A Patient’s Guide to Accessing UDENYCA® (pegfilgrastim-cbqv)

Patient Support and Financial Assistance Programs
**INTRODUCTION**

This guide will help you get started with UDENYCA® (pegfilgrastim-cbqv). It will provide you information to learn:

- How your insurance company will cover UDENYCA®
- How you will obtain UDENYCA® for your treatment
- How Coherus COMPLETE™ can help you with financial assistance

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**About Coherus COMPLETE™**

Coherus COMPLETE™ offers various programs to help eligible patients access UDENYCA®. This includes insurance benefits, assistance with co-pays or coinsurance if you have commercial insurance, and assistance with providing free medicine if you do not have insurance.

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**GETTING STARTED WITH COHERUS COMPLETE™**

1. Your doctor prescribes UDENYCA®
2. You can enroll in Coherus COMPLETE™ programs on your own or with your healthcare provider
3. Go to www.CoherusCOMPLETE.com or call Coherus COMPLETE™ 1-844-4-UDENYCA/(1-844-483-3692)

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**UDENYCA® COVERAGE**

**How will your insurance company cover UDENYCA®?**

An insurance verification will be completed by your doctor’s office or by Coherus COMPLETE™. This will provide the details on how your insurance company will cover UDENYCA®. They will provide information including where it can be administered, how you will obtain UDENYCA® for your treatment, and any potential financial responsibility.
HOW TO GET UDENYCA® (pegfilgrastim-cbqv)
How you obtain UDENYCA® for your treatment

OPTION 1
Through your doctor’s office

Your doctor’s office will obtain UDENYCA®, administer it and bill your insurance company for applicable fees for the drug, administration, and office visit.

Your insurance company will process the claim. You will receive an Explanation of Benefits (EOB) which will show the amount you are responsible for.

If you have commercial insurance and need to pay fees for UDENYCA® please review the co-pay assistance program enrollment instructions on pages 8-9.

OPTION 2
Through a Specialty Pharmacy

What you need to know when a Specialty Pharmacy is involved:

The Specialty Pharmacy will contact you to:

- Confirm your UDENYCA® order
- Verify your insurance information
- Collect your co-payment (may require credit card information)
- Schedule a date for UDENYCA® to be shipped directly to your provider’s office
  - Remind the pharmacy to send your UDENYCA® directly to the office, on your behalf.

OPTION 2 (Continued)

Your responsibilities:

IMPORTANT: To ensure that your UDENYCA® prescription is filled promptly and shipped to your provider’s office, you must speak with the Specialty Pharmacy when they call you.

- The Specialty Pharmacy may call from an unidentified toll-free number
- It is important to take this call to verify your insurance information
- Due to HIPAA privacy laws, and to assure your confidentiality, you may be asked to confirm personal information (e.g., name, SSN, DOB, address)
- Your UDENYCA® prescription may be delayed until you speak with the Specialty Pharmacy
- Your UDENYCA® treatment may be delayed if you do not speak with the Specialty Pharmacy
- If you have not been able to take the call to verify your insurance information, you can call your Specialty Pharmacy at the contact telephone number to complete the request

Please record the important information about your Specialty Pharmacy on page 11.
HOW CAN COHERUS HELP?
Coherus COMPLETE™ offers various programs to help eligible patients access UDENYCA® (pegfilgrastim-cbqv) therapy.

Your eligibility for programs depends on your health insurance.

Co-Pay Assistance Program*
Helps eligible patients with Commercial insurance cover costs associated with UDENYCA®, including:
- Co-pays
- Coinsurance
- Deductibles

Patient Assistance Program
Helps eligible patients that have no health insurance or have health insurance but are “underinsured”. “Underinsured” means that your health insurance plan does not cover UDENYCA® or any other product in this drug class.**

Alternative Funding Sources
Helps eligible patients determine if there is financial assistance available through independent foundations

How the Programs Work

Co-Pay Assistance Program
- $0 out-of-pocket patient costs for each UDENYCA® dose
- Maximum benefit per claim up to $7,200
- Maximum annual benefit of $15,000

Patient Assistance Program
- UDENYCA® will be provided at no cost if you have no insurance or your insurance does not cover UDENYCA® or any other product in this drug class**
- Will help patients with financial hardship
  - Adjusted annual household income of ≤500% of the federal poverty level

Alternative Funding Research Support
- Patient Access Specialists will research if you are eligible for other sources of financial assistance
  - Helps you with the application and enrollment process

*Coherus COMPLETE™ Co-Pay Assistance Program covers ONLY the cost of UDENYCA® and does not cover any administration or office visit costs.

**To be considered underinsured, the patient must not have coverage for any pegfilgrastim product.

Coherus BioSciences™ reserves the right, at its sole discretion, to revise, change or discontinue the Co-Pay Assistance Program and the Patient Assistance Program at any time.
GETTING STARTED WITH THE CO-PAY ASSISTANCE PROGRAM

If you are required to pay your deductible, co-pay or coinsurance up front to either the provider’s office, hospital, infusion center or specialty pharmacy, you may be eligible to be reimbursed for these costs. You must first enroll into the Co-Pay Assistance Program then submit documentation for your out-of-pocket costs.

If you are not required to pay any fees upfront, the reimbursement will go through the provider’s office.

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a. Under Get Co-pay Assistance select Enroll Now
b. Select I am a patient

c. Answer all of the questions on the page, Select Next

d. Complete all the information on the Enrollment Form. Select Submit

If you have to pay up front for UDENYCA® then please follow the instructions below to submit your documentation. If you do not pay up front, please give the instructions provided upon enrollment into the program to your provider.

You will need to send a valid proof of purchase that clearly states the drug name, CPT/Q Code and/or NDC as well as your remaining out-of-pocket expenses for the product. Most insurance companies will provide an Explanation of Benefits (EOB) that can be sent in or an invoice from your Specialty Pharmacy. Submit all required documentation to Trial Card at the address below:

**Trial Card**
2250 Perimeter Park Drive, Ste 200
Morrisville, NC 27560
Fax 1-833-224-4722
IMPORTANT INFORMATION ABOUT MY SPECIALTY PHARMACY

Your UDENYCA® (pegfilgrastim-cbqv) will be shipped to the office from the following Specialty Pharmacy:

Specialty Pharmacy: ________________________________

Telephone number: ________________________________

Should you have any questions for our office, please call the number below:

Office name: ________________________________

Contact: ________________ Telephone number: _________