If your patient is uninsured, has no coverage for YONSA®, or has expressed inability to afford their medication, they may be eligible to receive YONSA® through the YONSA® Patient Assistance Program.

The prescriber and patient will be required to complete the application in its entirety, and to fax the form and any supporting documents to the YONSA® PAP at 1-877-872-6575 or mail to PO Box 29051, Phoenix, AZ 85038-9051.

Please see eligibility guidelines inside.

Please see Full Prescribing Information.
ELIGIBILITY GUIDELINES

Sun Pharma reserves the right to change, rescind, or revoke its Patient Assistance Program at any time. Eligibility criteria are based on whether a patient is uninsured, functionally uninsured, or under-insured. Enrollment is valid for 12 months for those patients who are commercially insured or uninsured. The program terms on December 31 for those patients with government insurance.

Patients may qualify for the YONSA® 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 (prescriber has provided a letter attesting that uninsured patient is under their care)
- Income at or below 400% of the federal poverty level (FPL) 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)
- Income at or below 400% of the FPL and cost of drug 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
- Patients with coverage who are unable to afford the medication after exhausting other options, including, but not limited to, YONSA® copay program, applying for low-income subsidy (LIS), other state-related programs, and foundation support. Patients excluded if there is secondary coverage with Veterans Affairs, Department of Defense, Medicaid, or LIS
- Income at or below 400% of the FPL and cost of drug 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

Please see Full Prescribing Information.
**HOW TO APPLY**

1. If the patient has insurance, the prescriber is required to pursue all available authorizations in advance of submitting the application to determine the coverage and cost. This documentation is required to be sent with the application in order for the eligibility process to begin.

2. If the patient has no insurance, the prescriber will need to provide a letter that attests that the patient has no insurance and is under their care.

3. Sign and date the form.
   
   *IMPORTANT: Wet signatures and dates are required from both the patient and the prescriber.*

4. Fax the completed application, proof of authorization(s) or denial(s), and patient proof of income to 1-877-872-6575, or mail to PO Box 29051, Phoenix, AZ, 85038-9051.

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

   Acceptable proof of income documentation includes, but is not limited to:
   
   - Most recent federal or state income tax return
   - W-2 and/or 1099 Forms
   - Social Security pay stub (most recent 30 days)
   - Bank statement (most recent 3 months showing income deposit)
   - Unemployment check or statement
   - Non-documented Income Attestation letter created and signed by HCP or office staff
   - IRS Form 4506-T

**WHAT TO EXPECT AFTER APPLYING**

Once the application is received, a YONSA® PAP customer service representative will conduct a benefit investigation to verify coverage and costs associated with YONSA® treatment. The patient will be contacted to discuss the coverage and their financial obligation. If the patient has expressed an inability to afford their medication, eligibility for the patient assistance program will be determined based on the supporting documentation and ability to meet the program criteria.

Both the provider and patient will be notified of the outcome.

- If approved, the prescription will be transferred to the specialty pharmacy, which will set up the shipment and coordinate refills directly with the patient.
- If the patient has no coverage or is unable to afford their YONSA® treatment, eligibility will be determined based on the proof of income submitted.

Please see Full Prescribing Information.
Please contact your Sun Representative with any questions about the application process, or call YONSA® Patient Assistance Program at 1-855-44YONSA (1-855-449-6672) Monday – Friday, 8 AM – 8 PM EST.

Once you have attempted to obtain all available prior authorizations and/or appeals, or have received a denial and your patient has expressed an inability to afford their medication, you can 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 Full Prescribing Information.