

Helsinn Cares Program Requirements

The table below specifies forms and documentation required for Helsinn Cares Programs

Program	AKYNZEO®	Forms Required	Patient Enrollment Form* (PEF) (Completed)
Helsinn Cares Healthcare Provider (HCP) payer Support			
Benefit Investigation	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> Helsinn Cares will contact payer and provides HCP the patient benefit findings from payer discussion and any prior authorization (PA) requirements 	Required
Appeals Support	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> Helsinn Cares can obtain the appeals documentation required from the payer and provide to the HCP for their submission HCP has to provide/submit required clinical support and required documentation to the payer 	Required
Prior Authorization (PA) Support	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> Helsinn Cares can obtain all the PA requirements from the payer and provide to the HCP for submission HCP has to submit clinical documentation/support required and actual PA to payer 	Required
Helsinn Cares HCP/Patient Support Programs			
Appeals/ Replacement Program	AKYNZEO® Injection ONLY	<ul style="list-style-type: none"> PEF must be submitted proactively prior to administration of AKYNZEO® for Injection HCP will have to provide Helsinn Cares with required documentation (PA, if required, denial and appeal documentation) 	Required
AKYNZEO® Pay \$0 Savings Program	AKYNZEO® Injection ONLY	<ul style="list-style-type: none"> HCP or patient can download online at https://www.AKYNZEOsavingsprogram.com No activation required Commercial payer patients ONLY 	Not Required
Helsinn Cares Patient Assistance Program (PAP)	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> HCP/Patient must complete PEF and provide patient financial documents to access eligibility 	Required

Miscellaneous J Code Billing Requirements	Description
AKYNZEO® for Injection	Brand Name
Fosnetupitant 235 mg/palonosetron 0.25 mg	Generic Name/Dose
1 unit	Billing Unit (Single Dose Vial-SDV)
J3490	Unclassified, Drug (Medicare-Physician Office, Medicaid & Commercial)
C9399	Unclassified, Drug (Medicare Hospital Outpatient Only)
96367	Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug). Additional sequential infusion of a new drug/substance, up to 1 hour
69639-0102-01	National Drug Code (NDC) number (payers use 11 digit NDC#, 0 added to middle number)
International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) Code	Diagnosis codes required will vary by payer



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*Patient Enrollment Form MUST be COMPLETED by the provider with physician and patient signatures and information filled out on the form.