



YONSA SUPPORT[®]

Patient Assistance Program (PAP) Application

YONSA SUPPORT[®] will initiate a benefits investigation (BI) of your patient's insurance coverage for YONSA[®]. If applicable, YONSA SUPPORT[®] will research eligibility for the YONSA SUPPORT[®] PAP for non-insured, functionally uninsured, and underinsured patients. If eligible, YONSA SUPPORT[®] will help with this PAP application.

To get your patients started, prescribers are required to complete this form in its entirety with their patient, as well as sign and fax the form and any supporting documents to the YONSA SUPPORT[®] PAP at 1-877-872-6575 or mail to PO Box 29051, Phoenix, AZ 85038-9051.

Please see [eligibility guidelines](#) inside.

Please see accompanying [Full Prescribing Information](#).

HOW TO APPLY

1. Complete

this form in its entirety with your patient.

2. Sign & Date

the form.

IMPORTANT: Wet signatures are required from both the patient and the prescriber. Once you've completed the form, please be sure to add wet signatures in both patient and prescriber sections.

3. Fax the completed, signed form with the appropriate supporting information to 1-877-872-6575 (or mail to PO Box 29051, Phoenix, AZ 85038-9051), based on the following patient insurer status:

NO INSURANCE: Fax the completed, signed form and proof of income.

FINANCIAL HARDSHIPS: Fax the completed, signed form, proof of income, and supporting documentation explaining changes in circumstances (eg, loss of employment, change in marital status).

IMPORTANT: Proof of income should be in the form of 1) the previous year's federal income tax returns for the patient, spouse, and dependents; 2) all income statements from the patient's employer (W2 or 1099); or 3) the patient's Social Security Income Yearly Benefits Statement.

PREVIOUS APPROVAL OR DENIAL: If there is already a prior authorization (PA) or insurance appeals approval or denial, please include in the fax. If a PA is required for the Sun Pharma product requested, you will need to provide the PA number and date of approval or attach a copy of the denial letter. If this is a renewal, you will need to process and submit a new PA. If this information is not received with the healthcare provider section of this application, there may be a delay in processing for your patient.

WHAT TO EXPECT AFTER APPLYING

Once the application is received, a YONSA SUPPORT® customer service representative will conduct a BI to help better understand your patient's coverage and the costs associated with YONSA® treatment. Providing complete and accurate information will ensure a timely response to your request.

Once the BI is completed, YONSA SUPPORT® will:

- Follow up with the provider and payer to make sure that the PA is submitted and approved
NOTE: If the PA is denied, the customer service representative will send the appeal requirements to the provider and follow up at a later time
- Process the outcome of the BI and evaluate your patient's eligibility
- Research eligibility for the YONSA SUPPORT® PAP, if applicable, for non-insured, functionally uninsured, and underinsured patients. If eligible, YONSA SUPPORT® will help with this PAP application

ELIGIBILITY GUIDELINES

Eligibility is subject to each patient's current status. Eligibility reverification will be completed on a case-by-case basis, based on each patient's insurance. For patients with government insurance, eligibility reverification occurs at the start of the calendar year (January 1). Uninsured patients and commercially insured patients must have eligibility reverified 12 months after the original date of the application. Eligibility guidelines are subject to change. Sun Pharma reserves the right to change, rescind, or revoke its Patient Assistance Program at any time.

Patients may qualify for the YONSA SUPPORT® PAP if the following guidelines are met:

Non-insured patients

- Residency in the United States, Puerto Rico, Guam, or Virgin Islands
- Insurance coverage is terminated (commercial, Medicare, or Medicaid), or the patient has no insurance
- Income at or below 400% of the federal poverty level (FPL), or a hardship exception (between 400% and 425%) and cost of drug that is greater than 10% of the patient's annual household income
- Diagnosis is an on-label ICD-10-CM code
- At least 18 years of age

Functionally uninsured patients

- Residency in the United States, Puerto Rico, Guam, or Virgin Islands
- Commercial insurance does not cover YONSA®, no prescription coverage, emergency only, discount card only, exceeded yearly cap, generic coverage only, product not on formulary (no non-formulary exception available or non-formulary exception not approved)
- Patients who are enrolled in a government insurance program (such as Medicare or Medicaid) are not eligible for PAP if that program provides any coverage for YONSA®
- Income at or below 400% of the FPL, or a hardship exception (between 400% and 425%) and cost of drug that is greater than 10% of the patient's annual household income
- Diagnosis is an on-label ICD-10-CM code
- At least 18 years of age

Underinsured patients

- Residency in the United States, Puerto Rico, Guam, or Virgin Islands
- Insurance coverage identified, but the patient cannot afford out-of-pocket costs
- Income at or below 400% of the FPL, or a hardship exception (between 400% and 425%) and cost of drug that is greater than 10% of the patient's annual household income
- Diagnosis is an on-label ICD-10-CM code
- At least 18 years of age

Questions?

Contact your Sun Representative

Please contact your Sun Representative (Field Reimbursement Manager or Regional Business Director) with any questions about the application process or call YONSA SUPPORT[®] at **1-855-44YONSA (1-855-449-6672)** Monday - Friday, 8 AM - 8 PM EST.

To start the application process for your patient, please complete, sign, and fax pages 4 and 5 of this form to **1-877-872-6575** or mail to **PO Box 29051, Phoenix, AZ 85038-9051**.

Please see accompanying Full Prescribing Information.

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