Aliqopa $0 Co-Pay Program

Aliqopa Co-Pay Savings Program

PAY AS LITTLE AS $0*

Aliqopa™ (copanlisib) 60 mg vial for injection

BIN# 004682
PCN# CN
GRP# EC30101004
ID# 29075768137

**Maximum savings limit of $25,000 annually 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 $25,000 annually may be financed through the $0 Co-Pay Program.
- The $0 Co-Pay Program only provides assistance for cost of Aliqopa; patient is responsible for cost-share pertaining to treatments or office visits.
- See below for simple steps to receive your savings.
- For additional information, contact the Aliqopa $0 Co-Pay Program at **1-833-ALIQOPA** (1-833-254-7672), Option 2.

PRINT PAGE

ALIQOPA $0 CO-PAY PROGRAM: HOW IT WORKS

Your healthcare provider's office or the Aliqopa $0 Co-Pay Program can help you determine eligibility and apply.

YOUR PHYSICIAN PURCHASES ALIQOPA

Your healthcare provider administers Aliqopa.

Your healthcare provider submits a claim to your insurance plan.

Your insurance plan will reimburse you and your healthcare provider for Aliqopa

You and your healthcare provider will receive an Explanation of Benefits, 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 claim form found in this folder within 180 days of the date of service to receive up to $25,000 in savings per year. Savings apply to Aliqopa only, procedure is not covered.

If approved, you or your healthcare provider will be reimbursed up to $25,000 annually by the Aliqopa $0 Co-Pay Program. Your healthcare provider may collect any remaining balance from you.

*Eligible patients receive up to a max benefit of $25,000 per year . Offer valid for one use. This offer is not valid for prescriptions covered by or submitted for reimbursement, in whole or part, under Medicare (including Medicare Part D), Medicaid, similar federal or state funded programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), or where otherwise prohibited by law. No claims for reimbursement for Aliqopa units dispensed under the $0 Co-Pay Program may be submitted to any public payor (i.e., Medicare, Medicaid, Medigap, Tricare, VA and DoD). Product dispensed pursuant to program rules and federal and state laws. Bayer reserves the right to rescind, revoke or amend this offer without notice at any time. Not valid if reproduced. This offer is valid in the United States. Void where prohibited by law.

PATIENT INSTRUCTIONS

To redeem this offer, you must have a valid prescription for Aliqopa. This offer may not be redeemed for cash. Only one offer per patient. If you have questions, contact the Aliqopa $0 Co-Pay Program at **1-833-ALIQOPA** (1-833-254-7672), Option 2.

PP-860-US-0286 07/17

Aliqopa™ (copanlisib) 60 mg vial for injection

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Reimbursement Form

Aliqopa™ (copanlisib) 60 mg vial for injection

This form is for reimbursement of a patient's co-payment or out-of-pocket expenses directly incurred for Aliqopa™ under the Aliqopa $0 Co-Pay Program sponsored by Bayer. Patient cost-share obligations for general office visits are not reimbursable under the Aliqopa $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 Aliqopa $0 Co-Pay Program. For payment to be made directly to provider, patient must authorize assignment of benefits below. Not valid for prescriptions covered by or submitted for reimbursement, in whole or part, under Medicare (including Medicare Part D), Medicaid, Tricare and similar federal or state funded programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), or where otherwise prohibited by law. No claims for reimbursement for Aliqopa units dispensed under the Aliqopa $0 Co-Pay Program may be submitted to any public payor (i.e., Medicare, Medicaid, Medigap, Tricare, VA and DoD). Product dispensed pursuant to program rules and federal and state laws. Bayer reserves the right to amend or terminate this program at any time without notice.

PRACTICE BILLING 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

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 Aliqopa $0 Co-Pay Program, sponsored by Bayer, to issue payment
Select One:

☐ directly to practice listed above

☐ directly to me, as I have already paid my Aliqopa copay (proof of payment required)

PATIENT SIGNATURE REQUIRED*

DATE* MM/DD/YYYY

REIMBURSEMENT PROCESS

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

- A dated pharmacy receipt indicating Aliqopa payment or Explanation of Benefits (EOB). Reimbursement claims MUST be submitted within 180 days of the date of service.
- Proof of copay / coinsurance payment, if reimbursement is requested to be issued directly to patient.

Submit reimbursement claim and attachments via Mail or Fax

MAIL: Aliqopa $0 Co-Pay Program Reimbursement Form
PO Box 2355
Morristown, NJ 07962

FAX: 1-833-AL-COPAY (252-6729)

PHONE: **Call 1-833-ALIQOPA (254-7672), select option 2 for assistance.**

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, Inc. WHC Oncology Business Unit. To stop receiving such faxes, please do one of the following: call 1-833-254-7672, option 2 for assistance, or send a fax to 1-833-252-6729 at any time. Your fax or communication must include the specific telephone number of the fax machine(s) at which you do not wish to receive faxes from us. We will remove your fax number from our lists and will not send you additional faxes. Failure to comply with your request within 30 days is unlawful. If you wish to receive such faxes from us after you have requested to be removed from our lists, you must provide express consent to receive such faxes at the fax number, telephone number, or e-mail address listed above.

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