to 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 merckaccessprogram.com/hcp/, select the prescribed medication, and use the online portal (merckaccessportal.com/merck/) or complete the appropriate enrollment form that can be signed and submitted electronically. For hard copy 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 Helps™

Merck provides certain medicines and adult vaccines for free to people who do not have prescription drug or health insurance coverage and who, without assistance, cannot afford their Merck medicines and vaccines. If patients need help paying for their medicines or adult vaccines, the Merck Patient Assistance Program may be able to help.

Merck Patient Assistance Program

This private and confidential program provides certain medicines free of charge to eligible individuals, primarily the uninsured who, without assistance, could not afford needed Merck medicines. Individuals who don't meet the insurance criteria may still qualify for the Merck Patient Assistance Program if they attest that they have special circumstances of financial and medical hardship, and their income meets the program criteria. A single application may provide for up to one year of medicine free of charge to eligible individuals and

an individual may reapply as many times as needed.

Eligibility criteria include:

- Patient must be a United States resident and have a prescription for a Merck product from a healthcare provider licensed in the United States.
- Patient does not have insurance or other coverage for their prescription medicine
- Patient cannot afford to pay for their medicine and meet certain income requirements.

Specific income requirement amounts can be found at www.merckhelps.com/. Select the prescribed medication to see qualifications. If patients do 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, you can request that an exception be made. Patients do not have to be a U.S. citizen.



To apply, patients and providers must complete the Enrollment Form for the specific Merck medication. Visit [merckhelps.com](https://www.merckhelps.com) and search for the specific medication, download and complete the medication's Enrollment Form, mail completed forms to the address listed at the top. For assistance, call 800.727.5400.

Merck Co-Pay Assistance Program for Keytruda

The Merck Co-pay Assistance Program offers assistance to eligible, privately insured patients who need help affording the out-of-pockets costs for Keytruda. Once enrolled, patients pay the first \$25 of their co-pay per infusion, subject to a maximum co-pay assistance program benefit of \$25,000 per patient, per calendar year. 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 all other criteria of the program.

The Merck Co-pay Assistance Program for Keytruda is not valid for patients covered under a government program, as that term is defined in the terms and conditions. The program is not valid for uninsured patients.

To enroll, visit www.merck-accessprogram-keytruda.com/hcp/the-merck-copay-assistance-program/ to enroll online or fax the completed downloadable form to 855.755.0518. A program representative will contact the patient and provider office.

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 that be able to provide financial support to patients who do not qualify for the Merck Co-Pay Assistance Program. Each independent foundation has its own eligibility criteria and application process.

REIMBURSEMENT ASSISTANCE

Merck Access Program Benefit Investigations

The Merck Access Program can contact insurers to obtain coverage and benefits information. Visit the specific Merck product site for additional resources.

Prior Authorizations

If a prior authorization is required, or for assistance in understanding if a prior authorization is required, the Merck Access Program may be able to help. The prior authorization checklist and sample letter can help healthcare professionals understand the documents and information that may be helpful when seeking a prior authorization. As always, providers should check for payer-specific requirements.

Appeals

The program may be able to help healthcare professionals understand the documents and information that may be helpful when filing an appeal. 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.

For any questions, call 855.257.3932, Monday through Friday, 8:am to 8:pm ET.



Morphosys



Oncology-related product: Monjuvi®(tafasitamab-cxix) for injection

Patient and Reimbursement Assistance Website
mymissionsupport.com

PATIENT ASSISTANCE

My MISSION Support

The My MISSION Support program cares about making sure eligible patients get the help they need to start treatment. Whether a patient is uninsured or has challenges with out-of-pocket costs through their insurance plan, My MISSION Support has a variety of programs that may be able to assist.

To enroll patients in the program, complete the enrollment form (www.mymissionsupport.com/enroll#follow-these-easy-steps), and fax it to 866.870.6241 or email it to access@mymissionsupport.com. Once the enrollment form is submitted, a My MISSION Support program specialist will work with healthcare providers to provide patient-specific support. It will also reach out to the healthcare provider within 24 hours if any additional information is needed or with directions on any next steps.

To find out more, call 855.421.6172, Monday through Friday, 8:00 am to 8:00 pm ET.

Copay Assistance Program

Commercially insured patients taking Monjuvi may be able to

receive assistance through the My MISSION Support Copay Assistance Program. If eligible, patients may pay as little as \$0 for Monjuvi, up to \$25,000 per calendar year to help with their out-of-pocket costs.

In order to be eligible for the Copay Assistance Program, patients:

- Must have commercial insurance
- Must not have Medicare, Medicaid, or other government insurance
- Must meet certain guidelines set forth in the program's terms and conditions.

The Copay Assistance Program may apply to patient out-of-pocket costs incurred for Monjuvi within 180 days prior to the date patient is enrolled in the program. To enroll in the program, please complete the following sections of the My MISSION Support enrollment form (www.mymissionsupport.com/enroll#follow-these-easy-steps):

- Sections 1 through 4 regarding copay support and patient- and insurance-specific information
- Sections 5 and 7 regarding physician information and signature
- Sections 9 and 10 regarding patient signature and consent.

Fax the completed form to 866.870.6241 or email it to access@mymissionsupport.com.

MorphoSys Foundation Patient Assistance Program

If patients do not have insurance or their copay responsibility through their insurer presents a financial hardship, the MorphoSys Foundation may be able to help. Through the MorphoSys Foundation Patient Assistance Program, it is possible to obtain treatment at no cost. To qualify, patients must meet certain financial criteria. If their income or insurance coverage has been impacted by COVID-19, these circumstances will be considered as the program determines patients' eligibility.

To enroll patients, complete the enrollment form (www.mymissionsupport.com/enroll#follow-these-easy-steps), make sure to check the "Patient Assistance" box, and fax it to 866.870.6241 or email it to access@mymissionsupport.com.

Independent Support Organizations

Patients with coverage for Monjuvi through Medicare (either through Medicare Advantage or traditional Medicare), Medicaid, or other



government-sponsored insurance may be eligible for support through independent third-party foundations.

My MISSION Support can provide patients with contact information for independent third-party organizations that may be able to assist your patients with the following:

- Deductibles
- Copays/coinsurance
- Insurance premiums
- Treatment-related costs, such as transportation, home care and child care

Eligibility requirements are determined solely by the independent foundation and assistance availability will vary by organization. For more information, call 855.421.6172, Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

My MISSION Support

The My MISSION Support program is a resource for healthcare providers for access and reimbursement support for their patients. Its field access and reimbursement managers can provide support access. Program specialists can help research patients-specific benefits and answer any questions related to coding and coverage for Monjuvi.

In the event of a claim denial, My MISSION Support can research the denial reason and assist healthcare providers in the preparation of an appeal submission. Once the appeal is submitted, program specialists can follow up with the insurer until a coverage determination is made.

To apply for this support, enroll patients in the program by completing the enrollment form (www.mymissionsupport.com/enroll#follow-these-easy-steps), and fax it to 866.870.6241 or email it to access@mymissionsupport.com. To find out more, call 855.421.6172, Monday through Friday, 8:00 am to 8:00 pm ET.



Mylan

Oncology-related product: Fulphila® (pegfilgrastim-jmdb) injection, Ogivri® (trastuzumab-dkst) injection

Patient and Reimbursement Assistance Website
[mylanadvocate.com](https://www.mylanadvocate.com)

PATIENT ASSISTANCE

Mylan ADVOCATE™

Mylan ADVOCATE is available to assist with questions about billing and coding and patient access to Mylan medicines. Mylan ADVOCATE can help with the following:

- Commercially insured patients may be able to access their prescribe Mylan medicines at a reduced co-pay.
- Patients without insurance coverage for their prescription who cannot afford their medication may be able to receive their medication free of charge. Eligibility requirements apply based on residency, income, and other factors. Contact Mylan ADVOCATE for more information.
- Mylan ADVOCATE can help identify other resources, such as state programs or third-party charitable foundations, that may be able to assist patients.

To enroll a patient, use the Mylan Advocate Provider Portal (<https://www.mylanadvocateportal.com/myl/login#/>) online or download and fax the completed Mylan ADVOCATE Patient Enrollment Form (https://www.fulphila.com/-/media/fulphila.com/pdf/patient_enrollment.pdf?la=en) to 833.247.2756.

To contact experienced and caring Mylan ADVOCATE patient access specialists, call 1.833.695.2623, Monday through Friday, 9:00 am to 8:00 pm ET. Patient support services and resources are available 24 hours a day, 7 days a week, via the Mylan ADVOCATE portal at <https://www.mylanadvocateportal.com/myl/login#/>.

Mylan ADVOCATE Co-Pay Assistance Program

Commercially insured patients may be able to access Mylan medicines for as little as a \$0 co-pay. There are no income restrictions for this program. The Mylan ADVOCATE Co-Pay Assistance Program is open to both new and existing eligible patients who are residents of the United States or Puerto Rico and who have commercial prescription drug insurance. For Fulphila, the program is subject to a maximum of \$10,000 per 12-month period.

This co-pay assistance program is not valid for uninsured patients or commercially insured patients without coverage for their medication; patients who are covered in whole or in part by any state or federally funded healthcare program, including, but not limited to, any state pharmaceutical assistance program, Medicare (Part D

or otherwise), Medicaid, Medigap, VA or DOD, or TriCare (regardless of whether a specific prescription is covered by such government program); if the patient is Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; or if the patient's insurance plan is paying the entire cost of this prescription.

REIMBURSEMENT ASSISTANCE

Mylan ADVOCATE™

A team of dedicated patient access specialists is available to answer calls and address concerns or questions regarding:

- **Billing and coding.** Mylan can provide information about applicable coding.
- **Insurance coverage verification.** Mylan can help check patient insurance plan enrollment status.
- **Benefit investigation.** Mylan can assist in researching patient-specific insurance coverage, coding, and billing requirements; verify patient cost-sharing requirements including deductible, copay, coinsurance, out-of-pocket maximum, and amounts met to date; determine payer access requirements (e.g. specialty pharmacy, in-office



dispensing, etc.); and prepare a summary of benefits that documents all findings.

- **Prior authorization/reauthorization assistance and tracking.** Mylan can assist in checking prior authorization requirements, submission details, and track status, as well as provide offices with payer-specific forms.
- **Coverage and claim.** Mylan can verify appeal requirements and track the status and resolution of appeals.

For more information call Mylan ADVOCATE at 1.833.695.2623, Monday through Friday, 9:00 am to 8:00 pm ET, or go to mylanadvocate.com.

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



Novartis Pharmaceuticals Corporation

Oncology-related products: Adakveo® (crizanlizumab-tmca) for IV infusion, Afinitor® (everolimus) tablets, Exjade® (deferasirox) tablets for oral suspension, Femara® (letrozole) tablets, Gleevec® (imatinib mesylate) tablets, Jadenu® (deferasirox) tablets, Kisqali® (ribociclib) tablets, Kymriah® (tisagenlecleucel) suspension for IV infusion, Mekinist® (trametinib) tablets, Piqray® (alpelisib) tablets, Promacta® (eltrombopag) tablets, Rydapt® (midostaurin) capsules, Sandostatin® (octreotide acetate) injection, Sandostatin® LAR Depot (octreotide acetate) for injectable suspension, Tabrecta™ (capmatinib) tablets, Tafinlar® (dabrafenib) capsules, Tassigna® (nilotinib) capsules, Tykerb® (lapatinib) tablets, Votrient® (pazopanib) tablets, Zometa® (zoledronic acid) for injection, Zykadia® (ceritinib) tablets

Patient and Reimbursement Assistance Websites

hcp.novartis.com/access

patient.novartisoncology.com/financial-assistance/

PATIENT ASSISTANCE

Patient Assistance Now Oncology (PANO)

PANO is the preferred first stop for access to Novartis Oncology Patient Support programs. Through one-on-one guidance with a dedicated case manager, patients will discover which Novartis Oncology Patient Support programs they are eligible to receive and may also be referred to other services.

Support for patients include:

- Information about financial assistance that may be available
- Patient support counselors who are able to provide information in more than 160 languages
- Patient navigators who provide one-on-one support specific to a patient's Novartis medication
- Dedicated case managers with private extensions whom you can contact directly for updates on patients

- Insurance benefits verification, including information on prior authorizations and denial appeals
- A combination of PANO case managers and/or field reimbursement managers are available to help, depending on the case complexity of a patient's case.

To learn more about how PANO can help, call 1.800.282.7630.

The Novartis Patient Assistance Foundation

This foundation may help provide access to Novartis medicines to patients experiencing financial hardship and/or have no third-party insurance coverage for their medicines. Please be advised that access to the medicines distributed through the Novartis Patient Assistance Foundation, Inc., is free of charge to all eligible patients. Novartis is not affiliated with any individual or organization that may

charge patients a fee to assist them in completing applications for its program. To be eligible patients must:

- Be a U.S. resident
- Provide proof of income that meets financial eligibility requirements
- Have limited or no prescription coverage. (Exceptions exist for individuals with limited prescription coverage.)

There are two ways to enroll in the program:

- Fill out the PANO Service Request Form online by visiting patient.novartisoncology.com/financial-assistance/PANO/.
- Download and complete the PANO Service Request Form (www.patient.novartisoncology.com/financial-assistance/PANO/), and fax the completed form to 1.888.891.4924.



Providers should submit their part separately. Once PANO gets both parts, a case manager will review the patient's insurance information to determine if they are eligible.

For more information, please call 1.800.282.7630, Monday through Friday, 9:00 am to 8:00 pm ET.

Universal Co-Pay Card

The Novartis Oncology Universal Co-pay Program is available for almost all Novartis Oncology medicines.

Eligible, privately insured patients may pay \$25 per month and Novartis will pay the remaining co-pay, up to \$15,000 per calendar year, per product. The Novartis Oncology Universal Co-pay Program includes the co-pay card, payment card, or rebate with a combined annual limit of \$15,000. Patient is responsible for any costs once the limit is reached in a calendar year. This program is not available for patients who are enrolled in Medicare, Medicaid, or any other federal or state health care program. Novartis reserves the right to rescind, revoke, or amend this program without notice. Find out if a patient is eligible to enroll in the program by visiting [Copoly](#). [NovartisOncology.com](#) or by calling 1.877.577.7756.

Independent Charitable Foundations

If patients have government insurance, there may be financial assistance options available. To see a full list of third-party resources that may be able to help patients get financial assistance visit www.patient.novartisoncology.com/financial-assistance/government-insurance/.

The organizations and websites listed are independently operated and not managed by Novartis Pharmaceuticals Corporation. Novartis assumes no responsibility for any information they may provide.

Kymriah Cares®

Whether patients and providers have questions about Kymriah, or insurance coverage, Kymriah Cares can help. The program can provide assistance with treatment center support, patient support, and coordination of care support.

To learn more, call 1.844.4KYMRIAH (1.844.459.6742), 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

Patient Assistance Now Oncology (PANO)

PANO is the preferred first stop for access to Novartis Oncology Patient Support programs. Through one-on-one guidance with a dedicated case manager, patients will discover which Novartis Oncology Patient Support programs they are eligible to receive and may also be referred to other services. Support for patients includes:

- Insurance benefits verification
- Information on prior authorization
- Information on denial appeals.

Get started today by submitting the PANO Service Request Form online (<https://www.hcp.novartis.com/access/>). To learn more call 1.800.282.7630, Monday through Friday, 9:00 am to 8:00 pm ET.



Pfizer, Inc.



Oncology-related products: Aromasin® (exemestane) tablets, Besponsa® (inotuzumab ozogamicin) injection for IV infusion, Bosulif® (bosutinib) tablets, Camptosar® (irinotecan hydrochloride) injection, Daurismo™ (glasdegib) tablets, Ellence® (epirubicin hydrochloride) injection, Ibrance® (palbociclib) capsules, Idamycin® (idarubicin hydrochloride) injection, Inlyta® (axitinib) tablets, Lorbrena® (lorlatinib) tablets, Mylotarg™ (gemtuzumab ozogamicin) for injection, Nivestym® (filgrastim-aafi) injection, Ruxience™ (rituximab-pvvr) injection, Sutent® (sunitinib malate) capsules, Talzenna® (talazoparib) capsules, Torisel® (temsirolimus) injection, Trazimera™ (trastuzumab-qyyp) injection, Vizimpro® (dacomitinib) tablets, Xalkori® (crizotinib) capsules, Zinecard® (dexrazoxane) for injection, Zirabev™ (bevacizumab-bvzr) injection

Patient and Reimbursement Assistance Websites

pfizeroncologytogether.com

pfizerrxpathways.com/

PATIENT ASSISTANCE

Pfizer Oncology Together™

At Pfizer Oncology Together, patient support is at the core of everything it does. From helping to identify financial assistance options to connecting patients to resources for emotional support, patients' needs are the priority.

Pfizer Oncology Together can provide access and reimbursement support, as well as help identifying financial assistance options, so patients can get their prescribed Pfizer Oncology medicines.

To enroll patients, providers can use the Provider Portal (<https://www.pfizeroncologytogether-portal.com/>) or download the Patient Support Program & Patient Assistance Enrollment Form ([\[together.com/enroll\]\(http://pfizeroncologytogether.com/enroll\)\) and fax the completed form to 1.877.736.6506. For questions, please call 1.877.744.5675, Monday through Friday, 8:00 am to 8:00 pm ET. Visit \[pfizeroncologytogether.com\]\(http://pfizeroncologytogether.com\) for more information.](http://pfizeroncology-</p>
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Pfizer Oncology Together Co-Pay Savings Card

Eligible, commercially insured patients may pay as little as \$0 per month for the oral medications or per treatment for injectable medications for select Pfizer medications through the co-pay savings programs. For oral products, patients may receive up to \$25,000 per product in savings annually. For injectable products, the maximum annual patient savings range from \$10,000 to \$25,000.

Patients are not eligible for these programs if they are enrolled in a

state or federally funded insurance program, including but not limited to Medicare, Medicaid, TriCare, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico. For oral products, the offer will be accepted only at participating pharmacies. This offer is not health insurance. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. For more information, call 1.877.744.5675 or visit www.pfizeroncologytogether.com/.

Pfizer Patient Assistance Program

Eligible patients may receive up to a 90-day supply of Pfizer medication for free, while applying for Medicaid. If patients do not qualify for Medicaid, they may be able to get a one-year supply of medication for free through the Pfizer Patient Assistance Program, or at a



savings through the Pfizer savings Program. Patients must meet eligibility requirements and reapply as needed.

To qualify for free medicine, patients must meet certain financial requirements, as well as meet the criteria below:

- Have a valid prescription for the Pfizer medication for which they are seeking assistance
- Reside in the U.S. or a U.S. territory
- Have no prescription coverage or not enough coverage to pay for their Pfizer medicine
- Be treated by a healthcare provider licensed in the U.S. or a U.S. territory.

The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

If a patient is accepted into the Pfizer Patient Assistance Program, Pfizer will inform the healthcare professional by fax and phone and the patient by phone and letter. Uninsured patients may receive free medication for up to one calendar year, while underinsured patients are enrolled through the end of the calendar year. For more information, call 1.877.744.5675 or visit www.pfizeroncologytogether.com/.

Support from Independent Charitable Organizations

Pfizer will assist patients with searching for financial support that may be available from independent charitable foundations. These foundations exist independently of Pfizer and have their own eligibility criteria and application processes.

Availability of support from the foundations is determined solely by the foundations.

Pfizer RxPathways®

Pfizer RxPathways connects eligible patients to a range of assistance programs that offer insurance support, co-pay help, and medicines for free or at a savings. Visit www.pfizerRxPathways.com/ to search by the prescribed medication's name and see which available programs are right for patients.

REIMBURSEMENT ASSISTANCE

Pfizer Oncology Together™

If patients need access or reimbursement support for their prescribed Pfizer oncology medications, the following support is available:

- **Benefits verification:** Pfizer can conduct a benefits verification to determine patients' health insurance coverage and out-of-pocket costs.
- **Prior authorization:** Pfizer will coordinate with patients' insurer to determine the prior authorization requirements, where and how to submit requests, and typical turnaround times. Pfizer will also follow up with the insurer on behalf of patients and track the progress until a final outcome is determined.
- **Appeals assistance:** If patients' claims are denied, Pfizer can help healthcare professionals understand the payer requirements as you prepare an appeal submission. After the provider's office submits an appeal, Pfizer will follow up with the payer to track its progress until a final outcome is determined.

- **Online support:** Log in to the provider portal (www.pfizeroncologytogether-portal.com/) to complete and submit an online enrollment form, track the status of patient cases, and for secure messaging with Pfizer Oncology Together.

Pfizer Oncology field reimbursement managers are trained to help address specific access issues in person or over the phone. They can help educate provider's staff on Pfizer's access and reimbursement resources and help address challenging or urgent Pfizer oncology patient cases that have been sent to Pfizer Oncology Together. To get in contact with the field reimbursement manager in your area, call 1.877.744.5675.

For questions, call 877.744.5675. Monday through Friday, 8:00 am to 8:00 pm ET.



Pharmacyclics, LLC



Oncology-related product: Imbruvica® (ibrutinib) capsules

Patient and Reimbursement Assistance Website
imbruvicahcp.com/you-i-support/access-support/

PATIENT ASSISTANCE

YOU&i™ Support Program Instant Savings Program

Eligible patients with commercial insurance pay no more than \$10 per prescription for Imbruvica with a maximum limit of \$24,600 per calendar year. This program applies to commercial insurance co-pay, deductible, and coinsurance medication costs. The program cannot be used with any other federally-funded prescription insurance plan which includes Medicare Part D, Medicare Advantage Plan, Medicaid, TriCare, or any other federal or state health care plan, including pharmaceutical assistance programs. To enroll in the program, visit <https://sservices.trialcard.com/Coupon/YouAndI/>. For more information, call 1.877.877.3536, Monday through Friday, 8:00 am to 8:00 pm ET.

Independent Charitable Organizations

For patients with federally funded Medicare, Medicaid, or commercial insurance, financial assistance may potentially be available from independent charitable organizations. Contact information for such independent charitable organizations is available upon request. Independent charitable organizations have their

own rules for eligibility. YOU&i has no control over these independent charitable organizations.

Dose Exchange Program

This program is available to rapidly facilitate a dose reduction for patients taking the single-tablet formulation should their prescriber decide to adjust their dose before they have finished their current pack of Imbruvica.

To enroll, download a Dose Exchange Prescription and Enrollment Form (<https://imbruvicahcp.com/cll/support-and-resources/dose-exchange-program/#>) and submit the completed form with prescriber's signature to the YOU&i Support Program by fax to 1.800.752.5896.

Temporary Access

The YOU&i Support 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. The free product is offered to eligible patients without any purchase con-

tingency or other obligation.

To enroll, fax the complete YOU&i Patient Enrollment Form (<https://imbruvicahcp.com/you-i-support-program-enrollment-form.pdf>) to 800.752.5896.

REIMBURSEMENT ASSISTANCE

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.

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, Saturday, 8:00 am to 5:00 pm ET, or visit its website at imbruvicahcp.com/you-i-support/access-support.



Nurse Call Support & Other Clinical Resources

The You&i Support Program has nurses who are available to support patients with:

- A resource-filled Starter Kit designed for new patients containing disease information, tips on building a medication routine, adherence tools, and more
- Nurse call support personalized to patients' preferences for frequency and method of contact
- Referrals of patients seeking medical advice back to their healthcare providers.

Call 1.877.877.3536 for more information about the You&i Support Program.



Regeneron Pharmaceuticals, Inc., and Sanofi Genzyme

Oncology-related products: Libtayo® (cemiplimab-rwlc) injection

Patient and Reimbursement Assistance Website
libtayohcp.com/accessinglibtayo

PATIENT ASSISTANCE

LIBTAYO Surround®

LIBTAYO Surround helps eligible patients access Libtayo and navigate the health insurance process. Visit its website (libtayohcp.com) to download additional tools and helpful resources about Libtayo Surround offerings. For more information call, 1.877.LIBTAYO (1.877.542.8296), Option 1, Monday through Friday, 8:00 am to 8:00 pm ET.

Commercial Copay Program

Eligible patients with commercial insurance may pay as little as \$0 for Libtayo, which includes any product-specific copay, coinsurance, and insurance deductibles—up to \$25,000 in assistance per year. There is no income requirement to qualify for this program.

This program is not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, Veterans Affairs/Department of Defense, TriCare, or similar federal or state programs. This program is not a debit card program and does not cover or provide support for supplies, procedures, or any physician-related

service associated with Libtayo. General non-product-specific copays, coinsurance, or insurance deductibles are not covered. Additional program conditions apply. See libtayohcp.com/ for more information.

The program is not valid for cash-paying customers. To be eligible:

- Patients must be insured by a commercial health plan that requires a copayment, coinsurance, and/or deductible amount for Libtayo.
- Patients must be residents of the United States or its territories or possessions.
- Patients must be at least 18 years of age.
- Patients must be prescribed Libtayo for an FDA-approved indication.

There are three ways to enroll patients in the copay program:

- Download the LIBTAYO Surround Enrollment Form (www.libtayohcp.com/accessinglibtayo/patientaccessandreimbursement-support), check the box in section 1 marked "Copay Assistance," and fax the completed form to 1.833.853.8362.
- Physician offices can also apply on patients' behalf via

the provider portal (<https://www.libtayosurroundportal.com/libtayoprovider/s/login/?ec=302&startURL=%2Flibtayoprovider%2Fs%2F>)

- Or call Libtayo Surround at 1.877.LIBTAYO (1.877.542.8296).

Patient Assistance Program

Eligible patients who meet income requirements and are uninsured, lack coverage for Libtayo, or have Medicare Part B with no supplemental insurance coverage may receive Libtayo at no cost. Patients without insurance coverage or patients with inadequate insurance coverage who need assistance with out-of-pocket medication costs may be eligible for alternate funding sources for Libtayo. Patients must have an annual gross household income that does not exceed the greater of \$100,000 or 500 percent of the federal poverty level. Enroll patients via the provider portal or Libtayo Surround enrollment form (www.libtayohcp.com/accessinglibtayo/patientaccessandreimbursement-support).

For more information, call 1.877. LIBTAYO (1.877.542.8296), Option 1, Monday through Friday, 8:00 am to 8:00 pm ET.

Identification of Alternate Sources of Funding

Patients without insurance coverage or patients with inadequate insurance coverage who need assistance with out-of-pocket medication costs may be eligible for alternate funding sources for Libtayo.

For more information, call LIBTAYO Surround at 1.877. LIBTAYO (1.877.542.8296).

Nurse Support

Patients can contact a LIBTAYO Surround nurse advocate 24/7 to receive the following additional support throughout their treatment journey:

- Information on patient advocacy groups and local support organizations, transportation services, and travel and lodging
- General patient education
- Appointment reminders.

REIMBURSEMENT ASSISTANCE

LIBTAYO Surround®

LIBTAYO Surround provides access and reimbursement support to help patients receive their medication as quickly as possible. Upon receipt of a LIBTAYO Surround enrollment form, a LIBTAYO Surround reimbursement specialist may be able to provide several types of assistance. To enroll, download the LIBTAYO Surround Enrollment Form (www.libtayohcp.com/accessinglibtayo/patientaccessandreimbursement-support), make sure each field is complete and accurate, sign the form, and fax the completed form to 1.833.853.8362.

Upon enrollment, a reimbursement specialist can provide the following assistance:

- Benefits investigation
- Prior authorization support to review and explain payer requirements
- Appeal assistance when prior authorizations are denied
- Claims assistance to address questions as healthcare providers prepare claims and to review the status of claims with the patient's health insurer.

For more information, call 1.877. LIBTAYO (1.877.542.8296), Option 1, Monday through Friday, 8:00 am to 8:00 pm ET.



Sandoz

Oncology-related products: Zarxio® (filgrastim-sndz) subcutaneous or intravenous injection, Ziextenzo®(pegfilgrastim-bmez) injection

Patient and Reimbursement Assistance Websites
zarxio.com/resources/patient-support/
ziextenzo.com/hcp/patient-services.html

PATIENT ASSISTANCE

Sandoz One Source®

Sandoz One Source provides comprehensive patient support services designed to help simplify and support patient access. Available services include:

- Benefit investigations
- Prior authorization and appeals support
- In-home injection training
- Commercial co-pay program
- Independent foundation information
- Patient assistance program
- Billing and coding support
- General payer policy information.

To enroll, patients and providers can apply for support using the savings portal at <https://qv.trialcard.com/onesource-hub#/app/layout/home>.

You can also download and complete the enrollment form (ziextenzo.com/pdf/ZIEXTENZO-Sandoz-One-Source-Enrollment-Form.pdf) and fax the completed form, including selected services, to 1.844.726.3695.

For more information, call 1.844.SANDOZ1 (1.844.726.3691),

Monday through Friday, 8:00 am to 8:00 pm ET.

Commercial Co-Pay Program

The Sandoz One Source Commercial Co-Pay Program supports eligible, commercially insured patients with their out-of-pocket costs for Zarxio or Ziextenzo. There are no income requirements. The virtual co-pay card ensures that patients have immediate access to their benefits.

Patients may pay \$0 out-of-pocket for the first dose or cycle and for subsequent doses or cycles up to a maximum benefit of \$10,000 annually. Patients' prescription must be for an approved indication. This program is for insured patients only; cash-paying or uninsured patients are not eligible.

Patients are not eligible if prescription for Ziextenzo or Zarxio is paid, in whole or in part, by any state or federally funded programs, including but not limited to Medicare (including Part D, even in the coverage gap) or Medicaid, Medigap, VA, DOD, or TriCare, or private indemnity plans that do not cover prescription drugs, or HMO insurance plans that

reimburse the patient for the entire cost of their prescription drugs, or where prohibited by law. The program may apply to out-of-pocket expenses that occurred within 120 days prior to the date of the enrollment.

There are three ways to enroll:

1. Instruct patients to enroll in co-pay online at prescribed medication's website
2. Submit an online Sandoz One Source enrollment form (<https://qv.trialcard.com/onesource-hub#/app/layout/home>)
3. Download and fax the Sandoz One Source enrollment form ([https://ziextenzo.com/pdf/ZIEXTENZO-Sandoz-One-Source-Enrollment-Form.pdf](http://ziextenzo.com/pdf/ZIEXTENZO-Sandoz-One-Source-Enrollment-Form.pdf)) to 1.844.726.3695.

Product Replacement Program

As a supplement to the Sandoz returns policy, Sandoz One Source offers a simple product replacement process for spoiled Zarxio or Ziextenzo products under the following circumstances:

- Product was mishandled, dropped, or broken
- There was an admixture error



- Product was inappropriately stored or refrigerated, or was frozen
- Product was reconstituted but not administered due to an unforeseen reason.

Contact Sandoz One Source at 1.844.SANDOZ1 (1.844.726.3691) to request a replacement product.

REIMBURSEMENT ASSISTANCE

Sandoz One Source®

Sandoz One Source provides services designed to help simplify and support patient access. Available services include:

- Benefit investigations
- Prior authorization support
- Appeals support
- Billing and coding support
- General payer policy information.

To enroll, patients and providers can apply for support using the savings portal <https://qv.trialcard.com/one-source-hub#/app/layout/home>. You can also download and complete the enrollment form (ziextenzo.com/pdf/ZIEXTENZO-Sandoz-One-Source-Enrollment-Form.pdf) and fax the completed form to 1.844.726.3695.

For more reimbursement information, call 1.844.SANDOZ1 (1.844.726.3691), Monday through Friday, 8:00 am to 8:00 pm ET.



Sanofi Genzyme



Oncology-related products: Elitek® (resburicase) IV infusion, Jevtana® (cabazitaxel) injection, Sarclisa® (isatuximab-irfc) injection for IV use

Patient and Reimbursement Assistance Website
[SanofiCareASSIST.com/hcp](https://www.SanofiCareASSIST.com/hcp)

PATIENT ASSISTANCE

CareASSIST®

CareASSIST helps eligible patients with access and support for the treatment they've been prescribed, including:

- Access and reimbursement
- Financial assistance
- Resource support.

To enroll, download the Enrollment Application ([sanoficareassist.com/-/media/EMS/Conditions/Oncology/Brands/sanoficareassist/DTC/pdf/SAUS_ONC_19_03_1902_3_PSP_Enroll_Form_Copay_INTERACTIVE.pdf?la=en-US](https://www.sanoficareassist.com/-/media/EMS/Conditions/Oncology/Brands/sanoficareassist/DTC/pdf/SAUS_ONC_19_03_1902_3_PSP_Enroll_Form_Copay_INTERACTIVE.pdf?la=en-US)) and fax the completed form to 1.855.411.9689. Healthcare professionals can also enroll patients through the online portal ([CareASSISTProviderPortal.com](https://www.CareASSISTProviderPortal.com)). For any questions or assistance, call 1.833.WE+CARE (1.833.930.2273), Monday through Friday, 9:00 am to 8:00 pm ET.

CareASSIST Copay Program

Eligible patients with commercial insurance may pay as little as \$0 for their Sanofi Genzyme medicines, including any product-specific copay, coinsurance, and insurance deductibles—up to \$25,000 in assistance per year. To be eligible, patients must:

- Have commercial or private insurance, which includes state or federal employee plans and health insurance exchanges
- Be residents of the United States or its territories or possessions.

There is no income requirement to qualify for this program. Eligible patients will remain enrolled in the program for 12 months dating from the time of approval. Patients will be evaluated for continued eligibility on an annual basis. As appropriate, their enrollment will be renewed. Other conditions apply.

To get started, download and print a CareASSIST application ([sanoficareassist.com/-/media/EMS/Conditions/Oncology/Brands/sanoficareassist/DTC/pdf/SAUS_ONC_19_03_1902_3_PSP_Enroll_Form_Copay_INTERACTIVE.pdf?la=en-US](https://www.sanoficareassist.com/-/media/EMS/Conditions/Oncology/Brands/sanoficareassist/DTC/pdf/SAUS_ONC_19_03_1902_3_PSP_Enroll_Form_Copay_INTERACTIVE.pdf?la=en-US)). Make sure the “CareASSIST Copay Program” box in Section 1 is checked and fax the completed application to 1.855.411.9689. The application process can also be started by calling 1.833.WE+CARE (1.833.930.2273) where a CareASSIST Patient access specialist will assist with the next steps, or healthcare professionals can enroll patients

through the online portal ([CareASSISTProviderPortal.com](https://www.CareASSISTProviderPortal.com)).

CareASSIST Patient Assistance Program

For patients who meet program eligibility requirements for financial assistance through CareASSIST, medication can be provided at no cost through the CareASSIST Patient Assistance Program. In order to be eligible, patients must meet the following requirements:

- Patient must be a resident of the United States or its territories or possessions and be under the care of a licensed healthcare provider authorized to prescribe, dispense, and administer medication in the U.S.
- Patient must have no insurance coverage or lack coverage for the prescribed therapy
- Patients with Medicare Part B with no supplemental insurance coverage may be eligible
- Patient must have an annual household income that does not exceed the greater of \$100,000 or 500 percent of the current Federal Poverty Level.

Approved patients may remain enrolled for up to 12 months. If longer assistance is required, they may reapply on a yearly basis. To



get started, download and print a CareASSIST application (sanoficareassist.com/-/media/EMS/Conditions/Oncology/Brands/sanoficareassist/DTC/pdf/SAUS_ONC_19_03_1902_3_PSP_Enroll_Form_Copay_INTERACTIVE.pdf?la=en-US). Make sure the “CareASSIST Patient Assistance Program” box in Section 1 is checked and fax the completed application to 1.855.411.9689. The application process can also be started by calling 1.833.WE+CARE (1.833.930.2273) where a CareASSIST Patient access specialist will assist with the next steps, or healthcare professionals can enroll patients through the online portal (CareASSISTProviderPortal.com).

Alternate Sources of Coverage

CareASSIST may be able to identify sources of coverage for patients who are uninsured or lack coverage, or who need assistance with their out-of-pocket medication costs.

Through CareASSIST, a patient access specialist may be able to:

- Identify potential alternate coverage programs and explain their benefits
- Answer questions about the application process for such programs
- Provide the contact information for such programs

Possible alternate coverage sources, include Medicaid, state health exchanges, state pharmaceutical assistance programs, and independent charitable foundations.

For more information, call 1.833.WE+CARE (1.833.930.2273).

REIMBURSEMENT ASSISTANCE

CareASSIST®

CareASSIST Patient Access Specialists can help evaluate patients’ insurance coverage and identify options, including the following services:

- **Insurance verification, including benefits, deductibles, and copay or coinsurance:** Full benefit verification is specific to the prescribed therapy from Sanofi Genzyme and the patient’s insurance plan
- **Prior authorization assistance:** Patient Access Specialists identify plan-specific requirements and can provide information about the process
- **Claims management and appeals assistance:** Patient Access Specialists can provide information about the appeals process if a denial is received.

To learn more, call 1.833.WE+CARE (1.833.930.2273), Monday through Friday, 9:00 am to 8:00 pm ET.



Seattle Genetics



Oncology-related product: Adcetris® (brentuximab vedotin) for injection, Tukysa® (tucatinib) tablets

Patient and Reimbursement Assistance Website
seagensecure.com

PATIENT ASSISTANCE

SeaGen Secure®

SeaGen Secure is a comprehensive assistance program for patients who have been prescribed Adcetris or Tukysa. For more information about SeaGen Secure, call 855.4SECURE (855.473.2873), Monday through Friday, 8:00 am to 8:00 pm ET.

Patient Assistance Program

For patients with no insurance, the Patient Assistance Program provides product at no cost. It provides the oral oncology therapy for up to one year to patients who meet program eligibility requirements. The prescribed medication must be ordered for each dispense. To be eligible, patients must:

- Meet income requirements
- Be a permanent United States resident
- Provide income and residency documentation.

To enroll, complete the medication-specific Healthcare Provider Request Form and Patient Authorization Form (seagensecure.com) and fax the completed forms to 855.557.2480 or e-mail it to CaseManager@seagensecure.com. To enroll over the phone, call 855.4SECURE (855.473.2873).

Commercial Out-of-Pocket Assistance

For insured patients who cannot afford their coinsurance or out-of-pocket costs, assistance is available. To be eligible, patients must:

- Have commercial health insurance with coverage for Adcetris or Tukysa
- Be receiving the prescribed medication for an on-label indication
- Be a permanent U.S. resident
- If prescribed Adcetris, meet income requirements.

Patients will need to provide income and residency documentation if prescribed Adcetris. If eligible, SeaGen Secure will send assistance to the provider on behalf of the patient. The patient may receive assistance for the duration of their therapy if they remain eligible. There are some program limits/caps.

To enroll, complete the medication-specific Healthcare Provider Request Form and Patient Authorization Form (seagensecure.com) and fax the completed forms to 855.557.2480 or e-mail it to CaseManager@seagensecure.com. To enroll over the phone, call 855.4SECURE (855.473.2873).

Quick Start Program

The Quick Start Program provides a 15-day supply of product at no cost to patients who experience an insurance-related access delay.

Additional Assistance Information

SeaGen Secure can refer patients to independent outside organizations for additional logistics support, psychosocial care, and financial needs.

REIMBURSEMENT ASSISTANCE

SeaGen Secure®

Before patients start treatment, SeaGen Secure case managers are available to answer reimbursement questions about Seattle Genetics therapies, including:

- Coverage as determined by a benefits investigation
- Prior authorization assistance
- Appeals assistance.

Benefits Investigation

Enroll patients in SeaGen Secure to start the benefits investigation process. SeaGen Secure will fax providers a summary of benefits within two business days of receiving the completed request, and the provider will receive a call to discuss the results and next steps.



Claims Assistance

SeaGen Secure case managers can help providers track claims to ensure they are being processed and paid on time. Case managers can also assist with denied or underpaid claims.

To speak to a case manager, call 855.4SECURE (855.473.2873), Monday through Friday, 8:00 am to 8:00 pm ET.



Sun Pharmaceuticals Industries, Inc.

Oncology-related products: Odomzo® (sonidegib) capsules, Yonsa® (abiraterone acetate) tablets

Patient and Reimbursement Assistance Websites

yonsarx.com

odomzo.com/hcp/financial-assistance

PATIENT ASSISTANCE

Yonsa Support™

Yonsa Support is a comprehensive resource for patients taking Yonsa. Support programs are subject to terms and conditions and patients must be enrolled in Yonsa Support to qualify. These services include:

- **Co-Pay Program:** Eligible, commercially insured patients access their Yonsa prescriptions.
- **Patient Assistance Program:** Patients who are underinsured or uninsured may be eligible to receive free medication. To get patients started with the program, complete and submit program application.

To apply for the Patient Assistance Program, complete a patient enrollment form (www.yonsarx.com/) and fax it to 1.877.872.6575.

For any questions about the Patient Assistance Program application, call 1.855.44YONSA (1.855.449.6672) Monday through Friday, 8:00 am to 8:00 pm ET.

Co-pay Program

Eligible, commercially insured patients may pay as little as \$10 for each fill of a Yonsa, subject to a \$5,000 maximum program

benefit per fill and a maximum program benefit of up to \$12,000 per calendar year. This offer is not valid for patients without commercial insurance coverage or if prescription is paid for by any state or federally funded health care program, including but not limited to Medicare, Medicaid, VA, DOD, or TriCare. The program is available to United States, Guam, Virgin Islands, or Puerto Rico residents only. There may be additional terms and conditions that also apply. Visit activatethecard.com/7702/# to enroll patients and learn additional information.

Odomzo Support™

Odomzo Support streamlines access to Odomzo for patients and providers. Once the application is submitted, a program coordinator will then evaluate if patients are eligible for financial assistance. (Qualified patients must meet certain medical and financial criteria.) Once a benefits investigation is complete, Odomzo Support will:

- Follow up with healthcare professionals to make sure the prior authorization is submitted and approved
- Process the outcome of the benefits investigation and evaluate patients' eligibility

- Research eligibility for the patient assistance program.

For more information or any questions, call the program at 1.844.5.ODOMZO (1.844.563.6696), Monday through Friday, 8:00 am to 8:00 pm ET.

Co-pay Program

Eligible, commercially insured patients 18 years or older may pay as little as \$10 a month for an Odomzo prescription, subject to a \$15,000 maximum annual program benefit. After the program maximum, patients will be responsible for the difference. This offer is valid only for patients with commercial insurance and who have a valid prescription. This offer is not valid under Medicare, Medicaid, or any other federal or state program, for cash-paying patients, where the product is not covered by patient's commercial insurance, or where a plan reimburses patients for the entire cost of prescription drug. One card per patient, not transferable, and cannot be combined with any other offer. Additional terms and conditions may apply.

Patients can activate this card by calling 1.877.ODOMZO.1 (1.877.636.6961) or by visiting www.activatethecard.com/7436.



Patient Assistance Program

Odomzo Support will initiate a benefits investigation of patients' insurance coverage for Odomzo. If applicable, the program will research eligibility for the patient assistance program for non-insured, functionally uninsured, and underinsured patients. Income documentation is required. Available to U.S., Guam, Virgin Islands, or Puerto Rico residents only.

To enroll, prescribers are required to complete the enrollment form (www.odomzo.com/savings) in its entirety with the patient, as well as sign and fax the form and any supporting documents to Odomzo Support at 1.877.872.6575.

REIMBURSEMENT ASSISTANCE

Yonsa Support™

Yonsa Support is a comprehensive resource for patients taking Yonsa. Sun Pharma and CoverMyMeds are working together to expedite the prior authorization process. For more information, contact CoverMyMeds at 1.866.452.5017.

Odomzo Support™

The Odomzo Support Patient Assistance Program application is used to verify patients' health insurance benefits and out-of-pocket costs for Odomzo.

To enroll, fill out and fax the Odomzo Support Patient Assistance Program application (www.odomzo.com/savings) to 1.877.872.6575 to start the process. For more information or any questions, call the program at 1.844.5.ODOMZO (1.844.563.6696), Monday through Friday, 8:00 am to 8:00 pm ET.

Prior Authorization Assistance

Sun Pharma and CoverMyMeds are working together to expedite the prior authorization process to help patients receive their Odomzo therapy as prescribed. For more information, contact CoverMyMeds at 1.866.452.5017.



Taiho Oncology



Oncology-related product: Inqovi® (decitabine and cedazuridine) tablets, Lonsurf® (trifluridine and tipiracil) tablets

Patient and Reimbursement Assistance Website
taihopatientsupport.com

PATIENT ASSISTANCE

Taiho Oncology Patient Support™

Accessing treatments can be challenging at times. Taiho Oncology Patient Support offers personalized services to give patients, caregivers and healthcare professionals the help they need in getting started with Taiho oncology products. This includes insurance verification, help with medication costs, and treatment plan support.

Co-pay Assistance Program

Eligible patients may pay \$0 per treatment cycle. Patients may be eligible if they:

- Have commercial prescription insurance coverage
- Reside within the United States, Puerto Rico, or U.S. territories
- Use a specialty pharmacy or hospital outpatient pharmacy
- Receive medication from a doctor's office.

Patients are not eligible for the co-pay program if they are reimbursed under Medicaid, a Medicare drug benefit program, TriCare, or other state or federal programs. To determine patient eligibility, go to TaihoOncologyCopoly.com or call 844.TAIHO.4U (844.824.4648)

Patient Assistance Program

The patient assistance program can provide financial assistance to eligible patients who have insufficient or no prescription insurance. Eligible patients may receive Taiho oncology products at no cost based on assistance, financial, and medical criteria.

Alternate Funding Support

Taiho Oncology Patient Support can also refer eligible, public- or government-insured patients to nonprofit foundations for co-pay or other assistance. Taiho Oncology does not influence or control the decisions of these co-pay assistance foundations. Each foundation has its own criteria for patient eligibility. Taiho Oncology cannot guarantee financial assistance once a patient has been referred.

There are three ways to enroll in Taiho Oncology Patient Support:

- Complete the Patient Enrollment Form (www.taihopatientsupport.com/how-to-enroll), Spanish enrollment forms are available online, and fax the form to 1.844.287.2559.
- Complete the enrollment forms online and upload them to the healthcare professional portal (<https://taihooncologyhcp.caremetx.com/account/logonsupport>).

- Call 1.844.TAIHO.4U (1.844.824.4648), Monday through Friday, 8:00 am to 8:00 pm ET, for help with enrollment.

Once enrolled, healthcare professionals can expect a Taiho Oncology Patient Support reimbursement specialist to confirm the patient's enrollment and share next steps. Patients can expect a welcome to the program and explanation of their insurance benefits for their prescribed Taiho oncology product.

REIMBURSEMENT ASSISTANCE

Taiho Oncology Patient Support™

The Taiho Oncology Patient Support program simplifies access for those who have been prescribed a Taiho oncology product as part of their treatment. Just a phone call away, it can help determine insurance coverage, coordinate prescriptions, and more.

Access and Reimbursement Support

The program can help patients understand their insurance coverage and/or out-of-pocket responsibility through benefit verifications, determine prior authorization



requirements of the insurance company, and assist with appeals if coverage is denied.

Pharmacy Coordination

The Taiho Oncology Patient Support program can also triage patients' prescriptions, coordinate prescriptions with the specialty pharmacy, self-dispensing practice, or hospital outpatient pharmacy, and communicate regularly with patients about prescription status.

To enroll, complete the Patient Enrollment Form (www.taihopatientsupport.com/financial-support), Spanish forms are available online, and fax it to 1.844.287.2559. Or healthcare professionals can complete the enrollment forms online and upload them to the portal (<https://taihooncologyhcp.caremetx.com/>). For help, call 1.844.TAIHO.4U (1.844.824.4648).



Takeda Oncology

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

Patient and Reimbursement Assistance Websites
here2assist.com/patient/home
velcade.com/paying-for-treatment

PATIENT ASSISTANCE

Takeda Oncology Here2Assist™

Takeda Oncology Here2Assist is a comprehensive support program committed to helping patients navigate coverage requirements, identify available financial assistance, and connect with helpful resources throughout their treatment.

To enroll, download the Takeda Oncology Here2Assist Enrollment Form (here2assist.com/pdf/Takeda_Oncology_Here2Assist_Enrollment_Form.pdf) and fax the completed and signed form with a copy of the patient's insurance card and prescription to 1.844.269.3038. Prescription is only valid if received by fax.

After the patient's enrollment form is received and processed, a Takeda Oncology Here2Assist case manager will conduct a benefits verification to determine the patient's prescription coverage and potential out-of-pocket costs. A summary of coverage will be provided to the provider's office within two business days. For more information, call 1.844.817.6468, Monday through Friday, 8:00 am to

8:00 pm ET or visit here2assist.com/patient/home.

Takeda Oncology Co-Pay Assistance Program

For patients with commercial insurance concerned about their out-of-pocket costs for Alunbrig, Iclusig, and Ninlaro, the Takeda Oncology Co-Pay Assistance Program may be able to help. Patients could pay as little as \$10 per prescription with an annual maximum benefit of \$25,000.

This offer cannot be used if patients are a beneficiary of, or any part of their prescription is covered or reimbursed by: (1) any federal or state healthcare program (Medicare, Medicaid, TriCare, Veterans Administration, Department of Defense, etc.), including a state or territory pharmaceutical assistance program, (2) the Medicare Prescription Drug Program (Part D), or if patients are currently in the coverage gap, Medicare Advantage Plans, Medicaid Managed Care or Alternative Benefit Plans under the Affordable Care Act, or Medigap, or (3) insurance that is paying the entire cost of the prescription. Patients must be at least 18 years old. Additional terms and condi-

tions apply.

To enroll, visit takedaoncologycopay.com or call Takeda Oncology Here2Assist case manager at 1.844.817.6468.

Takeda Oncology Patient Assistance Program

If patients do not have insurance or the prescribed medication is not covered by their insurance, they may be eligible to receive their medication at no cost through this program. To be eligible for the Patient Assistance Program, patients must meet certain financial and insurance coverage criteria.

A Patient Assistance Program Application (here2assist.com/pdf/Takeda_Oncology_Patient_Assistance_Program_Enrollment_Form.pdf) must be submitted in order to confirm patient eligibility. Original signatures are required. Fax the completed and signed application form along with a valid prescription to Takeda Oncology Here2Assist at 1.844.269.3038.

If the patient qualifies, they may be enrolled for up to one year. Upon enrollment, a Takeda Oncology Here2Assist case manager will notify the patient and their healthcare



provider. A one-month supply of their medication will be delivered to the patient at no cost. Each month a Takeda Oncology Here2Assist case manager will confirm with patients and their providers that they are still being treated and are eligible to receive another month's supply of medication.

RapidStart Program

If patients experience a delay in insurance coverage determination of at least five days, they may be eligible to receive a one-month supply of their medication at no cost. To receive a RapidStart supply, a completed Takeda Oncology Here2Assist Enrollment Form must be on file, and a RapidStart Request Form must be completed and submitted (drug-specific forms are available at here2assist.com/patient/home).

Velcade Reimbursement Assistance Program

From finding financial assistance to understanding their disease, Takeda Oncology Here2Assist can provide the information needed throughout patients' treatment. Case managers can connect patients and providers to personalized support for Velcade. Call to speak to a case manager at 1.844.817.6468, option 2, Monday through Friday, 8:00 am to 8:00 pm ET or visit www.Here2Assist.com.

REIMBURSEMENT ASSISTANCE

Takeda Oncology Here2Assist™

Once enrolled in Takeda Oncology Here2Assist, case managers can work with patients and their healthcare provider to determine their coverage options and provide additional support throughout their treatment.

To enroll, download the Takeda Oncology Here2Assist Enrollment Form (here2assist.com/pdf/Takeda_Oncology_Here2Assist_Enrollment_Form.pdf) and fax the completed and signed form along with a copy of the patient's insurance card and prescription to 1.844.269.3038. Prescription is only valid if received by fax. Call 1.844.817.6468, option 2, Monday through Friday, 8:00 am to 8:00 pm ET, for more information.

Velcade Reimbursement Assistance Program

Takeda Oncology Here2Assist can provide the information needed throughout patients' treatment. Case managers can connect patients and providers to personalized support for Velcade. Call to speak to a case manager at 1.844.817.6468, option 2, Monday through Friday, 8:00 am to 8:00 pm ET or visit www.Here2Assist.com.



TerSera Therapeutics

Oncology-related products: Varubi® (rolapitant) tablets, Zoladex® (goserelin acetate implant)

Patient and Reimbursement Assistance Website
terserasupportsource.com

PATIENT ASSISTANCE

TerSera Support Source

TerSera is committed to help remove the financial and access barriers that so often get in the way of patients who are prescribed Zoladex and Varubi.

Co-Pay Assistance

Eligible, commercially insured and cash paying patients pay as little as \$0 of their co-pay or coinsurance amount. For Varubi, the card carries a \$200 max cap per fill and a maximum benefit of \$2,000 per calendar year. For Zoladex, the card carries a maximum benefit of \$2,000 per calendar year. Eligible cash paying patients will receive up to \$300 off each one month supply of Zoladex. Patients are not eligible if prescriptions are paid by any state or other federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, or TriCare, or where prohibited by law. Visit activatethecard.com/7526 to enroll for Zoladex, or visit activatethecard.com/7774 to enroll for Varubi. For questions regarding the Varubi or Zoladex co-pay card, call 1.844.864.3014, Monday through Friday, 8:00 am to 8:00 pm ET.

TerSera Patient Assistance Program

TerSera is committed to helping eligible patients access Zoladex or Varubi through the Patient Assistance Program. If patients qualify, they may get free TerSera medicine for up to one year. TerSera will send an application for renewal once patients' enrollment ends. Medicines can be sent to patients' home or their doctor's office; most medicines are sent in a 90-day supply. Patients may qualify for the program if they:

- Are a United States resident, or a Green Card or Work Visa holder
- Meet certain household income limits
- Do not have prescription drug coverage that helps pay for their TerSera medicines.

To apply for patients prescribed Zoladex, complete the Patient Assistance Program enrollment form (zoladexhcp.com/pdf/patient-assist-enroll_form.pdf) and fax the form to 855.836.3066. For more information on the patient assistance program for Zoladex, call 1.844.ZOLADEX (1.844.965.2339).

To apply for patients prescribed Varubi, download the enrollment form (documents.tersera.com/varubi/VarubiEnrollmentForm.pdf) and fax the completed form to 1.855.836.3066. For more information, call 1.855.686.8725, Monday through Friday, 8:00 am to 8:00 pm ET.

REIMBURSEMENT ASSISTANCE

TerSera Support Source

TerSera Support Source is committed to providing services that streamline the approval process, including prior authorization information and appeals support.

Visit terserasupportsource.com for more information.



TEVA Oncology

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

Patient and Reimbursement Assistance Websites

tevacares.org

tevacore.com

PATIENT ASSISTANCE

Teva Cares Foundation

The Teva Cares Foundation is a group of patient assistance programs created to make a positive difference in the lives of patients and their families. For decades, Teva has been working through its patient assistance programs to improve patient access to medication and ensure that cost is not a barrier to treatment. Teva's commitment to patients provides certain Teva medications at no cost to patients in the United States who meet certain insurance and income criteria. To determine if your patient qualifies, review the Teva Cares Foundation Patient Assistance Programs eligibility requirements for the prescribed medication online at tevacares.org/doiqualify or call 1.877.237.4881, Monday through Friday, 9:00 am to 8:00 pm ET. Then download the appropriate enrollment application for the prescribed medication and fax the completed form to 877.438.4404.

If a patient does not meet the eligibility requirements for the Teva Cares Foundation Patient Assis-

tance Programs, Teva may offer a reimbursement assistance program or other type of program to assist patients. For more information, call 888.TEVA.USA (888.838.2872). Some patients may be eligible for assistance from other programs. For a listing of these other assistance programs go to tevacares.org/otherresources/.

REIMBURSEMENT ASSISTANCE

CORE

The reimbursement and insurance process can be complicated. Comprehensive Oncology Reimbursement Expertise (CORE) is available to help eligible patients, their caregivers, and healthcare professionals navigate the reimbursement process. CORE offers a range of services:

- Benefit verification and coverage determination
- Precertifications/prior authorization support
- Coverage guidelines and claims investigation assistance
- Support through the claims and appeals process

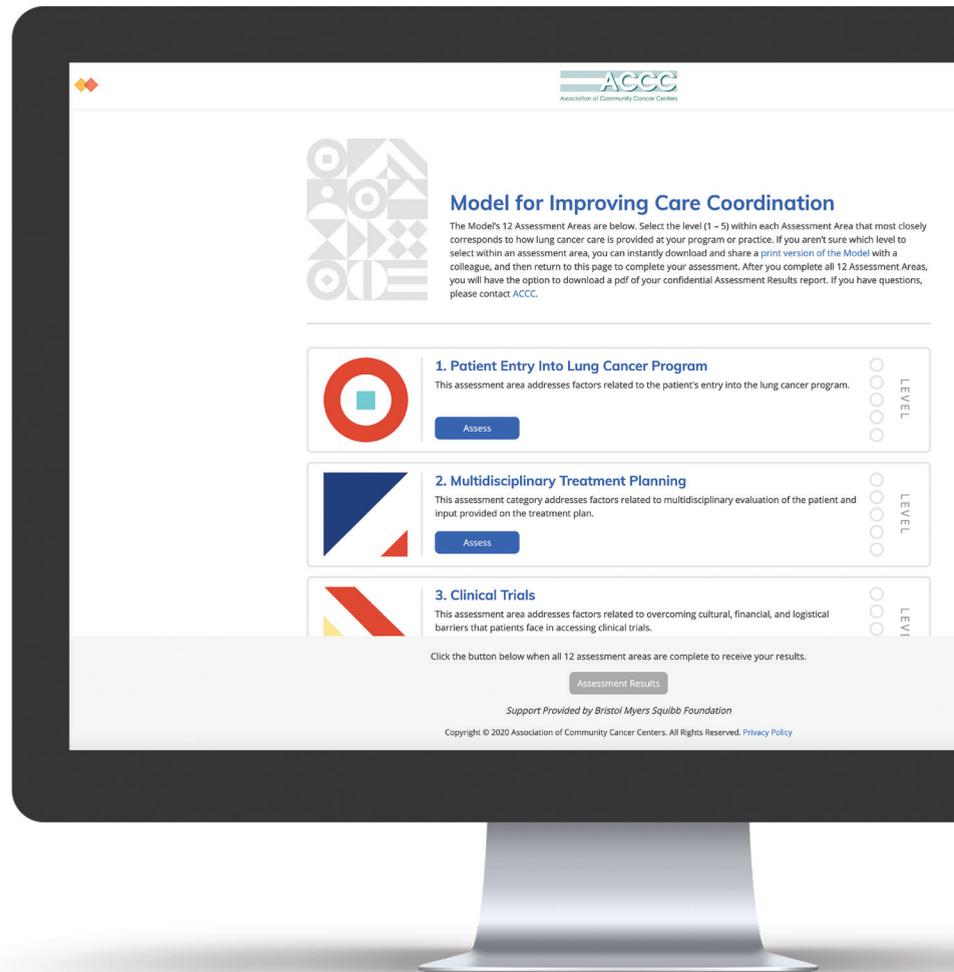
- Templates for letters of medical necessity
- Teva Cares Foundation patient assistance program referrals.

Download the CORE enrollment form at tevacore.com/resources and fax it to 866.676.4073. For questions, call 1.888.587.3263, Monday through Friday, 9:00 am to 6:00 pm ET or visit TevaCORE.com.



6 STEPS to IMPROVE CARE COORDINATION for Lung Cancer Patients on Medicaid

- 1. Take the FREE, online assessment** (the Model) to identify 12 areas in which your program can improve care coordination and quality for patients with lung cancer.
- See how your program measures up. **Download a customized PDF report** with your results embedded in each assessment area and a crosswalk to more than 100 quality measures.
- Discuss the results with your care team** and cancer program leadership to identify quality improvement (QI) opportunities.
- Access ACCC-curated resources** to help make the case for developing and implementing a QI project in one or more assessment areas, such as patient access, navigation, supportive care, multidisciplinary treatment planning, and more.
- Gain more team training** on the building blocks of successful QI project development and implementation. Available to a select number of ACCC Cancer Program Members.
- Share how your program is utilizing the Model's framework** to improve care coordination and by applying for an ACCC Innovator Award, submitting an article to *Oncology Issues*, or applying to present at an upcoming meeting.



Access the online tool, full Model & quality measures report, and testimonials from ACCC members who have used their assessment for quality improvement initiatives.

carecoordination.accc-cancer.org



ACCC 47TH ANNUAL MEETING & CANCER CENTER BUSINESS SUMMIT

March 1-5, 2021

AMCCBS *Virtual*

POSITIVE DISRUPTION in the COVID-19 Era

AMCCBS Virtual will deliver a focused look at the hot button issues impacting your cancer program today—and the strategies you'll need to emerge positioned for success.

Explore timely, real-world case studies that demonstrate how to accelerate digital health capabilities, transform business operations and care processes, and enhance the patient and provider experience in this new reality.

- ◆ Cancer Care Delivery in a COVID-19 World
- ◆ Telehealth, Virtual Care Models, and Remote Monitoring
- ◆ Cancer Service Line Efficiency and Revenue Optimization
- ◆ Community Approaches to Addressing Diversity and Inclusion
- ◆ Managing Risk and Innovative Staffing Strategies
- ◆ New Models in Clinical Trials and Cancer Research
- ◆ Business Consolidation: Opportunities and Obstacles

Join us at acc-cancer.org/AMCCBS for agenda updates, registration rates, and more as the #AMCCBSVIRTUAL program develops in real-time.





Adaptive Biotechnologies

Oncology-related products: clonoSEQ® Assay (for the detection and monitoring of minimal residual disease in bone marrow samples from multiple myeloma and B-cell acute lymphoblastic leukemia patients)

Patient and Reimbursement Assistance Website
clonoseq.com/adaptive-assist

PATIENT ASSISTANCE

Adaptive Assist™

Adaptive Biotechnologies understands that each patient's situation is unique. It is committed to providing guidance and support during each step of the insurance process. That's why it offers the Adaptive Assist Patient Support Program: to help facilitate access to clonoSEQ testing services for patients who could benefit from the clinical insights provided by next-generation measurable residual disease testing. Adaptive Assist can help through the following support:

- Understand coverage
- Navigate insurance
- Individualized support.

For questions, call the program at 1.855.236.9230, Monday through Thursday, 9:00 am to 7:00 pm ET, and Friday, 9:00 am to 5:00 pm ET.

Patient Support Program

Adaptive Biotechnologies is committed to providing financial assistance opportunities to qualified clonoSEQ patients with a demonstrated financial need and in accordance with the terms of the Patient Support Program. To be eligible for enrollment, a patient must meet all of the following criteria:

- Be a United States citizen or legal resident age 18 years or older;

patients under the age of 18 are eligible, but require the application form to be signed by a parent or legal guardian

- Be uninsured or have insurance that does not cover the full cost of clonoSEQ testing
- Meet financial need requirements based on the patient's income and the number of persons in their household or sum of medical expenses as a percentage of household income
- Submit a completed and signed application form (www.clonoseq.com/adaptive-assist/) including acknowledgment of the requirement to submit a tax return, W-2, pay stub, or other comparable document demonstrating financial need if and when selected for participation in the upfront enrollment audit.

Neither the application nor the Patient Support Program constitute a contract. Adaptive Biotechnologies retains the right to change the program in whole or part at any time in the exercise of its sole discretion.

In most cases, Adaptive Biotechnologies will send a notification letter indicating final program eligibility determination within 10 working days following receipt of a fully completed and signed appli-

cation. An incomplete form may result in delays to processing and/or enrollment. For more information call 1.855.236.9230 or visit clonoseq.com/adaptive-assist.

REIMBURSEMENT ASSISTANCE

Adaptive Assist™

The Adaptive Assist Patient Support Program is a comprehensive reimbursement support program to support patients for the duration of their measurable residual disease testing. The program:

- Aids patients to understand the billing process and potential out-of-pocket costs
- Assists with prior authorizations for all incoming clinical orders
- Appeals for the maximum benefits and lowest out-of-pocket cost
- Assists with out-of-pocket costs after coverage.

To get patients started, download the program applications (www.clonoseq.com/adaptive-assist/) to find out if they qualify for support. Call 1.855.236.9203, Monday through Thursday, 9:00 am to 7:00 pm ET, and Friday, 9:00 am to 5:00 pm ET, for answers to your questions about insurance, billing, payment, or financial assistance.



Foundation Medicine



Oncology-related products: FoundationOne® CDx (companion diagnostic for patients across all solid tumors), FoundationOne® Liquid CDx (liquid biopsy test for solid tumors), FoundationOne® Heme (genomic profiling test for hematologic malignancies and sarcomas)

Patient and Reimbursement Assistance Website

[foundationmedicine.com/info/detail/for-patients](https://www.foundationmedicine.com/info/detail/for-patients)

PATIENT ASSISTANCE

Financial Assistance

Foundation Medicine is committed to helping patients access its testing services. Financial assistance is available for patients based on need and can be applied for at any point during the testing process. If patients are uninsured or concerned about the out-of-pocket cost of testing, fill out a financial assistance application or contact Foundation Medicine at 888.988.3639, Monday through Friday, 8:00 am to 8:00 pm ET. Apply for assistance online or download the PDF application (both can be found under “Financial Support” at www.foundationmedicine.com/info/detail/for-patients). If filling out the PDF application, fax it to 1.617.830.0279 or email it to client.services@foundationmedicine.com.

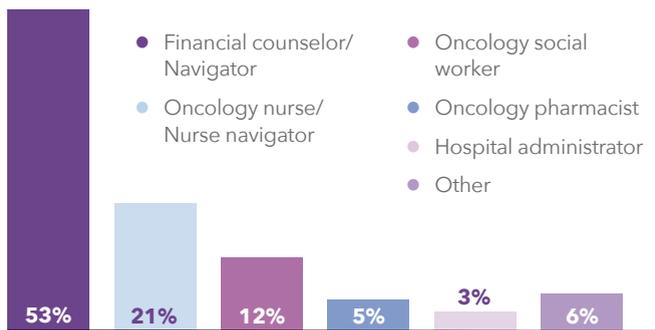
Some commercial health plans offer coverage for Foundation Medicine testing services. Medicare covers FoundationOne CDx, FoundationOne Liquid CDx, and FoundationOne Heme for qualifying patients. FoundationOne CDx is also covered by TriCare for qualifying patients. FoundationOne Heme has limited commercial health plan coverage at this time.

FINANCIAL ADVOCACY NETWORK

2019-2020 ACCC Financial Advocacy Network Census Survey

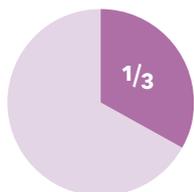
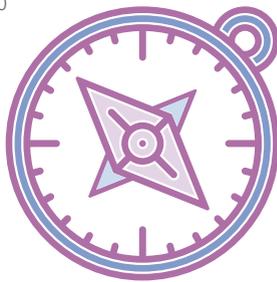
292 survey respondents from 153 unique cancer programs and practices

Who Took Our Survey n=292



Years of Experience Providing Financial Navigation Services n=270

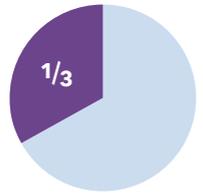
- 48%** Less than 5 years
- 23%** 5-10 years
- 22%** 11-20 years
- 7%** 20+ years



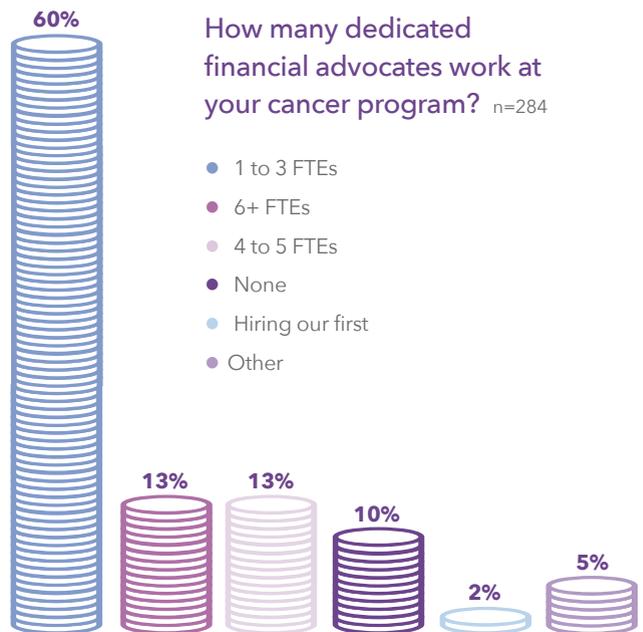
One-third of respondents say they provide financial advocacy services to more than 20 patients per week.

n=183

One-third of respondents (**36%**) said they “do not have enough full-time employees (FTEs) to meet their demand for financial advocacy services” and another third (**34%**) said they “do not ALWAYS have enough FTEs to meet their demand for financial advocacy services.” n=183

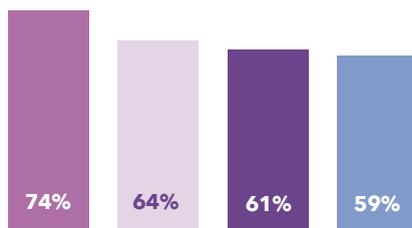


How many dedicated financial advocates work at your cancer program? n=284



Roles and Responsibilities n=192

- Work directly with patients to address financial concerns
- Screen patients for their risk of financial toxicity and/or distress
- Identify and enroll patients in manufacturer financial assistance
- Identify and enroll patients in free-drug programs



Return on Investment (ROI) n=186

While nearly **1 in 4** cancer programs (**23%**) **DO NOT** track the impact of financial navigation services, the situation is changing. **One-third** of survey respondents (**32%**) say that they “are in the process of developing metrics and/or a tracking system for financial navigation services.”

The two most common metrics collected are “reduction in overall institutional debt” (**15%**) and “number of patients who have gained access to treatments by mitigating financial barriers” (**12%**).



Biggest Organizational Challenges n=197

- 32%** Difficulty finding funding and/or resources for patients
- 24%** Ineffective organizational structure and/or processes
- 16%** Limited staff and increasing demand
- 11%** Patient education needs and/or low financial health literacy

Top Concerns of Financial Advocates n=174

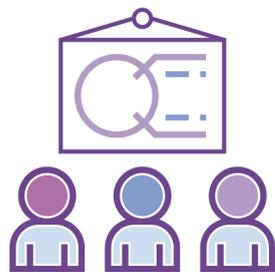
1. Lack of resources
2. Navigating a highly complex, changing landscape
3. Patient education needs and/or low financial health literacy



Training and Resources

70% have not received any formal professional training on financial navigation. n=286

For those who received training (n=56), **60%** received it through the ACCC Financial Advocacy Network Boot Camp and say it is a valuable resource.



What's a Co-Pay Accumulator?

A co-pay accumulator—or accumulator adjustment program—is a strategy used by payers and pharmacy benefit managers (PBMs) that stop manufacturer co-pay assistance coupons from counting towards the deductible and the maximum out-of-pocket spending. When the co-pay card or coupon is exhausted, beneficiaries must pay the entire amount of their deductible before their plan benefits kick in.

A majority (**71%**) of respondents are unaware of co-pay accumulators. n=197

89% indicated they need better understanding and resources to feel adequately prepared to explain and assist patients in navigating these new rules. n=84



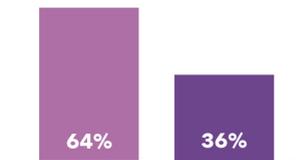
What's Non-Medical Switching?



Non-medical switching is when a payer changes a patient's treatment regimen for reasons other than efficacy, side effects, or adherence. It is a drug formulary tactic used by payers to reduce drug costs.

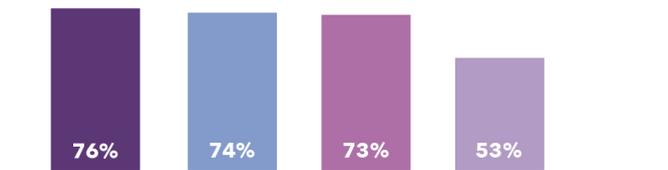
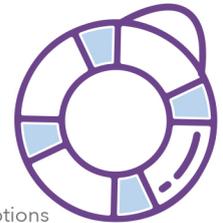
64% of respondents are unaware of non-medical switching.

Of the **36%** that are aware of this trend, **81%** say “it always or sometimes impacts patient care.” n=190



Help Needed Stat! n=197

- Need help optimizing Medicare and/or Medicaid options
- Need training and materials on cost-related health literacy education
- Need help optimizing private insurance options
- Need help navigating manufacturer and/or advocacy patient assistance programs



The ACCC Financial Advocacy Network is supported by Pfizer, Janssen, Johnson & Johnson, and Pharmacyclics

Cornerstone Partner: Silver Partners:

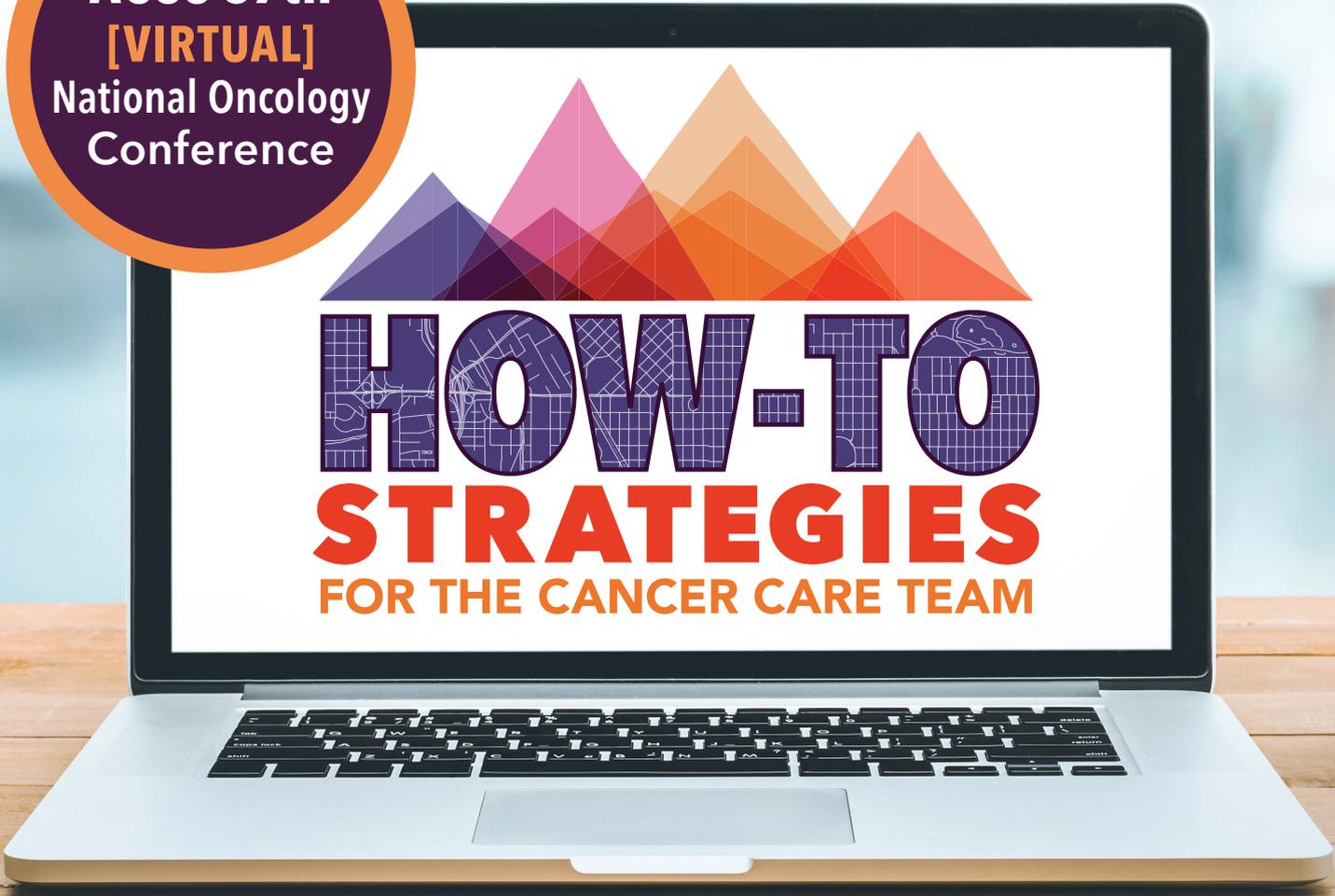
The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 25,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit accc-cancer.org.

The **ACCC Financial Advocacy Network** is the leader in providing professional development training, tools, and resources that will empower providers to proactively integrate financial health into the cancer care continuum and help patients gain access to high-quality care for a better quality of life.

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ACCC 37th
[VIRTUAL]
National Oncology
Conference



HOW-TO
STRATEGIES
FOR THE CANCER CARE TEAM

The Same
Exceptional
Programming.
NOW AVAILABLE
ON-DEMAND.

You'll Have Access To:

- **Featured Speakers** who will inspire you to become an effective leader during times of adversity and adopt strategies that can help address the disparity of women in the field of oncology.
- **ACCC Innovator Award Winners** that offer practical takeaways and replicable strategies for administrators, physician and nurse leaders, pharmacists, and other members of the cancer care team looking to improve the patient experience.
- **Hot-Topic Roundtable Sessions** on Culture Humility and Sensitivity, Engaging Physicians in Clinical Trials, Meeting the Needs of AYAs, Wellness Strategies, Mentoring Those New to Oncology, and more.
- **On-Demand Activities for 12 months**, which award continuing education hours for physicians, nurses, pharmacists, and administrators as appropriate!

LEARN MORE AT [COURSES.ACCC-CANCER.ORG/NOC](https://courses.accc-cancer.org/noc)

FINANCIAL ADVOCACY NETWORK

2,325+
participants
in 50 states

880+
cancer programs
and practices
enrolled

Financial Advocacy Boot Camp

Powerful Training to Boost Your Financial Navigation Services!

Two sets of dynamic online courses offer the tools your staff needs to help patients pay for treatment—while maximizing reimbursement at your program.

Shape up your team's skills with introductory courses:

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

Then continue the learning with advanced content:

- Oncology 101 for Financial Advocates
- Proactive Assessment of Financial Distress
- Cost-Related Health Literacy
- Measuring and Reporting

Additional course to be released in 2020:

- Health Policy Landscape

"The Financial Advocacy Boot Camp explains all aspects of financial advocacy and is a great tool for new advocates and experienced professionals. Our team will be more prepared and confident with this tool."

Angie Santiago, CRCS-I, Lead Financial Counselor-Oncology,
Thomas Jefferson University Health System, Sidney Kimmel
Cancer Center

Who Should Enroll?

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

Cost

FREE to ACCC and Oncology State Society at ACCC members, and \$155 for non-members. Join ACCC as an Individual Member (\$155) to access this resource—and others—for free.

ENROLL at acc-cancer.org/FANBootCamp

The ACCC Financial Advocacy Network is supported by:



Cornerstone Partner



Silver Partners

The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 25,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit acc-cancer.org or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn; read our blog, ACCCBuzz; and tune in to our podcast, CANCER BUZZ.

The **ACCC Financial Advocacy Network** is the leader in providing professional development training, tools, and resources that will empower providers to proactively integrate financial health into the cancer care continuum and help patients gain access to high quality care for a better quality of life.



Association of Community Cancer Centers



Other Patient Assistance Programs & Resources

Agingcare.com® agingcare.com

AgingCare.com connects families with elder care, senior housing, and caregiver support. Included in its services is the Drug Assistance Program Locator: agingcare.com/Articles/prescriptiondrugassistance-program-locator-171753.htm. Search for prescription drug assistance programs by state, medication name, or browse a list of nationwide non-profit prescribed medication assistance programs.

Aunt Bertha findhelp.org

Aunt Bertha has created a social care network that connects people and programs—making it easy for people to find social services in their communities, for nonprofits to coordinate their efforts, and for customers to integrate social care into the work they already do.

Its interactive map (company.auntbertha.com/for-customers/socialcarenetwork/) illustrates comprehensive coverage of social care programs in every United States county, including state and national programs. Select any county to view the breakdown of program categories (such as housing and financial assistance) and use the map filter to select interactive geographic areas.

The open access search (findhelp.org) is free, open to the public, and easy to use. After searching by zip code, Aunt Bertha lists several options in the community that can help patients with prescription assis-

tance, transportation for healthcare, and more.

A program or foundation's eligibility will be listed along with its contact information. Aunt Bertha will provide "Next Steps" to help patients with the application process.

BenefitsCheckUp® benefitscheckup.org

The National Council on Aging (NCOA) is a respected national leader and trusted partner helping older adults meet the challenges of aging through services like BenefitsCheckUp. BenefitsCheckUp is a comprehensive, free online tool that connects older adults with benefits they may qualify for. The BenefitsCheckUp team monitors the benefits landscape for updates and changes to policies and programs. It matches patients' unique needs to benefit programs and eligibility requirements using its comprehensive tool.

There are over 2,500 federal, state, and private benefits programs available to help. After reviewing initial results, patients can enter more details to personalize their report. They will receive a customized report listing the benefits they are most likely to qualify for. Patients can start enrolling in programs right away. BenefitsCheckUp can help patients with the following types of expenses:

- Medication
- Food
- Utilities
- Education
- Healthcare

- Housing
- Income Assistance
- Tax relief
- Transportation
- Employment.

If patients have Medicare and have limited income and resources, they may be eligible for the Medicare Part D Low-Income Subsidy or Extra Help. Patients may be able to get extra help paying for prescription drug costs if:

- Their income is less than \$19,380 if single and \$26,100 if married.
- They have resources less than \$14,610 if single and \$29,160 if married.

To apply, patients must live in one of the 50 states or the District of Columbia. Apply online at: benefitscheckup.org/medicare-rx-extra-help-application-welcome.

CancerCare® cancercares.org

CancerCare is the leading national organization providing free, professional support services and information to help people manage the emotional, practical and financial challenges of cancer. Its comprehensive services include case management, counseling and support groups over the phone, online, and in-person, educational workshops, publications, and financial and co-payment assistance. All CancerCare services are provided by master's-prepared social workers and world-leading cancer experts. It offers limited financial assistance for cancer-related costs such as transportation and child care. If applying for financial assistance,



all correspondence must be done electronically through email or fax. CancerCare does not have access to process any incoming or outgoing mail. 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 a patient, professional oncology social workers will always work to refer patients to other financial assistance resources. Check cancercare.org periodically for funding updates.

Financial Assistance Program

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 CancerCare eligibility guidelines based on the Federal Poverty Limit.

Steps for applying to this program, include:

1. Call 800.813.HOPE (4673) and speak with a CancerCare social worker to complete a brief interview. They can be reached Monday through Thursday, 10:00 am to 6:00 pm ET, and Friday, 10:00 am to 5:00 pm ET.
2. If patients are eligible to apply, CancerCare will:
 - Mail/email the patient an individualized barcoded application
 - Request documentation to verify the patient's income.
3. Patients must submit a completed application to the email or fax number listed on the form.

CancerCare® Co-Payment Assistance Foundation cancercarecopay.org

CancerCare helps people with cancer overcome financial access and treatment barriers by assisting them with co-payments for their prescribed treatments. It offers easy-to-access, same-day approval over the phone and online. To qualify for assistance, patients must meet certain financial, medical and insurance criteria. The funds are disease specific. The patient's primary cancer diagnosis must match our fund definition and the medication prescribed must be to treat the primary diagnosis. If CancerCare Co-Payment Assistance Foundation (CCAF) does not have funds available for a specific disease, it will provide you with information about other patient assistance programs, support services, and additional resources that may be helpful.

In order to be eligible for assistance:

- Patient's primary cancer diagnosis must be the same as one of the funds that CCAF covers.
- Patient must have a valid Social Security number to apply for assistance and receive treatment in the United States.
- Patient must be in active treatment or have a treatment plan in place prior to applying for assistance.
- Patient is required to have valid insurance coverage. Some funds are restricted to assist only those insured through a federal health insurance program such as Medicare or TriCare.
- Patient income level must be at or below 500 percent of the Federal Poverty Level.

The quickest and most secure way to enroll a patient with the foun-

ation is to use the online process (cancercare.org/copay-apply) or speak with a Co-Payment Specialist at 866.55.COPAY (866.552.6729). Patients will be enrolled for up to one year from the time they are approved.

For more information, call 866.55.COPAY (866.552.6729), Monday through Thursday, 9:00 am to 7:00 pm ET, and Friday, 9:00am to 5:00 pm ET.

Cancer Financial Assistance Coalition cancerfac.org

The Cancer Financial Assistance Coalition (CFAC) is a coalition of financial assistance organizations joining forces to help cancer patients experience better health and well-being by limiting financial challenges. It educates patients and providers about existing resources and links to other organizations that can disseminate information about the collective resources of its member organizations.

CFAC is a coalition of organizations and 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 by specific type of assistance or need (i.e., co-pays, general living expenses, transportation, genetic testing). Patients and providers may also contact each CFAC member organization individually for guidance and possible financial assistance.

Co-Pay Relief copays.org

The Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR) provides direct financial assistance



to qualified patients with co-payments, co-insurance, or cost-sharing associated with prescription medications through funds dedicated to specific disease states. In some instances, assistance with insurance premiums and/or ancillary services associated with the disease also may be available. Patients approved for assistance are required to have their verified diagnosis and treatment plan along with supporting documentation completed and returned within 30 days of approval to ensure continuation of the award. Eligibility requirements:

- Patients must be currently insured and have coverage for medication(s) seeking financial assistance.
- Patients must have a confirmed diagnosis and treatment plan.
- Patients must reside and receive treatment in the United States.
- Patients' income must fall at or below 300 percent or 400 percent of the Federal Poverty Guideline (FPG) with consideration for the Cost of Living Index (COLI) and number in the household.

Once approved, the award can be used immediately. Claims should be submitted via the Virtual Pharmacy Card, uploading them to the online portal, or faxed to PAF using the unique bar-coded fax cover sheet.

Patients and providers can apply online (<https://copays.org/portal/#/login>) or by calling 866.512.3861. If applying via phone, applications and supporting documents must be faxed to the unique bar-code on the application.

FamilyWize® familywize.org

FamilyWize partners with nearly all pharmacies nationwide to negotiate prescription discounts, so patients

receive a lower price. FamilyWize understands patients are looking to reduce the cost of prescription medications, and its goal is to help people do that. The pharmacy discount card is for everyone nationwide, whether or not patients have health insurance coverage.

The free FamilyWize Prescription Discount Card (familywize.org/free-prescription-discount-card) is available online or through mobile app. There are no fees or eligibility requirements. This program can be used to obtain savings on prescription drugs that are excluded by insurance plans, not covered because patients have exceeded their plan's maximum limits, or the free prescription discount card's price is lower than a patient's program's co-payment amount.

The prescription discount card must be presented with each prescription to a participating pharmacy to be eligible for the discount price. The price the cardholder pays is always the lesser of the discounted price or pharmacy's retail price. If the pharmacy's price is less, there is no discount. The card can-not be used with other prescription drug discount cards or for prescriptions paid through a health plan or pharmacy benefit plan. All pricing and benefits are subject to change without notice. Additional restrictions may apply.

With the Drug Price Look-up Tool (familywize.org/drug-price-look-up-tool), patients can enter the name of their medication and zip code, and it will show them the pharmacy savings for that specific medication.

Learn more at familywize.org, or call 800.222.2818

Good Days® mygooddays.org

Good Days is a non-profit advocacy organization that provides resources for life-saving and life-extending treatments to people in need of access to care.

Good Days covers what insurance does not—the co-pays for treatments that can extend life and alleviate suffering. Good Days also has a premium assistance program for patients who need help paying their monthly medical insurance premiums. Its travel assistance program helps pay for travel costs to ensure patients have access to the care they need.

Good Days has streamlined the enrollment process so patients can receive immediate determination of eligibility for financial assistance. Eligibility criteria:

- Patient must be diagnosed with a covered disease and program must be accepting enrollments
- Patient must have a valid Social Security number to apply for assistance and receive treatment in the United States
- Patient must be seeking assistance for a prescribed medication that is FDA approved to treat the covered diagnosis
- Patient is required to have valid insurance coverage
- Patient income level must meet program guidelines.

To enroll, go to mygooddays.org/apply to apply online, or you can download the English or Spanish enrollment form and fax completed forms to 214.570.3621. Good Days' care navigators are available to assist by phone at 877.968.7233, Monday through Friday, 8:00 am to 5:00 pm CT.



HealthWell Foundation® healthwellfoundation.org

When health insurance is not enough, HealthWell Foundation fills the gap by assisting with copays, premiums, deductibles, and out-of-pocket expenses. It provides financial assistance to help with:

- Prescription copays
- Health insurance premiums, deductibles, and coinsurance
- Pediatric treatment costs
- Travel costs.

Healthwell Foundation offers financial assistance through a number of disease funds, with new funds opening every year, so patients can get the care they need.

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 for that illness.
- Patients must have some form of health insurance such as, private insurance, Medicare, Medicaid, or TriCare that covers part of the cost of the treatment.
- Patients have incomes up to 400 percent to 500 percent of the federal poverty level (HealthWell considers household income, the number in the household, and the cost of living in the patients' city or state).
- Patients must be receiving treatment in the United States.

Anyone with the patient's express permission may apply on behalf of a patient in two ways:

1. Apply online using the HealthWell provider portal at <https://healthwell-foundation.secure.force.com/>
2. Apply by phone at 800.675.8416, Monday through Friday, 9:00 am to 5:00 pm ET.

HealthWell strongly encourage providers, advocates, social workers, and pharmacy staff to use their respective portal to apply so that patients can readily access its hotline care managers.

Once patients are approved for a grant from one of the disease funds, they will receive assistance for a rolling 12 months, after which they can reapply if needed and if funding is available. Upon approval, patients will receive both a HealthWell Pharmacy Card and a Reimbursement Request Form for times when they need it.

For any questions and to speak with a HealthWell representative, call 800.675.8416, Monday through Friday, 9:00 am to 5:00 pm ET.

The Leukemia & Lymphoma Society Co-Pay Assistance Program lls.org

The Leukemia & Lymphoma Society (LLS) Co-Pay Assistance Program can help provide assistance and pay a patient's provider directly or reimburse them for payments already made. Patients have the complete freedom to choose their doctors, providers, suppliers, insurance companies, and treatment-related medications. Patients can make changes to these at any time without affecting their continued eligibility. The LLS Co-Pay Assistance Program offers financial help toward:

- Medical insurance premiums
- Treatment-related co-pays, deductibles, and co-insurance (for expenses covered by the program)
- Prescription medication related to prescribed treatment.

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 U.S. territory
- Have medical and/or prescription insurance
- Have a blood cancer diagnosis confirmed by a doctor. Patient must be in active treatment, scheduled to begin treatment, or is being monitored by their doctor. (See a list of covered diagnoses at lls.org/support/financial-support/co-pay-assistance-program).

Patients, providers, pharmacies can apply online using the LLS Financial Assistance Copay Portal (<https://cprportal.lls.org/#/login>).

Patients and providers call also apply over the phone and get more information about the LLS Co-Pay Assistance Program by calling 877.557.2672, Monday through Friday, 8:30 am to 5:00 pm ET.

Support for this program is based on the availability of funds by disease diagnosis.

Patient Aid Program

The Patient Aid Program provides financial assistance to blood cancer patients. Eligible patients will receive a one-time \$100 stipend to help offset expenses. There are no income criteria to qualify for this program. Program continuation is dependent on the availability of funds and the program could be modified or discontinued at any time if funding is limited or no longer available. To be eligible, patients must:

- Be a United States citizen or permanent resident of the U.S. or U.S. territories



- Have a confirmed diagnosis of blood cancer, be in active treatment, scheduled to begin treatment, or in follow up care, all attested to by the patient or care team member
- Patients may be insured or uninsured.

Apply online (lls.org/support/financial-support/patient-financial-aid) or by phone at 877.557.2672, Monday through Friday, 8:30 am to 5:00 pm ET.

Medicine Assistance Tool medicineassistancetool.org

Pharmaceutical Research and Manufacturers of America's Medicine Assistance Tool (MAT) is a search engine designed to help patients, caregivers, and health care providers learn more about the resources available through the various biopharmaceutical industry programs. MAT is not its own patient assistance program, but rather a search engine for many of the patient assistance resources that the biopharmaceutical industry offers.

The tool has three steps: Enter Your Medications, My Background and My Resources. In the final step, users can review resources that may be available based on the medications and background information entered. Resources will be listed and can be printed by the user.

MAT offers other resources, including:

- A list of other healthcare assistance resources at <https://medicineassistancetool.org/My-Resources?sec=all-resources&cat=3>
- A list of discount drug card programs at <https://medicineassistancetool.org/My-Resources?>

[sec=all-resources&cat=3](https://medicineassistancetool.org/My-Resources?sec=all-resources&cat=3)

- Information about the cost of prescription medicines at medicineassistancetool.org/Medicine-Cost-Information.

NeedyMeds needymeds.org

NeedyMeds is a non-profit that connects people to programs that will help them afford their medications and other healthcare costs. Each program has its own qualifying criteria. To find a patient assistance program (PAP) that patients may qualify for click on the brand name or generic name search page under the "Patient Savings" tab on the NeedyMeds website, or search for the medication name using the search feature in the upper left hand corner of the screen. If using the brand or generic name medication search function:

1. Click on the first letter of the medication's name in the alphabet bar.
2. Click on the name of the medicine to access the eligibility and contact information for the program(s).

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. If an application form is available through a PAP, look for it in the "Program Applications" list.

Program Application Assistance:

There are many local programs and individuals that help people apply to prescription assistance programs. All will help for free or at a low cost. They may help with finding a program for prescription medications, completing the application forms, and working with healthcare providers who must sign the forms. Help can be found at www.needymeds.org/local-programs.

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 a 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** lists offers of brand name medicine (over-the-counter and prescription) and medical supplies. These offers may be in the form of a printable coupon, rebate, savings card, 7-30 day free trial offers, or free samples. There are a variety of ways to receive the offers: some may be printed right from their website, others require registration, filling out a questionnaire, or even obtaining a sample from the doctor's office.
- **NeedyMeds Drug Discount Card** can help save up to 80 percent off the price of prescription medications. No personal information or registration is required and the drug discount card is free of charge. The discount card can be used immediately. Simply present the card to the pharmacist, along with the prescription, at any of the participating pharmacies. The drug discount card cannot be used in combination with any insurance, so it cannot be used to lower a copayment. Download a card and learn more about its benefits at www.needymeds.org/drug-discount-card.
- **Diagnosis-Based Assistance:** There are many government and privately-funded programs that help with costs associated with a specific diagnosis. 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. Some cover one specific diagnosis, while others cover whole categories (such as all types of cancers) or even all chronic medical illnesses. NeedyMeds has compiled a database (www.needymeds.org/copay-branch) of diagnosis-based assistance programs that can be searched. In most cases, 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 programs and helpful tools and information to navigate these programs. Users can search these programs by clicking on a state, the District of Columbia, or U.S. territory. 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, or email info@needymeds.org.

Patient Access Network Foundation

panfoundation.org

The Patient Access Network (PAN) helps underinsured people with life-threatening, chronic, and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs and advocating for improved access and

affordability. Patients and providers and pharmacy staff on the patient's behalf can apply for assistance using the online self-service portals at www.panfoundation.org/get-help/apply-for-assistance/ or by calling 866.316.7263, Monday through Friday, 9:00 am to 7:00 pm ET.

To qualify for a financial assistance program, the patient must:

- Be getting treatment for the disease named in the assistance program
- Be taking a medication that's covered by their health insurance and listed in the assistance program
- Have an income that's at or below the Federal Poverty Level specified by the assistance program
- Live and receive treatment in the United States or U.S. territories. They don't have to be a U.S. citizen.

When applying for a PAN grant, patients are free to choose their covered medications, healthcare providers, and pharmacies. And they can make changes to these anytime without affecting your grant eligibility. PAN provides assistance on a rolling 12-month basis.

For questions about applications or income verification, call 1.866.316.7263.

Patient Advocate Foundation

patientadvocate.org

The Patient Advocate Foundation (PAF) is a non-profit charity that provides direct services to patients with chronic, life threatening, and debilitating diseases to help access care and treatment recommended by their doctor. It offers the following services: **Case management services:** Professional case managers at PAF work

with the mission to identify and reduce the challenges that individuals have when seeking care for their disease. Case management services are available on behalf of patients meeting all of the following criteria:

- Have a confirmed diagnosis of a chronic disease, a life-threatening disease, or debilitating disease, or be seeking screening services related to symptoms or suspicion of a chronic, life-threatening, or debilitating disease
- Be in active treatment, had treatment within the past 6 months, or going into treatment in the next 60 days
- Be a United States citizen or permanent resident of the U.S.
- Be receiving treatment at a facility in the U.S. or in a U.S. territory.

To connect with case management services, call 1.800.532.5274 or apply online at patientadvocate.org/connect-with-services/case-management-services-and-medicarelines/.

MedCareLine: A division of PAF, the MedCareLine's team of professional case managers assist with disability, health insurance navigation including prior authorization, appeals for denied services, second opinion options, and screening for clinical trials. The case managers also assist patients who are experiencing financial challenges that are impacting their ability to pay for care and basic cost of living expenses like housing, utilities, food and transportation, researching and linking them to available financial support programs that may meet some of these needs. Uninsured patients are also supported by the program with direct support in accessing public programs, health insurance enrollment, and



charity care that will allow access to necessary care. For more information, visit patientadvocate.org/connect-with-services/case-management-services-and-medicarelines.

Co-Pay Relief Program: The PAF Co-Pay Relief Program, one of the self-contained divisions of PAF, provides direct financial assistance to insured patients who meet certain qualifications to help them pay for the prescriptions and/or treatments they need. This assistance helps patients afford the out-of-pocket costs for these items that their insurance companies require. For more information, read the “Co-Pay Relief” on page XX.

Financial Aid Funds: This independent division of Patient Advocate Foundation provides small grants to patients who meet financial and medical criteria. Grants are provided on first-come first-served basis and are distributed until funds are depleted. Qualifications and processes for each fund may differ based on fund requirements. Patients who are interested in applying for financial assistance should start by calling this division at 855.824.7941 or by registering an account and submitting an application online at financialaid.patientadvocate.org.

For questions, call 1.800.532.5274, Monday through Thursday, 8:30 am to 5:00 pm ET, and Friday, 8:30 am to 4:00 pm ET.

RxAssist rxassist.org

RxAssist offers a comprehensive database of patient assistance programs, as well as practical tools, news, and articles so that health care professionals and patients can find the

information they need. Go to rxassist.org/search and search by either medication name or company name.

If an application is available online, users 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.

RxAssist Prescription Savings Card

With the RxAssist Prescription Savings Card, patients can save up to 85 percent where they already fill their prescriptions. Savings are possible with or without insurance, and there is no additional cost to use the card. RxAssist guarantees the lowest price between its discounted price, patients' insurance copay, or the pharmacy cash price. Visit rxassist.org/coupon/generic?type=patients, or call 1.877.537.5537 for more information.

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 providers and staff would like to create a free account for one healthcare provider, visit rxhope.com/Prescriber/SetupAccount.aspx. To set up a free account and place orders online the following criteria are required:

- The user must be a healthcare provider or their staff
- A valid state license number for the healthcare provider

- An email address (this will become the user's login)
- The medication for which the patient is applying
- The patient's first and last name.

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

Patients can initiate the patient assistance process by following a few steps:

1. Enter contact information and select the medication for which the patient is applying
2. Review the program guidelines and requirements that will be listed on the screen
3. Follow the instructions and print out the request for a healthcare provider to complete.

To complete the request, make sure to click on the blue link that says “Apply Online Now.”

Rx Outreach® rxoutreach.org

Rx Outreach is a fully-licensed non-profit mail order pharmacy that ships medications directly to patients' homes or the provider's office. To make this process simple and cost-effective, RxOutreach ships enough medication for 30, 60, 90, or 180 days at a time. RxOutreach is available to qualifying individuals and families. Patients can be on Medicare, Medicaid, or other health insurance and still qualify. It serves people whose income is at or below 400 percent of the Federal Poverty Line. Patients can quickly check their eligibility online at <https://rxoutreach.org/find-out-if-youre-eligible/>.



Patients or their advocates can complete a simple enrollment process online, by phone, or with our paper application.

1. Download and print the paper application (https://rxoutreach.org/wp-content/uploads/2020/09/RxOutreach_Web-Application-9.20.pdf), and fax the completed form to 1.800.875.6591. Faxed prescriptions must come directly from the provider's office.
2. Create an account online at rxoutreach.org/how-to-enroll-in-rx-outreach/
3. Call 1.888.RXO1234 (1.888.796.1234).

Once Rx Outreach receives the patient's prescription and payment, it will do the rest. Medications are received about four days after prescriptions are approved. When it's time for a patient to refill their prescription, it will send a reminder.

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

Improving Patient Communication Using the Ask Me 3[®] Tool

Ask Me3[®] encourages patients to ask 3 simple questions each time they talk to their care team. ACCC has created a video to demonstrate how the cancer care team can most effectively use this tool with patients.

Watch the
**ACCC
Video!**

1

**What is
my main
problem?**

2

**What do
I need
to do?**

3

**Why is it
important
for me to
do this?**

Visit acc-cancer.org/ask-me-3-tool to view this video

In partnership with:



The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 25,000 multidisciplinary practitioners from 2,100 cancer programs and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For additional strategies to improve patient-provider communication, please visit acc-cancer.org/health-literacy.

Funding and support provided by Lilly Oncology.

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CANCER BUZZ



On the **CANCER BUZZ** podcast, you'll hear the brightest minds in oncology tackle topics that matter to the multidisciplinary cancer team.

- Cancer Team Well-Being
- Emergency Medicine
- Financial Health Literacy
- IO Survivorship
- Oncology Pharmacy
- Rural Cancer Care
- Supportive Care Services
- Symptom Management
- Telehealth
- And More!



Catch our weekly series of mini-podcasts highlighting critical issues during the COVID-19 outbreak.

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ACCC-CANCER.ORG/PODCAST



Quick Reference Guide

Drug Name	Brand Name	Drug Company
Abemaciclib	Verzenio®	Eli Lilly and Company
Abiraterone acetate	Yonsa®	Sun Oncology
Abiraterone acetate	Zytiga®	Janssen Biotech
Acalabrutinib	Calquence®	AstraZeneca
Ado-trastuzumab emtansine	Kadcyla®	Genentech
Afatinib	Gilotrif®	Boehringer Ingelheim
Alectinib	Alecensa®	Genentech
Alpelisib	Piqray®	Novartis
Apalutamide	Erleada®	Janssen Biotech
Aprepitant	Cinvanti®	Heron Therapeutics
Aprepitant	Emend®	Merck
Arsenic trioxide	Trisenox®	Teva Oncology
Atezolizumab	Tecentriq®	Genentech
Avelumab	Bavencio®	EMD Serono/Pfizer
Axicabtagene ciloleucel	Yescarta®	Kite Pharma
Axitinib	Inlyta®	Pfizer
Azacididine	Vidaza®	Celgene
Azacididine	Onureg®	Celgene
Belantamab mafodotin-blmf	Blenrep	Bristol Myers Squibb
Bendamustine	Treanda®	Teva Oncology
Bendamustine HCl	Bendeka®	Teva Oncology
Bevacizumab	Avastin®	Genentech
Bevacizumab-bvzr	Zirabev®	Pfizer
Binimetinib	Mektovi®	Array BioPharma
Blinatumomab	Blincyto®	Amgen
Bortezomib	Velcade®	Takeda Oncology
Bosutinib	Bosulif®	Pfizer
Brentuximab vedotin	Adcetris®	Seattle Genetics
Brexucabtagene autoleucel	Tecartus™	Kite Pharma
Brigatinib	Alunbrig®	Takeda Oncology
Cabozantinib	Cabometyx®	Exelixis
Capmatinib	Tabrecta™	Novartis
Carfilzomib	Kyprolis®	Amgen
Cemiplimab-rwlc	Libtayo®	Regeneron/Sanofi
Ceritinib	Zykadia®	Novartis
Cetuximab	Erbix®	Eli Lilly and Company
Cobimetinib	Cotellic®	Genentech
Copanlisib	Aliqopa™	Bayer Healthcare
Crizotinib	Xalkori®	Pfizer
Dabrafenib	Tafinlar®	Novartis



Phone number	Website
1-866-472-8663	www.lillypatientone.com
1-855-563-6639	www.yonsarx.com
1-877-227-3728	www.janssencarepath.com
1-844-275-2360	www.myaccess360.com
1-866-422-2377	www.genentech-access.com/hcp
1-855-297-5904	boehringer-igelheim.us/our-responsibility/patient-assistance-program
1-866-422-2377	www.genentech-access.com/hcp
1-800-277-2254	www.patient.novartisoncology.com
1-877-227-3728	www.janssencarepath.com
1-844-437-6611	www.heronconnect.com
1-855-257-3932	www.merckaccessprogram.com/hcp/
1-888-838-2872	www.tevacares.org
1-866-422-2377	www.genentech-access.com/hcp
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-844-454-5483	www.kitekonnnect.com
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-800-931-8691	www.celgenepatientsupport.com/other-products/
1-800-861-0048	www.mybmescases.com/app/login#/
1-844-447-5662	www.togetherwithgskoncology.com/hcp-resources/
1-888-838-2872	www.tevacares.org
1-888-838-2872	www.tevacares.org
1-866-422-2377	www.genentech-access.com/hcp
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-866-277-2927	www.braftovimektovi.com/hcp/financial-support
1-888-427-7478	https://www.amgenassist360.com/hcp/
1-866-835-2233	www.velcade.com/paying-for-treatment
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-855-473-2873	www.seagensecure.com
1-844-454-5483	www.kitekonnnect.com
1-844-817-6468	www.takedaoncology1point.com
1-844-900-3273	www.activatedthecard.com/7311
1-800-282-7630	www.patient.novartisoncology.com
1-888-427-7478	www.amgenassist360.com/hcp/
1-877-542-8296	www.libtayohcp.com/accessinglibtayo
1-800-277-2254	www.patient.novartisoncology.com
1-866-472-8663	www.lillypatientone.com
1-866-422-2377	www.genentech-access.com/hcp
1-833-254-7672	www.hcp.aliqopa-us.com/access-and-reimbursement/arc-program/
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-800-277-2254	https://www.patient.novartisoncology.com



Quick Reference Guide

Drug Name	Brand Name	Drug Company
Dacomitinib	Vizimpro®	Pfizer
Daratumumab	Darzalex®	Janssen Biotech, Inc
Darbepoetin alfa	Aranesp®	Amgen
Darolutamide	Nubeqa®	Bayer Healthcare
Dasatinib	Sprycel®	Bristol Myers Squibb
Decitabine and Cedazuridine	Inqovil®	Taiho Oncology
Deferasirox	Exjade®	Novartis
Denosumab	Prolia®	Amgen
Denosumab	Xgeva®	Amgen
Dexrazoxane	Zinecard®	Pfizer
Doxorubicin HCl liposome	Doxil®	Janssen Biotech, Inc
Durvalumab	Imfinzi®	AstraZeneca
Duvelisib	Copiktra®	Verastem Oncology
Elotuzumab	Empliciti®	Bristol Myers Squibb
Eltrombopag	Promacta®	Novartis
Enasidenib	Idhifa®	Celgene
Encorafenib	Braftovi®	Array BioPharma
Entrectinib	Rozlytrek®	Genentech
Enzalutamide	Xtandi®	Astellas
Epirubicin hydrochloride	Ellence®	Pfizer
Epoetin alpha	Procrit®	Janssen Biotech, Inc
Erdafitinib	Balversa™	Janssen Biotech, Inc
Eribulin mesylate	Halaven®	Eisai
Erlotinib	Tarceva®	Astellas/Genentech
Estramustine phosphate sodium	Emcyt®	Pfizer
Everolimus	Afinitor®	Novartis
Exemestane	Aromasin®	Pfizer
Filgrastim	Neupogen®	Amgen
Fosaprepitant	Emend®	Merck
Fulvestrant	Faslodex®	AstraZeneca
Gefitinib	Iressa®	AstraZeneca
Gemtuzumab ozogamicin	Mylotarg™	Pfizer
Gilteritinib	Xospata®	Astellas Pharma
Glasdegib	Daurismo™	Pfizer
Goserelin acetate implant	Zoladex®	TerSera Therapeutics
Granisetrol	Sustol®	Heron Therapeutics
Hyaluronidase-zzxf	Phesgo™	Genentech
Ibrutinib	Imbruvica®	Pharmalytics, Inc
Idarubicin hydrochloride	Idamycin®	Pfizer
Imatinib mesylate	Gleevec®	Novartis
Inotuzumab ozogamicin	Besponsa®	Pfizer
Interferon alfa-2b	Intron® A	Merck



Phone number	Website
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-877-227-3728	www.janssencarepath.com
1-888-427-7478	www.amgenassist360.com/hcp/
1-844-682-3723	www.nubeqahcp.com/
1-800-861-0048	www.mybmsscasses.com/app/login#/
1-844-824-4648	www.taihopatientsupport.com
1-800-277-2254	www.patient.novartisoncology.com
1-888-427-7478	www.amgenassist360.com/hcp/
1-888-427-7478	www.amgenassist360.com/hcp/
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-877-227-3728	www.janssencarepath.com
1-844-275-2360	www.myaccess360.com
1-833-570-2273	www.copiktra.com/patient-assistance/
1-800-861-0048	www.mybmsscasses.com/app/login#/
1-800-277-2254	www.patient.novartisoncology.com
1-800-931-8691	www.celgenepatientsupport.com
1-866-277-2927	www.braftovimektovi.com/financial-support/
1-866-422-2377	www.genentech-access.com/hcp
1-855-898-2634	www.xtandihcp.com/support-solutions
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-877-227-3728	www.janssencarepath.com
1-877-227-3728	www.janssencarepath.com
1-866-613-4724	www.eisair reimbursement.com
1-866-422-2377	www.genentech-access.com/hcp
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-800-277-2254	www.patient.novartisoncology.com
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-888-427-7478	www.amgenassist360.com/hcp/
1-855-257-3932	www.merckhelps.com/EMEND%20FOR%20INJECTION
1-844-275-2360	www.myaccess360.com
1-844-275-2360	www.myaccess360.com
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-844-632-9272	stellaspharmasuportsolutions.com/products/xospata/index.aspx
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-855-686-8725	www.terserasupportsource.com
1-844-437-6611	www.heironconnect.com
1-866-422-2377	www.genentech-access.com/hcp
1-800-652-6227	www.imbruvicahcp.com/you-i-support/access-support/
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-800-277-2254	www.patient.novartisoncology.com
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-855-257-3932	www.merckhelps.com/INTRON%20%20A



Quick Reference Guide

Drug Name	Brand Name	Drug Company
Ipilimumab	Yervoy®	Bristol Myers Squibb
Irinotecan hydrochloride	Camptosar®	Pfizer
Irinotecan liposome	Onivyde®	Ipsen Biopharmaceutical
Ixazomib	Ninlaro®	Takeda Oncology
Lanreotide	Somatuline® Depot	Ipsen Pharma
Lapatinib	Tykerb®	Novartis
Larotrectinib	Vitrakvi®	Bayer Healthcare
Lenalidomide	Revlimid®	Celegene
Lenvatinib	Lenvima®	Eisai
Letrozole	Femara®	Novartis
Leuprolide acetate	Lupron Depot®	Abbvie
Lorlatinib	Lorbrena®	Pfizer
Lurbinectedin	Zepzelca™	PharmaMar, S.A.
Luspatercept-aamt	Reblozyl®	Celegene
Midostaurin	Rydapt®	Novartis
Moxetumomab pasudotox-tdfk	Lumoxiti™	Innate Pharma
Necitumumab	Portrazza®	Eli Lilly and Company
Neratinib	Nerlynx®	Puma Biotechnology
Nilotinib	Tasigna®	Novartis
Niraparib	Zejulal®	GlaxoSmithKline
Nivolumab	Opdivo®	Bristol Myers Squibb
Obinutuzumab	Gazyva®	Genentech
Octreotide acetate	Sandostatin® LAR Depot	Novartis
Ofatumumab	Arzerra®	Novartis
Olaparib	Lynparza®	AstraZeneca
Olaratumab	Lartruvo®	Eli Lilly and Company
Omacetaxine mepesuccinate	Synribo®	Teva Pharmaceuticals
Osimertinib	Tagrisso®	AstraZeneca
Paclitaxel protein-bound particles	Abraxane®	Celegene
Palbociclib	Ibrance®	Pfizer
Palonosetron hydrochloride	Aloxi®	Eisai
Panitumumab	Vectibix®	Amgen
Panobinostat	Farydak®	Novartis
Pegfilgrastim	Neulasta®	Amgen
Pegfilgrastim	Neulasta® Onpro® kit	Amgen
Pegfilgrastim-cbqv	Udenyca®	Coherus BioSciences
Pegfilgrastim-jmdb	Fulphila®	Mylan
Peginterferon alfa-2b	Sylatron™	Merck
Pembrolizumab	Keytruda®	Merck
Pemetrexed	Alimta®	Eli Lilly and Company
Pemigatinib	Pemazyre®	Incyte Corp
Pertuzumab	Perjeta®	Genentech
Polatuzumab vedotin	Polivy®	Genentech



Phone number	Website
1-800-861-0048	www.mybmsscasses.com/app/login/
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-866-435-5677	www.ipsencares.com
1-844-817-6468	www.takedaoncology1point.com
1-866-435-5677	www.ipsencares.com
1-800-277-2254	www.patient.novartisoncology.com
1-877-744-5675	www.hcp.vitrakvi-us.com/access/
1-800-931-8691	www.celgenepatientsupport.com/
1-866-613-4724	www.eisair reimbursement.com
1-800-277-2254	www.patient.novartisoncology.com www.abbvie.com/patients/patient-assistance.html
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-833-533-5299	www.zepzelca.com/financial-assistance/
1-800-931-8691 Ext 4105	www.celgenepatientsupport.com/reblozyl-patient/
1-800-277-2254	www.patient.novartisoncology.com
1-844-694-6628	www.innatecares.com/
1-866-472-8663	www.lillypatientone.com
1-855-816-5421	www.nerlynx.com/access-and-support
1-800-277-2254	www.patient.novartisoncology.com
1-844-447-5662	www.togetherwithgskoncology.com/hcp-resources/
1-800-861-0048	www.mybmsscasses.com/app/login/
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1-800-277-2254	www.patient.novartisoncology.com
1-844-275-2360	www.myaccess360.com
1-866-472-8663	www.lillypatientone.com
1-888-838-2872	www.tevacares.org
1-844-275-2360	www.myaccess360.com
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1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-866-613-4724	Other patient assistance programs
1-888-427-7478	https://www.amgenassist360.com/hcp/
1-800-277-2254	www.patient.novartisoncology.com
1-888-427-7478	https://www.amgenassist360.com/hcp/
1-888-427-7478	www.amgenassist360.com/hcp/
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1-833-695-2623	www.mylanadvocate.com
1-855-257-3932	www.merckhelps.com/SYLATRON
1-855-257-3932	www.merckaccessprogram.com/hcp/
1-866-472-8663	www.lillypatientone.com
1-866-708-8806	hcp.incytecares.com/pemazyre/home.aspx
1-866-422-2377	www.genentech-access.com/hcp
1-866-422-2377	www.genentech-access.com/hcp



Quick Reference Guide

Drug Name	Brand Name	Drug Company
Pomalidomide	Pomalyst®	Celegene
Ponatinib	Iclusig®	Takeda Oncology
Radium Ra 223 dichloride	Xofigo®	Bayer Healthcare
Ramucirumab	Cyramza®	Eli Lilly and Company
Regorafenib	Stivarga®	Bayer Healthcare
Ribociclib	Kisqali®	Novartis
Ripretinib	Quinlock®	Deciphera Pharm
Rituximab	Rituxan®	Genentech
Rituximab-pvvr	Ruxience®	Pfizer
Rituximab and hyaluronidase human	Rituxan Hycela®	Genentech
Rolapitant	Varubi®	TerSera Therapeutics
Romiplostim	Nplate®	Amgen
Rucaparib	Rubraca®	Clovis Oncology
Ruxolitinib	Jakafi®	Incyte
Sacituzumab govitecan-hziy	Trodelvy™	Immunomedics
Selpercatinib	Retevmo™	Eli Lilly and Company
Selumetinib	Koselugo™	AstraZeneca
Sipuleucel-t	Provenge®	Dendreon
Siltuximab	Sylvant®	Janssen Biotech, Inc
Sonidegib	Odomzo®	Sun Oncology
Sorafenib	Nexavar®	Bayer Healthcare
Sunitinib malate	Sutent®	Pfizer
Talazoparib	Talzenna®	Pfizer
Talimogene laherparepvec	Imlygic®	Amgen
Tafasitamab-cxix	Monjuvi®	MorphoSys
Tbo-filgrastim	Granix®	Teva Oncology
Temozolomide	Temodar®	Merck
Temsirolimus	Torisel®	Pfizer
Thalidomide	Thalomid®	Celegene
Tisagenlecleucel	Kymriah™	Novartis
Trabectedin	Yondelis®	Janssen Biotech, Inc
Trametinib	Mekinist®	Novartis
Trastuzumab-anns	Kanjinti™	Amgen
Trastuzumab-qyyp	Trazimera™	Pfizer
Trastuzumab	Herceptin®	Genentech
Trastuzumab and hyaluronidase-oysk	Herceptin Hylecta™	Genentech
Trifluridine and tipiracil	Lonsurf®	Taiho Oncology, Inc
Tucatinib	Tukysa®	Seattle Genetics
Vemurafenib	Zelboraf®	Genentech
Venetoclax	Venclexta®	Genentech
Vismodegib	Erivedge®	Genentech
Vorinostat	Zolinza®	Merck



Phone number	Website
1-800-931-8691	www.celgenepatientsupport.com/
1-844-817-6468	www.takedaoncology1point.com
1-855-696-3446	hcp.xofigo-us.com/coordinate-patient-care/getting-patients-started/patient-financial-assistance/
1-866-472-8663	www.lillypatientone.com
1-866-581-4992	www.stivarga-us.com/getting-and-paying/SPPs/
1-800-277-2254	www.patient.novartisoncology.com
1-833-432-2237	www.decipheraaccesspoint.com/
1-866-422-2377	www.genentech-access.com/hcp
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-866-422-2377	www.genentech-access.com/hcp
1-855-686-8725	www.terserasupportsource.com
1-888-427-7478	www.amgenassist360.com
1-844-779-7707	www.rubracaconnections.com
1-855-452-5234	www.incytecares.com
1-844-876-3358	www.trodelvy.com/patient/support
1-800-545-6962	www.retevm.com/?section=savings-support
1-844-275-2360	www.myaccess360.com
1-877-336-3736	www.provenge.com/reimbursement.aspx
1-877-227-3728	www.janssencarepath.com
1-844-563-6696	www.odomzo.com/hcp/financial-assistance
1-866-581-4992	hcp.nexavar-us.com/Resources/Patient-Co-Pay-Assistance/
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-888-427-7478	www.amgenassist360.com
1-855-421-6172	www.morphosys-us.com/morphosys-foundation
1-888-838-2872	www.tevacares.org
1-855-257-3932	Other patient assistance programs
1-877-744-5675	www.pfizeroncologytogether.com/hcp
1-800-931-8691	www.celgenepatientsupport.com/other-products/
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1-800-277-2254	www.patient.novartisoncology.com
1-888-427-7478	www.amgenassist360.com
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1-866-422-2377	www.genentech-access.com/hcp
1-844-824-4648	www.taihopatientsupport.com
1-855-473-2873	www.seagensecure.com/patient_tukysa/
1-866-422-2377	www.genentech-access.com/hcp
1-866-422-2377	www.genentech-access.com/hcp
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