

Connecting
STIMUFEND[®]
Patients
with Copay
Assistance



KabiCare Support Program for STIMUFEND[®] Patients

We understand how complicated, costly, and overwhelming cancer treatment can be for your patients. The KabiCare Program provides a potential solution for eligible patients to receive financial support for STIMUFEND[®].



Patients with commercial or private insurance may be eligible* for the copay program, which may lower their out-of-pocket costs to as little as **\$0/month** for treatment with an annual maximum.



The program provides eligible, commercially insured patients **up to \$15,000** per calendar year.



Claim can be submitted within 180 days of the date listed on the Explanation of Benefits (EOB) from the patient's insurance.

Accessing the KabiCare copay program

Eligible patients can access the copay program via the copay portal on the KabiCare website or by enrolling in the full patient support program.

Enrollment into KabiCare's full patient support program

- Log into your covermymeds portal and search for STIMUFEND[®] to access the electronic enrollment form.
- If you do not have a covermymeds account, you can establish one by accessing covermymeds.com and clicking on "create an account."
- OR access the enrollment form on kabicare.us and fax to the number on the form.

Enrollment into copay program only

- To enroll patients, access the KabiCare copay program option on covermymeds or visit kabicare.us to find a link for copay-only enrollment.
- Or call to enroll in copay at **1-833-KABICARE (1-833-522-4227)**.

*Eligibility criteria apply. Patients are not eligible for commercial copay assistance if the prescription is eligible to be reimbursed, in whole or in part, by any state or federal healthcare program.

Claim submission and reimbursement

There are options for both healthcare providers and patients to submit and be reimbursed for claims.

1 Medical Benefit Copay Claims

Medical Claims can be submitted one of two ways:

- Online access via copayhelp.mckesson.com
- Fax to **844-805-9525**

You will need to include:

- Completed Claim form (UB or CMS-1500 Claim form).
- Primary Explanation of Benefits (EOB) showing itemized Claim form with National Drug Codes (NDCs) listed from the patient's private insurance company with the cost of the drug listed separately.
- Your office will receive reimbursement of the patient's applicable copay or coinsurance.
- Please allow 7-10 days for receipt of payment.

2 Pharmacy Benefit Adjudication

- The pharmacy will submit a secondary claim to Rx Acquisition Company d/b/a RxCrossroads by McKesson using the information below:
 - Copay Program Member ID
 - Group Number: 50777975
 - RxBin: 610524
 - RxPCN: Loyalty
- The pharmacy will receive real-time notification of the paid benefit amount.
- The pharmacy will collect the remaining patient responsibility, if any.

3 Reimbursement

Healthcare Provider Reimbursement

Providers will be reimbursed via check when issued their first payment. Notification includes directions to enroll in ACH processing.

Direct-to-Patient Reimbursement

- If treatment has already been provided and copay benefits for prescribed Fresenius Kabi products were not explored prior to administration, your patient may still potentially qualify for copay reimbursement.
- Access the copay enrollment portal via kabicare.us to enroll your patient for copay assistance.
- Have your patient apply for reimbursement by accessing patientrebateonline.com. If your patient qualifies, he/she may be able to receive financial support that is often critically needed during treatment.
- There is a 180-day lookback period for submitted claims from when the patient was enrolled.



Contact us: Visit kabicare.us or call 1-833-KABICARE (1-833-522-4227), 8 a.m. to 8 p.m. ET, Monday through Friday (excluding holidays).

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KabiCare Copay Assistance Program TERMS & CONDITIONS

To receive benefits under the Copay Assistance Program, the patient may contact the KabiCare Patient Support Program for current Program Product(s) subject to these Terms and Conditions. By participating in the Copay Assistance Program, patient acknowledges and agrees that he/she is eligible to participate and that he/she understands and agrees to comply with these Terms and Conditions.

- Patient must be prescribed the Program Product for an FDA-approved indication.
- Patient must have commercial (private or non-governmental) health insurance that provides coverage for the cost of the Program Product under a pharmacy out-of-pocket medical benefit plan.
- The Copay Assistance Program is valid for patients who have a valid prescription for a Fresenius Kabi medication and who are not reimbursed for the entire cost of the prescription by their commercial insurance plan. The Copay Assistance Program is not valid for patients enrolled in Medicaid, Medicare (including a Medicare Part D or Medicare Advantage plan, a Medigap plan, or an employer-sponsored health plan or prescription drug benefit program for Medicare-eligible retirees), Veteran Affairs health care programs, Department of Defense health care programs, TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan, or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program, including any state pharmaceutical assistance programs (collectively, "Government Programs"). Patients who move from commercial insurance to Government Programs will no longer be eligible to participate in the Copay Assistance Program and agree to notify the Copay Assistance Program of any such change. If the patient lives in Massachusetts, the Copay Assistance Program expires on the earlier of: (i) the Expiration Date set forth below; (ii) the date an AB-rated generic equivalent becomes available for the Program Product; or (iii) January 31, 2026, absent a change in Massachusetts state law.
- If the patient lives in California, the Copay Assistance Program expires on the earlier of: (i) the Expiration Date set forth below; or (ii) the date an FDA approved therapeutically equivalent for the Program Product or over the counter product with the same active ingredients becomes available.
- Patients must have an out-of-pocket cost for the Program Product prior to the Expiration Date of the Copay Assistance Program set forth below.
- The benefit available under the Copay Assistance Program is limited to the amount the patient's private health insurance company indicates that the patient is obligated to pay for up to a per syringe/annual maximum.
- The Program may apply to patient out-of-pocket costs incurred for Program Product subject to per syringe/annual maximums based on Program Product administration date. The maximum Copay Assistance Program benefit is no more than \$5,000 per syringe and \$15,000.00 per calendar year (January 1 through December 31). After reaching the maximum Copay Assistance Program benefit, the patient will be responsible for all remaining out-of-pocket expenses. The patient or provider may contact the KabiCare Patient Support Program for more information.
- This Copay Assistance Program benefit is for commercially insured patients only. Uninsured and cash paying patients may be eligible for other types of support not part of the Copay Assistance Program.
- The Patient and participating pharmacy or healthcare professional agree not to seek reimbursement for all, or any part, of the benefit received by the patient

through the Copay Assistance Program. Participating patients and pharmacies or health care professionals are responsible for reporting receipt of Copay Assistance Program benefits as may be required by law.

- Patient must be a resident of the United States or the Commonwealth of Puerto Rico. Product must originate and be administered to patient in the United States or the Commonwealth of Puerto Rico.
- All information applicable to the Copay Assistance Program requested on the KabiCare.US site must be provided, and all certifications must be provided. No other purchase is necessary.
- The Copay Assistance Program is not insurance.
- It is illegal to sell, purchase, trade, counterfeit, or duplicate, or offer to sell, purchase, trade counterfeit, or duplicate the Copay Assistance Program card. Void if reproduced.
- The Copay Assistance Program is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute.
- The Copay Assistance Program is void where prohibited by law, taxed, or restricted. The Copay Assistance Program is not transferable. No substitutions are permitted.
- The Copay Assistance Program benefit has no cash value and cannot be combined with any other Copay Assistance Program, free trial, discount, rebate, prescription savings card, or other offer.
- The full value of the Copay Assistance Program benefit is intended to pass entirely to the patient. No other individual or entity is entitled to receive any discount or other amount in connection with the Copay Assistance Program.
- This offer is not conditioned on any past, present, or future purchase obligation, and the Copay Assistance Program does not obligate the use of any specific product or provider.
- To the extent applicable, this offer will be accepted only at participating pharmacies, to the extent applicable.
- KabiCare reserves the right to rescind, revoke, terminate, or amend the Copay Assistance Program at any time without notice.
- Data related to patient's receipt of Copay Assistance Program benefits may be collected, analyzed, and shared with KabiCare, for market research and other purposes related to assessing Copay Assistance Programs. Data shared with KabiCare will be aggregated and de-identified, meaning it will be combined with data related to other Copay Assistance Program redemptions and will not identify patient.
- The Terms and Conditions of the Copay Assistance Program are valid for Program Product only, and Fresenius Kabi reserves the right to rescind, revoke, or amend the Program without notice.