Xofigo $0 Co-Pay Program

Xofigo® Access Services

Xofigo Co-Pay Savings Program

PAY AS LITTLE AS $0*

Xofigo® radium Ra 223 dichloride INJECTION

*Maximum savings limit of $10,000 per reimbursement for 6 doses applies; patient out-of-pocket expense may vary. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare program. Please see below for Program Terms, Conditions, and Eligibility Criteria.

- Out-of-pocket expenses up to $10,000 per dose for up to 6 doses. May be covered through the $0 Co-Pay Program.
- Read below to see if you qualify.
- For additional information, contact the Xofigo $0 Co-Pay Program at 1-833-307-2190.

XOFIGO $0 CO-PAY PROGRAM: HOW IT WORKS

$0 Your healthcare provider's office or the Xofigo $0 Co-Pay Program can help you determine which scenario is right for you.

YOUR HEALTHCARE PROVIDER PURCHASES XOFIGO

Your healthcare provider prescribes Xofigo.

Your healthcare provider submits a claim to your insurance plan.

You and your healthcare provider will receive an Explanation of Benefits (EOB) and Explanation of Payment (EOP), respectively, which shows how much your healthcare provider was reimbursed and how much you owe.

You and your healthcare provider will receive an Explanation of Benefits (EOB), which shows how much your healthcare provider was reimbursed and how much you owe.

If you have out-of-pocket expenses, your healthcare provider can submit the reimbursement form found in this folder within 180 days from the date of the EOB or EOP to receive up to $10,000 per dose for up to 6 doses. Savings apply to Xofigo only, procedure is not covered.

If approved, you or your healthcare provider will be reimbursed up to $10,000 per dose for up to 6 doses. The Xofigo $0 Co-Pay Program. Your healthcare provider may collect any remaining balance from you.

*Eligible patients receive up to a max benefit of $10,000 per dose for up to 6 doses. Offer valid for one use. Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible. As a condition precedent of the co-payment support provided under this program, e.g., co-pay refunds, participating patients and pharmacies are obligated to inform insurance companies and third-party payors of any benefits they receive and the value of this program, and may not participate if this program is prohibited by or conflicts with their private insurance policy, as required by contract or otherwise. Void where prohibited by law, taxed, or restricted.

Patients enrolled in Bayer's Patient Assistance Program are not eligible. Bayer may determine eligibility, monitor participation, equitably distribute product and modify or discontinue any aspect of the Xofigo Access Services program at any time, including but not limited to this commercial co-pay assistance program.

PATIENT INSTRUCTIONS

To redeem this offer, you must have a valid prescription for Xofigo. This offer may not be redeemed for cash. Only one offer per patient. If you have questions, contact the Xofigo $0 Co-Pay Program at 1-833-307-2190.

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Xofigo® radium Ra 223 dichloride INJECTION

Xofigo $0 Co-Pay Program

Reimbursement Form

Xofigo® radium Ra 223 dichloride INJECTION

This form is for reimbursement of a patient's co-payment or out-of-pocket expenses directly incurred for Xofigo™ under the Xofigo $0 Co-Pay Program sponsored by Bayer. Patient cost-share obligations for general office visits are not reimbursable under the Xofigo $0 Co-Pay Program. Payment of the reimbursement is subject to verification by Bayer in its sole discretion, as well as all the Terms and Conditions of the Xofigo $0 Co-Pay Program. Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible. As a condition precedent of the co-payment support provided under this program, e.g., co-pay refunds, participating patients and pharmacies are obligated to inform insurance companies and third-party payors of any benefits they receive and the value of this program, and may not participate if this program is prohibited by or conflicts with their private insurance policy, as required by contract or otherwise. Void where prohibited by law, taxed, or restricted. Patients enrolled in Bayer's Patient Assistance Program are not eligible. Bayer may determine eligibility, monitor participation, equitably distribute product and modify or discontinue any aspect of the Xofigo Access Services program at any time, including but not limited to this commercial co-pay assistance program.

PRACTICE ADDRESS INFORMATION REQUIRED *

PRACTICE NAME*

PRACTICE NPI*

PRACTICE TAX ID*

ADDRESS 1*

ADDRESS 2

CITY*

STATE*

ZIP CODE*

PRACTICE CONTACT*

CONTACT PHONE NUMBER*

E-MAIL ADDRESS

PRACTICE BILLING INFORMATION IF DIFFERENT THAN PRACTICE ADDRESS

PRACTICE NAME*

ADDRESS 1*

ADDRESS 2

CITY*

STATE*

ZIP CODE*

PHYSICIAN INFORMATION

FIRST NAME*

LAST NAME*

PHYSICIAN NPI*

PRIMARY PAYER INFORMATION

PAYER NAME*

GROUP#*

PHONE NUMBER*

SUBSCRIBER ID*

PATIENT INFORMATION

FIRST NAME*

MIDDLE

LAST NAME*

GENDER* ☐ Male ☐ Female

ADDRESS 1*

ADDRESS 2

CITY*

STATE*

ZIP CODE*

DATE OF BIRTH* MM/DD/YYYY

PHONE NUMBER*

I hereby authorize and direct the Xofigo $0 Co-Pay Program, sponsored by Bayer, to issue payment directly to the practice listed above.

PATIENT SIGNATURE REQUIRED*
(FOR PAYMENTS TO BE MADE DIRECTLY TO PRACTICE)

REIMBURSEMENT PROCESS REQUIREMENTS

Complete this form in **its entirety** and **attach** 1 of the following items:

Explanation of Benefits (EOB)

OR

Explanation of Payment (EOP)

Please note: EOB or EOP reimbursement claims are **REQUIRED** with the submission of this completed form within 180 days of the date of the EOB or EOP.

Submit reimbursement claim and attachments via Mail or Fax

MAIL:
ConnectiveRx
Attn: Xofigo $0 Co-pay Program
100 Passaic Ave. Suite 245
Fairfield, NJ 07004

FAX: 1-833-307-2191

Note: *Forms sent via fax will take up to 10 business days to process. Forms sent by mail may take up to 15 business days to process. You may request not to receive future faxes from Bayer HealthCare Pharmaceuticals*

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