



Xofigo® (radium Ra 223 dichloride) Injection
Access Support for Patients



Bayer is committed to supporting patient access to Xofigo®

Xofigo Access Services provides a variety of services to support your access to Xofigo. You can learn more about Xofigo Access Services by calling 1-855-6XOFIGO (1-855-696-3446). Xofigo Access Services Access Counselors are available 9:00 AM to 7:00 PM ET, Monday through Friday.

1 Insurance Benefits

Xofigo Access Services can help you and your physician research your insurance benefits and confirm coverage for treatment with Xofigo. If your insurance does not cover treatment with Xofigo, Access Counselors can help research alternate sources of funding for your treatment.

2 Alternate Sources of Funding

If you are uninsured or lack coverage for Xofigo, Access Counselors can research potential alternate sources of funding, such as Medicaid or other state and local assistance programs. If you are eligible for one of these programs, your Access Counselor can provide information about the program and how to apply.



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Financial Assistance for Uninsured and Underinsured Patients

Xofigo® Access Services provides Xofigo free of charge for eligible patients who are uninsured or who are insured but do not have coverage for Xofigo. In order to qualify for assistance, you must meet certain eligibility criteria.

- Call **1-855-6XOFIGO (1-855-696-3446)** to obtain information and request a Xofigo Patient Assistance Program* Application
 - Brought to you by the Bayer US Patient Assistance Foundation
- Both you and your physician who administers Xofigo must complete, sign and date the application
- Eligibility criteria include^a
 - Financial criteria based on adjusted gross household income (documentation of income is required)
 - Residency in the United States and Puerto Rico
 - Treatment is being provided in a physician office or hospital outpatient setting



Call Xofigo Access Services at **1-855-6XOFIGO (1-855-696-3446)** from 9:00 AM to 7:00 PM ET, Monday through Friday, for information and assistance with the application process.

* The Xofigo Patient Assistance Program is a charitable program that is offered through the Bayer US Patient Assistance Foundation

^a Acceptable forms of documentation include: copy of most recent US Income Tax Return (IRS Form 1040); most recent Social Security Income Statement (SSA 1099); copy of most recent pay stub, pension statement, interest, and child support.

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Copay Assistance for Privately Insured Patients

- **To be eligible**, you must meet the eligibility criteria, which include:
 - Residency in the United States, including the District of Columbia, Puerto Rico, Guam, or the US Virgin Islands
 - Treatment is being provided in a physician office or hospital outpatient setting
- **Your physician who administers Xofigo®** must submit a Commercial Copay Assistance Application for Xofigo, including the signed patient authorization, on your behalf
 - You and your physician must also sign and submit the Assignment of Commercial Copay/Coinsurance Assistance Agreement
 - By signing this agreement, you give permission for the program to pay Xofigo copay/coinsurance assistance funds directly to your physician
 - Your physician agrees to receive Xofigo copay/coinsurance assistance funds directly from the Xofigo Commercial Copay Assistance Program
- **Once approved**
 - You will receive an approval letter with a Commercial Copay Assistance identification (ID) card^a

^aThe Xofigo Commercial Copay Assistance identification card is not a credit or debit card, and no cash or ATM access is available. This card cannot be used in any other capacity outside of copay assistance for Xofigo.



- Present the ID card to your physician along with your other insurance information
- **\$0 Copay Assistance:** You will now be able to obtain Xofigo without cost if approved for the program
- **The role of your physician who administers Xofigo®**
 - Your physician will also receive a letter informing of your approval for copay assistance for Xofigo and of your Commercial Copay Assistance ID number, eligibility dates, and instructions for submitting requests for copay assistance funds
 - Your physician will first submit the claim for your treatment to your primary insurance plan, and once your other insurance plans have paid their part, your physician will submit a request for copay assistance funds to the Xofigo Commercial Copay Assistance Program
 - The Xofigo Commercial Copay Assistance Program will process the request and send payment to your physician
- **Xofigo Access Services Access Counselors** can provide information and support you and your physician through the application process
- **If you have public insurance**, such as Medicare or other government payers, eg, Department of Veterans Affairs, Department of Defense, etc, you are not eligible for copay/coinsurance assistance through the Xofigo Commercial Copay Assistance Program



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Copay Assistance for Eligible Patients Insured by Public Payers Such as Medicare and Other Government Payers

- **If you have Medicare** or other government insurance and need assistance with your cost-share requirements for Xofigo[®], you may be eligible for copay or coinsurance assistance through an independent copay assistance foundation
- **Xofigo Access Services Access Counselors** can verify your coverage for Xofigo. If copay assistance needs are identified, your **Access Counselor** can provide information about any available foundations
- **The foundations will determine** your eligibility for copay or coinsurance assistance based on their own criteria and contact you directly regarding their application process





Xofigo[®] Access Services

Contact Xofigo[®] Access Services Today
for Questions About Access to Xofigo



Phone: 1-855-6XOFIGO (1-855-696-3446)



Fax: 1-855-963-4463



Hours: 9:00 AM – 7:00 PM ET
Monday through Friday



Website: www.xofigo-us.com



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PP-XOF-US-0575-1 11/18

 **Xofigo**[®]
radium Ra 223 dichloride
INJECTION