Patient Eligibility Requirements

- Must be prescribed UDENYCA™ (pegfilgrastim-cbqv) 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

If at any time a patient starts receiving coverage through a federal, state, or government-funded healthcare program, the patient will no longer be eligible for the program. The patient MUST contact Coherus COMPLETE™ at 1-844-4-UDENYCA (1-844-483-3692) to report the change in eligibility status.

Enrollment & Processing Options


Medical Benefit Processing Option (Majority of Claims)

For patients receiving UDENYCA™ (pegfilgrastim-cbqv) as part of their medical benefit, providers should complete the following steps:

1. Use patient’s medical benefit insurance for the primary claim.
2. Submit an ANSI ASC X12N electronic claim using Payer ID# 56155, Group# 00003633 and the patient’s member ID number, as a secondary payer.

Pharmacy Benefit Processing Option

For patients receiving UDENYCA™ as part of their pharmacy benefit, pharmacies should complete the following steps:

1. Use patient’s prescription insurance for the primary claim.
2. Process a COB claim to PDMI under BIN 610020 as the secondary claim.

Check Reimbursement

For patients who have received UDENYCA™, paid their co-pay up front, and are now seeking reimbursement, providers should contact the Coherus COMPLETE™ Co-Pay Assistance Program at 1-844-4-UDENYCA (1-844-483-3692) for instructions.

Enrollment & Reenrollment Periods

- Program enrollment lasts for 1 year
- Patients are eligible for reenrollment 90 days prior to the enrollment expiration date

For more information about the Coherus COMPLETE™ Co-Pay Assistance Program, visit www.CoherusCOMPLETE.com

Call 1-844-4-UDENYCA (1-844-483-3692) or visit www.CoherusCOMPLETE.com
The Coherus COMPLETE™ Co-Pay Assistance Program Provides Eligible Patients With the Support They Need for UDENYCA™ (pegfilgrastim-cbqv)

Coverage Guidelines
The Coherus COMPLETE™ Co-Pay Assistance Program provides for the following:

- Maximum benefit per claim up to $7200
- Maximum annual benefit of $15,000
- Reimbursement via electronic remit
- No physical co-pay card required

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

Visit www.CoherusCOMPLETE.com or call 1-844-483-3692 today!

Coherus COMPLETE and UDENYCA are trademarks of Coherus BioSciences, Inc. ©2018 Coherus BioSciences, Inc. All rights reserved. 1118-UDY-P127