Co-pay Savings Program for **Kyleena®** **Quick Reference Guide**

Kyleena®
(levonorgestrel-releasing intrauterine system) 19.5 mg

This guide provides easy to follow step by step information on the enrollment process and reimbursement process for the Copay Savings Program for Kyleena.

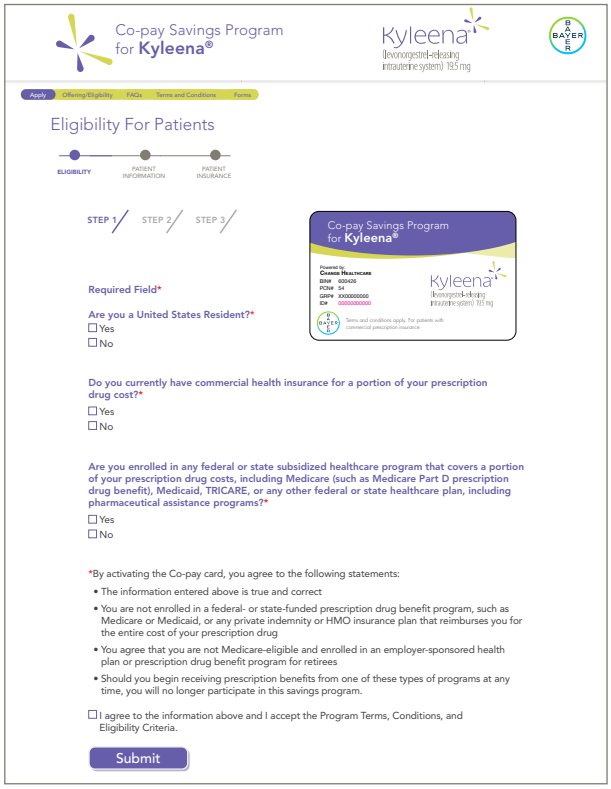
Enrollment Process:

- HCP/Patients enroll by visiting **CopayforKyleena.com**
- Select the option below if you are:
  - Enrolling as a patient
    or
  - Enrolling as a healthcare provider on behalf of a patient
- Commercially insured patients can be enrolled effective June 16, 2020

STEP 1: Eligibility

- HCP/Patient complete eligibility questions and click submit to continue to the next page.
- If answers to questions determine patient is not eligible for the program, the next page will say:

"We're sorry. Unfortunately you do not meet the program eligibility criteria and are ineligible to receive commercial co-pay assistance for Kyleena. If you have any questions, please contact 1-833-244-2719."



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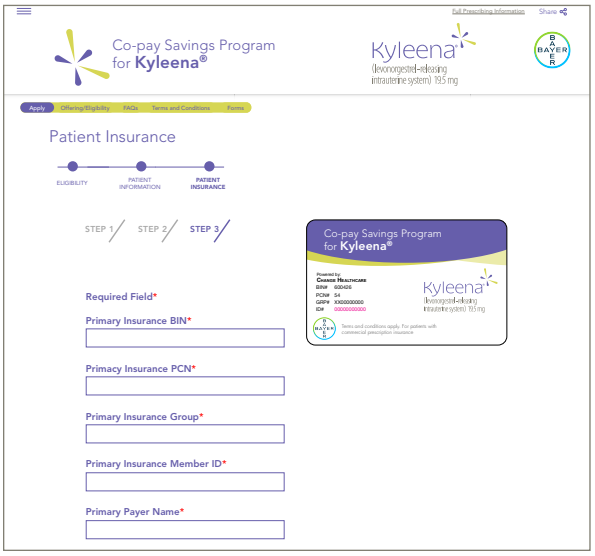
STEP 2: Patient Information

- If the HCP/Patient are eligible they will be taken to the next page where the patient's information is entered.
- Patient information includes:
  - Name
  - Date of birth
  - Address
  - Phone Number
  - Email
  - Patient Consent

STEP 3: Patient Insurance Information

- HCP/Patient will need to enter the patient insurance information and click "Enroll".
- Patient insurance information includes:
  - BIN
  - PCN
  - Group
  - Member ID
  - Primary Payer Name



Congratulations!

- Once the HCP/Patient has clicked "Enroll" the next page will display a Congratulations message providing the patient's Co-pay Savings Program for Kyleena's information with instructions on how to use it.
- The HCP/Patient can choose to print this page.
- A welcome email will be sent to the patient with the same information.

HCP Co-pay Claim Reimbursement Process:

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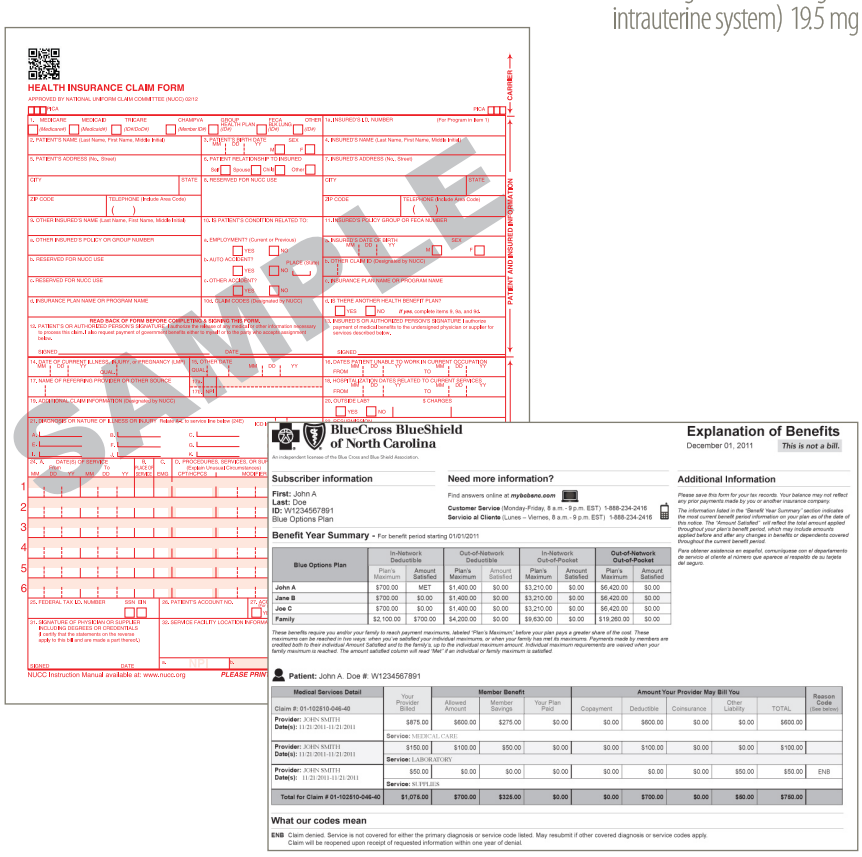
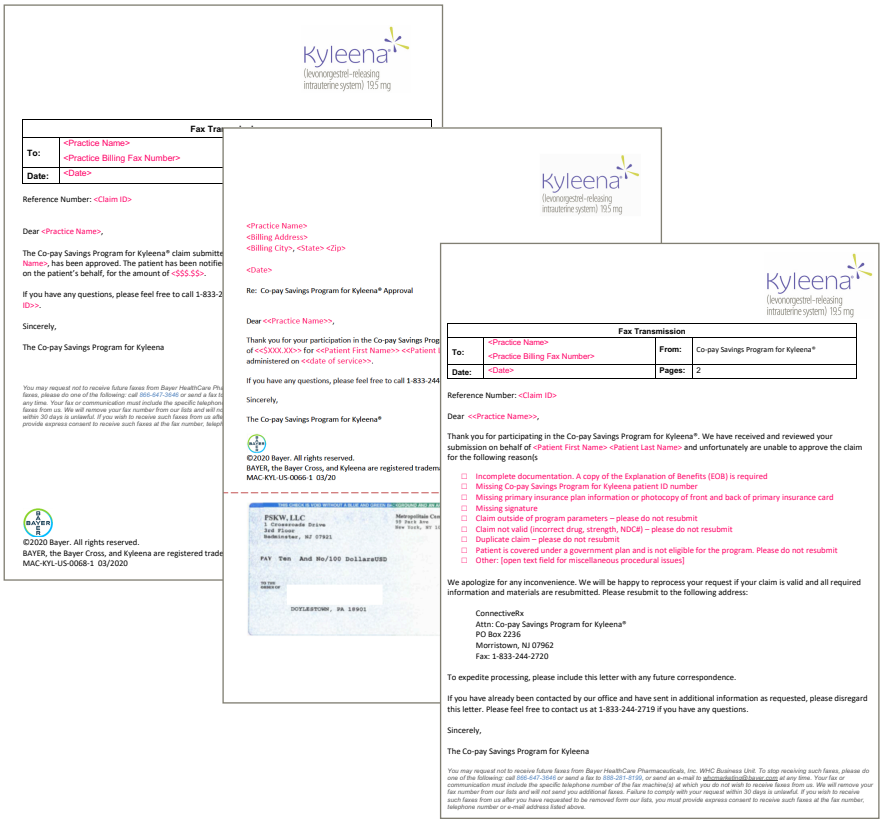
- Practice submits a claim for reimbursement to patient's insurance company using the CMS 1500 Form.
  - The CMS 1500 Form is commonly used by practices and is available to download on CopayforKyleena.com under "Forms"
- Practice submits the following documents to ConnectiveRx (CRx) via fax or mail:
  - **Completed** and **signed** CMS 1500 form
  - Patient's explanation of benefits (EOB) or patient's explanation of payment (EOP)
  - Please write the patient's Co-pay Savings Program for Kyleena ID on either the CMS 1500 Form or EOB
- **Please note:** The practice has 180 day from the date of EOB to submit to CRx for reimbursement.



EOB example is for demonstration purposes only

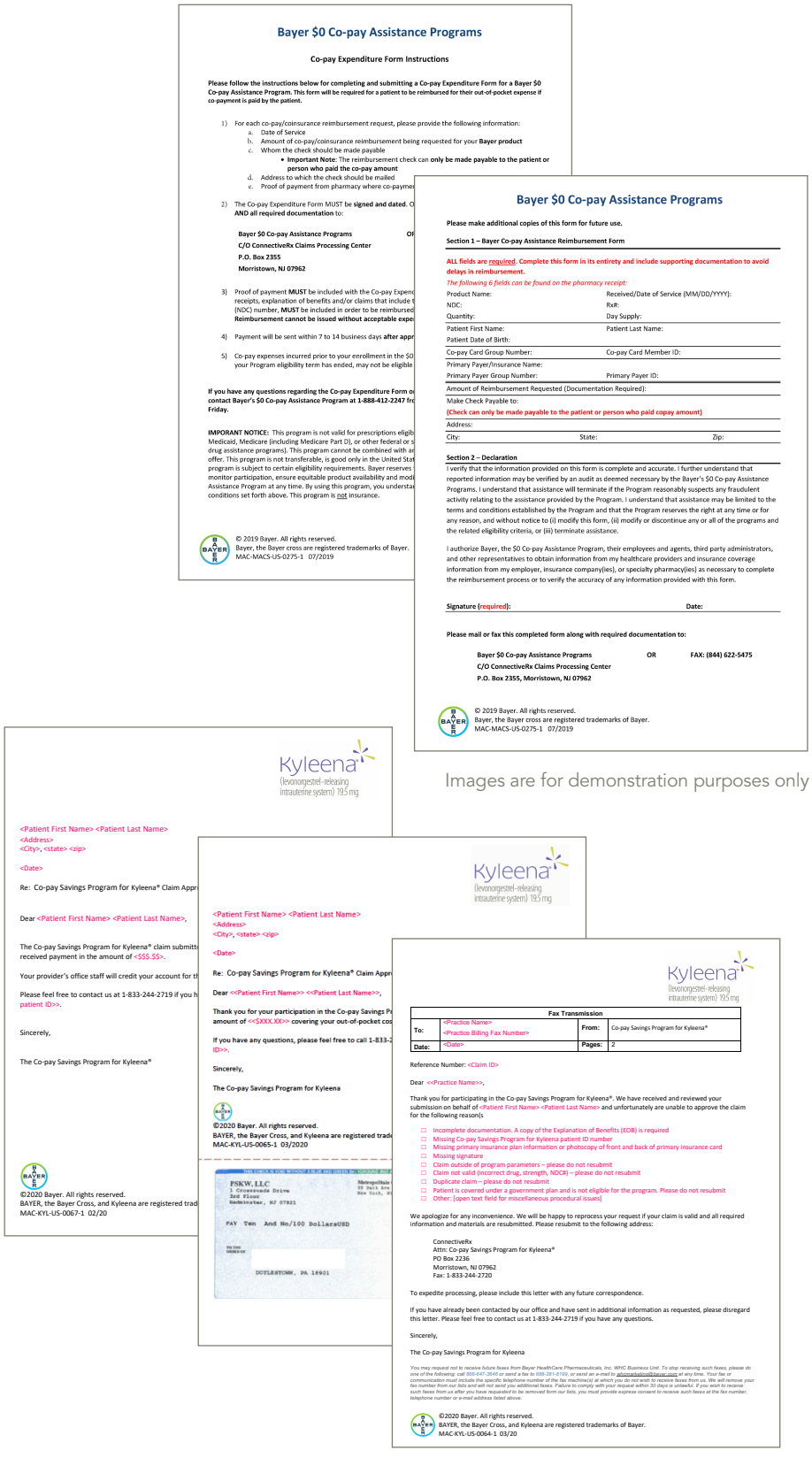
- Once CRx receives the paperwork, they will begin to process the claim.
- **If claim is approved:**
  - A claim approval fax will be sent to the practice
  - A reimbursement check will be mailed to the practice within 5-7 business days *of the claim being approved*
- **If claim is denied:**
  - A claim pending/rejection fax will be sent to the practice indicating what action is needed to correctly process the claim
  - Practice resubmits claim and review process starts over
- Once the claim is approved, a reimbursement check will be mailed to the practice within 5-7 business days.



Images are for demonstration purposes only

Patient Co-pay Claim Reimbursement Process:

- Patient contacts CRx to obtain a Bayer Co-pay Expenditure Form by calling 1-888-412-2247
- Patient submits the **completed** and **signed** Bayer Co-pay Expenditure Form along with their EOB and/or EOP to CRx via fax or mail
  - Patient will need to write the date of service on the form
- **Please note:** The patient has 180 day from the date of EOB to submit to CRx for reimbursement.
- Once CRx receives the paperwork, they will begin to process the claim.
- **If claim is approved:**
  - A claim approval letter will be sent to the patient
  - A reimbursement check will be mailed to the patient within 5-7 business days *of the claim being approved*
- **If claim is denied:**
  - A claim pending/rejection letter will be sent to the patient indicating what action is needed to correctly process the claim
  - Patient resubmits claim and review process starts over
- Once the claim is approved, a reimbursement check will be mailed to the patient within 5-7 business days.



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