

# Get to know AccordCares<sup>®</sup>

AccordCares provides patient support services designed to help provide access to UDENYCA<sup>®</sup> (pegfilgrastim-cbqv).



Actor portrayals

For more information or to contact an AccordCares associate, please visit [AccordCares.com](https://www.AccordCares.com) or call 1-844-483-3692.

 **UDENYCA<sup>®</sup>**  
pegfilgrastim-cbqv  
Injection 6 mg/0.6 mL



# AccordCares co-pay and patient support services

**\$0** co-pay per UDENYCA treatment\*

\*For eligible patients.

AccordCares offers a co-pay program for eligible patients with commercial insurance that covers out-of-pocket expenses related to UDENYCA.

- Eligible patients may pay as little as **\$0 co-pay per UDENYCA treatment**
- Annual maximum benefit of \$15,000 for out-of-pocket expenses for UDENYCA, including co-pays or co-insurance. \$4,500 per claim and per unit (or per 6 mg/0.6 mL dose), up to 2 units for \$9,000

## Other offerings from AccordCares:



Benefits investigation



Prior authorization support and information



Billing and coding information



Alternate funding referral

**An AccordCares associate can be reached Monday through Friday, 8 AM to 8 PM ET, at:**

**Phone** [1-844-483-3692](tel:1-844-483-3692)

**Fax** [1-877-226-6370](tel:1-877-226-6370)

**Mail** PO Box 7613, Overland Park, KS 66207

Or for more information, please visit [AccordCares.com](https://www.AccordCares.com)



## CO-PAY SAVINGS SUPPORT PROGRAM TERMS AND CONDITIONS

To receive co-pay assistance for drug or administration co-pay costs, the provider, patient, or caregiver must enroll the eligible individual within 180 days after the date of service for which the subsidy is sought.

Participating patients, pharmacies, physician offices, and hospitals may use Accord's patient services web portal or fax completed enrollment forms to 1-877-226-6370 to enroll patients.

Under the Co-Pay Savings Program, if a patient incurs a co-pay obligation for the cost of UDENYCA and meets all eligibility requirements, Accord may provide co-pay assistance for up to \$15,000 per calendar year. The Co-Pay Savings Program only covers the cost of the drug. It does not cover costs associated with drug administration.

The program benefits will reset every January 1<sup>st</sup>. Re-enrollment in the program is required at regular intervals. Patients may participate in the program as long as the patient re-enrolls as required by Accord BioPharma and continues to meet all of the eligibility requirements for the program during participation in the program. After reaching the maximum benefit for either program, the patient will be responsible for all remaining out-of-pocket expenses. The amount of the program's benefits cannot exceed the patient's out-of-pocket expenses for the cost of UDENYCA.

Patients must have commercial health insurance. Patients with any federal, state, or government-funded healthcare coverage such as Medicare, Medicare Advantage, Medicare Part D, Veterans Affairs, Department of Defense, or Tricare are not eligible for the program.

The documentation required for claim submission, which can include but is not limited to an Explanation of Benefits (EOB) and claim form (e.g., CMS 1500), must be submitted within 365 days of the date that the primary claim was processed by the patient's insurance to receive the co-pay savings benefit. Exceptions will not be made for claims submitted more than 365 days.

This Co-Pay Savings Program is offered to and intended for the sole benefit of eligible patients and may not be utilized for the benefit of third parties, including, without limitation, third-party payers, pharmacy benefit managers, or the agents of either. The program is not available if the costs are eligible to be reimbursed in their entirety by private insurance plans or other programs. The program is not available for patients receiving assistance from any other third party, including charitable organizations, if assistance is for the same expenses covered by the program.

This program is not health insurance or a benefit plan. Patient and provider agree to not seek reimbursement for any or all of the benefit received by the patient through the Co-Pay Savings Program. Patient and provider are responsible for reporting receipt of Co-Pay Savings Program benefits to any insurer, health plan, or other third party who pays for or reimburses any part of the drug cost, as may be required.



## TERMS AND CONDITIONS (continued)

All participants are responsible for reporting the receipt of all program benefits as required by any insurer or by law. The program is only valid in the United States and otherwise void where prohibited by law. Program benefits may not be sold, purchased, traded, or offered for sale. The program does not obligate use of any specific product or provider. Healthcare providers may not advertise or otherwise use the programs as a means of promoting their services or Accord products to patients. Accord reserves the right to rescind, revoke, or amend the program without notice at any time.

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