



## Reimbursement Support Reference Guide

Heron Connect™ helps address the product support concerns of your practice and patients who have been prescribed Heron products.

### Programs include\*



**Copay Assistance Program<sup>†</sup>**

**\$0 out-of-pocket costs** for eligible, commercially insured patients. When applicable, patients may also be eligible for **deductible assistance up to \$200** per treatment\*



**Patient Assistance Program<sup>‡</sup>**

Offers Heron products at no cost to patients with financial hardship who meet program eligibility criteria



**Heron Commitment Program™**

Credits practice for the cost of Heron products in the event of a qualifying claim denial, when program requirements are met<sup>§||</sup>

### Additional services and support

- A single point of contact: Your practice will have one dedicated Reimbursement Counselor who can help patients apply to Heron Connect™ programs, track outcomes, and provide other services required to support patients as they try to secure product coverage
- Fast, responsive support: Our services include insurance verification, prior authorization, appeals, billing, reimbursement, and coding
- Right from the start: A welcome call gives newly enrolled practices an overview of offerings and processes and ensures any questions are addressed
- Drug replacement: In the event that CINVANTI™ and/or SUSTOL® are determined to be unfit for patient use<sup>¶</sup> or have expired, Heron Therapeutics will replace the affected units
- Product information: Call Heron Connect if you have a clinical inquiry or would like to report an adverse event related to CINVANTI and/or SUSTOL

**Call 1-844-HERON11 (1-844-437-6611) from 8 AM to 8 PM ET, Monday through Friday.**

**Please see accompanying full Prescribing Information for CINVANTI and SUSTOL.**

**For details on each program, please see reverse side.**



# Patient support programs that ensure patients have access to prescribed Heron products\*



## \$0 Copay Assistance Program<sup>†</sup>

### Patient benefits

- Commercially insured patients pay \$0 out of pocket; coverage includes copay and coinsurance
- When applicable, deductible assistance up to \$200 per treatment will be covered.
  - Cash-pay patients will receive up to \$150 per injection to a maximum of \$1,800 per year
  - The copay program is in effect for the calendar year
  - No physical copay card is required; copay reimbursement is offered directly to your practice

### Program eligibility

- Patients must be US residents with (1) commercial insurance that covers CINVANTI™ and/or SUSTOL® or (2) cash pay
- Treatment must have taken place within the past 120 days

### Documentation required

- The practice must provide:
  - Completed patient enrollment form
  - Claim form and an explanation of benefits (EOB)
- Enrollment information can be (1) submitted by fax at 1-844-504-8652, (2) submitted online at [www.HeronCopay.com](http://www.HeronCopay.com), or (3) practices may complete a one-time Copay Assistance Program Practice Enrollment Form and enroll patients individually by faxing the Patient Copay Assistance Program Registration Form



## Patient Assistance Program (PAP)<sup>‡</sup>

### Patient benefit

- CINVANTI and/or SUSTOL can be provided at no cost to patients who meet eligibility requirements

### Program eligibility (may be regular PAP or temporary PAP)

- Patients must have a yearly income of less than 500% of the federal poverty level
- Patients must be residents of the United States or its territories
- Patients must be using CINVANTI and/or SUSTOL as prescribed by their physician in an outpatient setting
  - **Regular PAP (up to 12 months)**
    - Patients with no insurance or patients who are insured but do not have coverage for CINVANTI and/or SUSTOL or patients who become uninsured after the first level of appeal

### – Temporary PAP (up to 6 months)

- Patients with commercial insurance or Medicaid who do not have access to CINVANTI and/or SUSTOL (medical or pharmacy benefit) within 14 days
- Patients may be eligible for any of the following reasons
  - The required PA is denied by the plan or the review period is expected to be longer than or exceeds 14 days
  - The Medicaid plan has not added CINVANTI and/or SUSTOL to the formulary, and the decision/review process is expected to be longer than 14 days
  - CINVANTI and/or SUSTOL have not been added to the payer system

### Documentation required

- The practice must provide:
  - Completed patient enrollment form
  - Completed prescription



## Heron Commitment Program<sup>§</sup>

### Patient benefit

- For eligible patients, when program requirements are met (see below), the cost for CINVANTI or SUSTOL will be covered in the event that a claim is denied

### Program eligibility

- Patient claims through commercial insurance only (not cash pay or other forms of insurance)
- A benefits verification (BV) must be conducted and documented **PRIOR** to administration
- All payer requirements must be followed, including PA
- A claim for each date of service (DOS) must be provided
- The first level of appeal for the initial DOS must be provided; additional appeals are not required
- Requests must be sent to Heron Connect within 12 months of the patient's treatment date

### Documentation required

- One-time practice documentation
  - Completed practice enrollment form
  - W-9
- For each patient
  - Invoice for each CINVANTI and/or SUSTOL denial (wholesaler cost to the practice)
  - Documentation of BV, PA (if required), and appeal denial for initial DOS
  - EOB for all denied claims

**While it may take a little time to complete and submit a practice enrollment form and W-9, this is a one-time registration process. All current and future patients are included under this practice submission. Then the practice submits information related to each patient.**

\*For full program eligibility requirements, please log on to [www.HeronConnect.com](http://www.HeronConnect.com).

<sup>†</sup>Limitations apply. Offer not valid as follows: (a) patients covered under Medicare, Medicaid, or any federal or state program; (b) where plan covers treatment for the patient for the entire cost of the prescription drug. Patients pay \$0 per copay per dose per 12-month calendar period. When applicable, deductible assistance up to \$200 per treatment will be covered. For cash-paying patients, the program will cover \$150 per prescription up to \$1,800 per calendar year. Eligibility is for 12 months, after which patients will need to reapply for continued assistance. Please see [www.HeronConnect.com](http://www.HeronConnect.com) for full terms and conditions. This offer expires 12/31/18.

<sup>‡</sup>Heron Therapeutics reserves the right, at its sole discretion, to discontinue the Patient Assistance Program or change the qualifications at any time. All patient information remains confidential. Product supply for the program depends on availability.

<sup>§</sup>The Heron Commitment Program and the other product support programs offered by Heron Therapeutics do not impose any purchase obligation at any time or in any manner. Use of CINVANTI and/or SUSTOL may be discontinued at any time, without penalty.

<sup>¶</sup>A qualifying claim denial can be reviewed for the Heron Commitment Program when, for a patient covered under commercial insurance, the following criteria have been met, and documentation confirms: (a) the verification of benefits, conducted by the provider and/or Heron Connect, meets all of the payer criteria and/or policy requirements, (b) the submitted claim for the Heron product is denied, and (c) the claim has been denied again by the commercial payer after the first level of appeals process has been followed.

<sup>¶¶</sup>Determination will be made by the manufacturer of CINVANTI and SUSTOL.

Please see accompanying full Prescribing Information for CINVANTI and SUSTOL.

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[www.HeronConnect.com](http://www.HeronConnect.com)

