Bayer US Patient Assistance Foundation

Program Guidelines
&
Application Form

Please refer to the FDA Approved Patient Labeling enclosed in the product packaging for important safety information, including boxed warnings for Angeliq and Climara PRO.
Bayer, the Bayer Cross, Angeliq, Biltricide, CLIMARA PRO, Desonate, Finacea, Menostar, Natazia and Safyral are registered trademarks of Bayer.
© 2018 Bayer. All rights reserved. 03/18 PP-515-US-0190

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255
Phone: 1-866-575-5002 Fax: 1-866-575-6568

PROGRAM GUIDELINES

The Bayer US Patient Assistance Foundation provides medication (listed below) for those in need, who have no prescription drug coverage and limited financial resources. All applications are reviewed on a case-by-case basis. Bayer reserves the right to make a separate, independent determination of patient eligibility and to modify or discontinue the Bayer US Patient Assistance Foundation, at any time, without notice.

Medication:

Angeliq® tablets (Drospirenone/Estradiol) 0.25 mg/0.5 mg/day
Angeliq® tablets (Drospirenone/Estradiol) 0.5 mg/1 mg/day
Biltricide® (praziquantel) 600mg
CLIMARA PRO®(estradiol/levonorgestrel transdermal system) 0.045/0.015mg/day
Desonate® (desonide) Gel 0.05%
Finacea® (azelaic acid) Foam 15%
Finacea® (azelaic acid) Gel 15%
Menostar® (estradiol transdermal system) 14 mcg/day
Natazia® (estradiol valerate and estradiol valerate/dienogest)
SAFYRAL® (drospirenone 3 mg/ethinyl estradiol 0.03 mg/levomefolate calcium 0.451 mg tablets and levomefolate calcium 0.451 mg tablets)

Eligibility:

To qualify for the Bayer US Patient Assistance Foundation, a patient must reside in the United States or Puerto Rico.

Patient must also be uninsured or have no insurance coverage for the Bayer product available through the Bayer US Patient Assistance Foundation. In the event that a patient enrolled in a Medicare Part D Prescription Drug Benefit Plan is responsible for 100% of the drug cost, the patient may be eligible for the Bayer US Patient Assistance Foundation. **Pharmacy discount cards or pharmaceutical assistance programs are not insurance coverage. You may still apply if you participate in these programs.

Please refer to the FDA Approved Patient Labeling enclosed in the product packaging for important safety information, including boxed warnings for Angeliq and Climara PRO.
Bayer, the Bayer Cross, Angeliq, Biltricide, CLIMARA PRO, Desonate, Finacea, Menostar, Natazia and Safyral are registered trademarks of Bayer.
© 2018 Bayer. All rights reserved. 03/18 PP-515-US-0190

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255
Phone: 1-866-575-5002 Fax: 1-866-575-6568

Application Process:

The Application Process for the Bayer US Patient Assistance Foundation includes two elements:

- Completed application form by patient and healthcare provider
- Proof of Income

Once it has been determined that the patient may be eligible for assistance through the Bayer US Patient Assistance Foundation, the Application form must be completed by the Doctor/Prescriber and the patient and faxed to 1-866-575-6568, along with Proof of Income documentation (see below). The completed documents can also be mailed to:

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255

Remember to keep a copy of all documentation for your records.

Applications will be reviewed within 2 business days. Patients will be notified by mail if they have been approved or denied for assistance from the Bayer US Patient Assistance Foundation. All patient eligibility determinations are made in the sole determination of the Bayer US Patient Assistance Foundation.

- If approved, patient prescription request will be processed and product mailed to the address provided in the application (please provide the complete address including suite number, if applicable).
- If denied, patient prescription request will be cancelled and patient will receive a notification letter by mail.

Proof of Income:

Include **copies** of the following when submitting your application:

1. Federal Tax Return (Form 1040/1040EZ) for the prior tax year (Please include all Tax schedules).

If no tax form was filed or does not represent current income, please provide appropriate supporting documents, which may include:

1. Wage and tax statements (W2) for both patient and spouse (if patient is married)
2. Social Security, Pension or Railroad Retirement statements (SSA-1099 or similar)

Please refer to the FDA Approved Patient Labeling enclosed in the product packaging for important safety information, including boxed warnings for Angeliq and Climara PRO.
Bayer, the Bayer Cross, Angeliq, Biltricide, CLIMARA PRO, Desonate, Finacea, Menostar, Natazia and Safyral are registered trademarks of Bayer.
© 2018 Bayer. All rights reserved. 03/18 PP-515-US-0190

3. Statements of Interest, dividends or other income (1099-INT, 1099-DIV, 1099 or other forms)

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255
Phone: 1-866-575-5002 Fax: 1-866-575-6568

Patient must report **all** income, including salary, pension, Social Security, etc. for patient and spouse. If the patient has no source of income, please provide us with a letter of means of support (i.e. Food stamps, housing assistance, or any other assistance received).

The Bayer US Patient Assistance Foundation fax number is on the top of these forms. You may also mail in your completed application form and proof of Income documentation to:

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255

Incomplete forms will delay processing time.

Shipping:

Once approved, up to a 3-month supply of medication will be shipped directly to the patient to the address supplied on the application form or to the HCP's office with complete address to include suite number. Patients will not be charged for product or shipping costs.

Final Checklist before faxing or mailing in completed forms

☐ 1. Ensure application form is complete and signed before faxing or mailing in.
   a. **Prescriber Signature** field is on **Page 1 of 3**
   b. **Patient Signature** field in on **Page 3 of 3**

   Any information left blank may result in a delay of program approval.

☐ 2. Ensure proof of income meets the requirements listed above in the Program Guidelines section of this document

Please refer to the FDA Approved Patient Labeling enclosed in the product packaging for important safety information, including boxed warnings for Angeliq and Climara PRO.
Bayer, the Bayer Cross, Angeliq, Biltricide, CLIMARA PRO, Desonate, Finacea, Menostar, Natazia and Safyral are registered trademarks of Bayer.
© 2018 Bayer. All rights reserved. 03/18 PP-515-US-0190

Reset Form

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255
Phone: 1-866-575-5002 Fax: 1-866-575-6568

APPLICATION FORM – Page 1 of 3

SECTION 1 – HEALTHCARE PROVIDER INFORMATION: (MEDICATION SHIPPED DIRECT TO PATIENT)

Date:_____ Patient Name:_____ Patient Date of Birth:_____

Prescriber's Name: _____ Physician NPI #: _____

Facility Name: _____ Office Contact Name and Extension: _____

Street Address: _____Suite/Apt #:_____

City: _____ State: _____ Zip: _____

Telephone: (___)_____ Fax: (___)_____

Select Box for Product Selection: (clearly select only one box)

☐	Angeliq® tablets (Drospirenone/Estradiol) 0.5 mg/1 mg/day
☐	Biltricide® (praziquantel) 600mg
☐	CLIMARA PRO®(estradiol/levonorgestrel transdermal system) 0.045/0.015mg/day
☐	Desonate® (desonide) Gel 0.05%
☐	Finacea® (azelaic acid) Foam 15%
☐	Finacea® (azelaic acid) Gel 15%
☐	Menostar® (estradiol transdermal system) 14 mcg/day
☐	Natazia® (estradiol valerate and estradiol valerate/dienogest)
☐	Safyral® (drospirenone 3 mg/ethinyl estradiol 0.03 mg/levomefolate calcium 0.451 mg tablets and levomefolate calcium 0.451 mg tablets)

Directions: _____ Refills: ☐ 3 ☐ 2 ☐ 1 ☐ 0

Quantity: 90 day Supply Quantity for Biltricide, Desonate or Finacea: _____

By signing, prescriber certifies that all information is correct and accurate, to the best of their knowledge, after a reasonable inquiry.

Prescriber Signature: Date:

Please refer to the FDA Approved Patient Labeling enclosed in the product packaging for important safety information, including boxed warnings for Angeliq and Climara PRO.

Bayer, the Bayer Cross, Angeliq, Biltricide, CLIMARA PRO, Desonate, Finacea, Menostar, Natazia and Safyral are registered trademarks of Bayer.
© 2018 Bayer. All rights reserved. 03/18 PP-515-US-0190

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255
Phone: 1-866-575-5002 Fax: 1-866-575-6568

APPLICATION FORM – Page 2 of 3

SECTION 2 – PATIENT INFORMATION: (INCOME DOCUMENTATION MUST ACCOMPANY APPLICATION)

Patient Name (last, first): _____

Street Address or PO Box: _____Apt #:_____

City: _____ State: _____ Zip: _____

Home phone: (___)_____ Cell Phone: (___)_____

Social Security #:_____ Email: _____

Gender: ☐ Male ☐ Female

Allergy and Health Information

List any known drug allergies:_____ Check if none ☐

List any known health conditions:_____ Check if none ☐

Financial Information (if married, income from spouse must also be provided)

Marital Status: ☐ Single ☐ Married Other:_____

Current Gross Annual Household Income (including Social Security & Pension Benefits):_____

Number of household members dependent on income stated above (include applicant):_____

Eligibility Requirements

Do you reside in the United States or Puerto Rico? ☐ YES ☐ NO

Are you enrolled in any Government Prescription Coverage Programs? ☐ YES ☐ NO
(This includes Medicare Part D, Medicaid, Veteran's Administration and/or State or Local Programs

If you answered "yes", please provide name of program: _____

Are you enrolled in any Private Prescription Programs? ☐ YES ☐ NO
(This includes coverage through any private insurance, PPOs, HMOs)

If you answered "yes", please provide name of program: _____

Did you file a Federal Tax Return for the most recent year? ☐ YES ☐ NO

Please refer to the FDA Approved Patient Labeling enclosed in the product packaging for important safety information, including boxed warnings for Angeliq and Climara PRO.

Bayer, the Bayer Cross, Angeliq, Biltricide, CLIMARA PRO, Desonate, Finacea, Menostar, Natazia and Safyral are registered trademarks of Bayer.
© 2018 Bayer. All rights reserved. 03/18 PP-515-US-0190

Bayer US Patient Assistance Foundation
PO Box 5670
Louisville, KY 40255
Phone: 1-866-575-5002 Fax: 1-866-575-6568

APPLICATION FORM – Page 3 of 3

SECTION 3 – PATIENT CONSENT AND AUTHORIZATION:

I may refuse to sign this authorization without any effect on care or treatment from my healthcare provider. However, if I refuse to sign this form, I will not be eligible to receive free product through the Bayer US Patient Assistance Foundation. I certify that all of my statements above and proof-of-income information are complete and truthful. I certify that I am not enrolled in any government (e.g., Medicare Part D, VA, Medicaid) or private prescription drug insurance program. I understand that if I am enrolled in or later enroll in any prescription drug insurance, I may no longer meet the eligibility requirements of the Bayer US Patient Assistance Foundation free drug program. I agree to notify the Bayer US Patient Assistance Foundation immediately if I get drug insurance coverage at any time after my enrollment in the Bayer US Patient Assistance Foundation. In the event that I do enroll in a Medicare Part D Prescription Drug Benefit plan, I understand that I will continue to get free medication through the Bayer US Patient Assistance Foundation for the remainder of the year. However, I agree that I am not allowed to submit any claim for the free drug to my Medicare Part D Prescription Drug Benefit plan. I also understand that the cost or value of free drug received from the Bayer US Patient Assistance Foundation will not be applied towards my True Out-of-Pocket expenses (i.e., TROoP) under my Medicare Part D drug plan.

I agree to notify Bayer US Patient Assistance Foundation immediately of any changes that might affect my eligibility. I understand that Bayer may discontinue or modify the Bayer US Patient Assistance Foundation at any time, and without notice; although medication may be given to me without cost now, it does not mean that I will be entitled to receive it without cost indefinitely. I agree to provide the Bayer US Patient Assistance Foundation with documentation to verify that the information provided is correct, including bank statements, Federal Tax Returns, verification of non-filing for Federal Tax, W-2 forms, denial from insurance companies or state or government programs, etc. I understand that the eligibility for enrollment in the Bayer US Patient Assistance Foundation is subject to Bayer's approval. I will not be accepted into the program without my healthcare provider's and my (or my legal guardian or representative) original signature on this application. I understand that any adverse events, product technical complaints or safety issues will be reported to Bayer Pharmacovigilance, and they may contact either my healthcare provider or me to follow up.

I am providing 'written instructions' under the Fair Credit Reporting Act to the Bayer US Patient Assistance Foundation, including its agents, administrators, and service providers, authorizing the Bayer US Patient Assistance Foundation to obtain information from my credit profile and/or other information from Experian Health. I authorize the Bayer US Patient Assistance Foundation, including its agents, administrators, and service providers, to obtain such information solely to determine my eligibility for the Bayer US Patient Assistance Foundation and its Products.

This information is for the sole use of the Bayer US Patient Assistance Foundation and/or its agents and representative(s) to determine eligibility for assistance and administering the Bayer US Patient Assistance Foundation. Unless required by law, information will not be provided in a patient identifiable form to any other persons unless the patient agrees to the release in writing. This authorization will become effective when signed below and will remain in effect until revoked by the patient. A photocopy of this form is as valid as the original.

Patient's Name (PRINTED)

Patient or Legal Guardian (SIGNATURE) Date

Please refer to the FDA Approved Patient Labeling enclosed in the product packaging for important safety information, including boxed warnings for Angeliq and Climara PRO.

Bayer, the Bayer Cross, Angeliq, Biltricide, CLIMARA PRO, Desonate, Finacea, Menostar, Natazia and Safyral are registered trademarks of Bayer.
© 2018 Bayer. All rights reserved. 03/18 PP-515-US-0190