

COMMUNITY ACCESS PATIENT PROGRAM (CAPP) – AVAILABLE IN THE U.S. ONLY

EUSA Pharma is committed to supporting outpatient access for Caphosol®

[DOWNLOAD APPLICATION FORM](#)

CAPP is a reimbursement support service that helps expand the access for patients to Caphosol®. It provides a variety of services to support product access by offering comprehensive reimbursement assistance from our CAPP Hotline. Reimbursement Counselors are available by calling 888-688-EUSA (3872) between 9:00 am and 5:00 pm ET, Monday through Friday. See below for details of the program.

To apply, click on the link above, print out and complete an application and fax it back to 888-653-8006. Applications can also be emailed to CAPP@eusapharma.com. The physician must send in the form prior to starting a patient on therapy. Patients may mention the program or our website to their physicians so that they can start the process.

Questions? Call the CAPP hotline for more information: 888-688-EUSA (3872)

INSURANCE BENEFIT INVESTIGATIONS AND PRIOR AUTHORIZATION ASSISTANCE

We can help with:

- Research into insurance benefits
- Confirmation of coverage for Caphosol® treatment
- Prior authorization support

If coverage is not available or limited, our Reimbursement Assistance Counselors can help research alternate sources of funding for your treatment. Contact the CAPP hotline at 888-688-EUSA (3872) for more information.

ALTERNATE COVERAGE SEARCH

For patients who are uninsured or lack coverage for Caphosol® treatment, our Reimbursement Assistance Counselors will identify all appropriate alternative coverage opportunities based on information provided on the application. Counselors will complete the search within 2 business days of receipt of an application containing all required information. Alternate coverage sources may include, but are not limited to:

- Medicare, Medicaid, Veterans Administration benefits
- Co-pay foundations, associations, societies and/or state pharmaceutical assistance programs
- Charitable foundations
- Other local programs (if available)

If the patient is eligible for one of these programs, information will be provided about the program and how to apply. Contact the CAPP hotline at 888-688-EUSA (3872) for more information.

Appeals Assistance Process

The CAPP program will also assist providers and patients if they receive payer notifications of a denied claim or were denied prior authorization. A program representative will review the payer's appeals policy to determine the appropriate timely filing guidelines and processes in order to help

support an effective appeals process on behalf of the provider and patient. A completed CAPP application is required prior to initiation of the appeals assistance process.

Co-Pay Assistance for Underinsured Patients

CAPP offers a max out-of-pocket (OOP) cost of \$50 per prescription using the Co-Pay Coupon program for patients with insurance coverage. Patients may be eligible for the \$50 maximum OOP under CAPP in the following cases:

- Patients with commercial insurance that covers the product with a high co-pay or coinsurance (greater than \$50 per script) or does not cover the product at all
- Patients with Medicare insurance which does not cover Caphosol®
- Patients with Medicaid insurance in a state that does not cover Caphosol®
- Patients with Managed Medicare or Medicaid insurance that does not cover Caphosol®

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Patient Assistance Program (PAP) for Patients Without Insurance

CAPP provides Caphosol® free of charge for eligible patients who are uninsured and meet certain financial and other eligibility criteria outlined below.

A complete benefit investigation and/or alternative coverage search will be done within 2 business days from date of receipt of a completed application, including any required documentation.

Both the patient and the healthcare provider will be notified of final approval/denial status for the PAP program.

Eligibility Guidelines for PAP:

To be eligible for PAP, uninsured patients must have an annual family gross income of less than or equal to 200% of the FPL (Federal Poverty Level). Proof of income is required.

Income documentation – Patients must provide proof of family's income, substantiating income listed on application. The program looks at the patient's current the income situation. The most common and accepted form of income proof is a federal tax return but if the patient's situation has changed from the previous year, other forms of proof are acceptable. Acceptable forms of income documentation include:

- Federal income tax return or forms (1040, 1040EZ, 1099, 1099-DIV or I) or W-2 form
- Yearly benefits statement (SSA, 1099, or awards letter)
- A month's worth of pay stubs
- Three month's worth of bank statements showing income deposited and from whom
- Unemployment letter or workers compensation documentation
- Veterans' benefits, alimony/child support, rental income, etc
- Employers' letter on company letterhead

For those with zero income, a letter is required from the patient or a family member, person they are living with or clergy explaining how the patient is supported with no income; alternatively, a letter on facility letterhead from social worker or physician can be sent explaining the patient's situation.

Patient may be pre-approved based on income listed on the application, but no product will be shipped until proof of income is provided. The patient has 30 days to turn in acceptable proof of income. Once documentation is obtained, the PAP program will replace product used prior to approval up to 60 days from original approval into the program.

The patient must be a permanent resident of the United States only.

Patients who have Medicare and Medicaid are excluded from eligibility in PAP.

The patient must be uninsured to qualify for PAP. An “uninsured patient” is defined as:

- A patient who has no prescription drug or medical benefit from any private insurance or other government sponsored plan (Veterans Administration [VA], state pharmaceutical assistance programs, etc.)
- A patient who has no insurance, but is applying for Medicaid or VA benefits, who meets the PAP eligibility requirements, but has not yet become a member, maybe considered for free product during the enrolment process (and stopped at the time of enrolment)

PAP is available for eligible program applicants only if the product is prescribed within product labelling.

Patient must be treated on an outpatient basis.

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