

Kyleena[®]
(levonorgestrel-releasing
intrauterine system) 19.5 mg



Support programs for you and your patients

The confidence you want.
The support they need.

CONFIDENCE IN COVERAGE PROGRAM

If your eligible patient is denied coverage* by her plan after IUD insertion, Bayer will **replace the IUD at no cost.**

CO-PAY SAVINGS PROGRAM FOR KYLEENA

Eligible commercially insured patients may **pay as little as \$20** for the Kyleena[®] IUD.[†]

95%

of patients had coverage for a Bayer IUD with low or no out-of-pocket costs based on benefit investigation submissions to Bayer in 2017¹

Other products costs may apply; N=291,664.

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intrauterine system) 19.5 mg
Eligibility and Terms & Conditions

Please see information for the
Confidence in Coverage Program
on the following pages.

Confidence in Coverage Program

CONFIDENCE IN COVERAGE PROGRAM



You're covered when purchasing Bayer IUDs

If your patient is denied coverage* by her plan after insertion, Bayer will replace that IUD at no cost.

*Does not apply for patients that have cost-sharing, co-payments, insertion and removal costs, or any other costs.

DID YOU KNOW?

95%

of patients had coverage for a Bayer IUD with low or no out-of-pocket costs based on benefit investigation submissions to Bayer in 2017¹

Other products costs may apply.

IUD=intrauterine device.

Kyleena[®]
(levonorgestrel-releasing
intrauterine system) 19.5 mg

Mirena[®]
(levonorgestrel-releasing
intrauterine system) 52 mg

Skyla[®]
(levonorgestrel-releasing
intrauterine system) 13.5 mg

Bayer is committed to you and your patients

If you discover a Bayer IUD you purchased is not covered by your patient's plan after insertion, simply:

1 CONTACT

your Bayer sales specialist. They can provide you with the Confidence in Coverage Program application form

2 COMPLETE

the form and submit it to Bayer with the de-identified explanation of benefits (EOB) showing denial of coverage

3 RECEIVE

a replacement IUD at no cost, following approval

Questions? We have answers.

Q. How do I know if I may be eligible to obtain a replacement IUD at no cost?

A. If your patient is denied coverage by her plan after insertion, you're eligible (Effective for insertions dated 5/13/19 and after.)

Does not apply for patients that have cost-sharing, co-payments, insertion and removal costs, or any other costs.

Q. How do I apply?

A. Contact your Bayer sales specialist to request the Confidence in Coverage Program application form for completion. Your sales specialist can answer questions about the form

Q. What information do I need?

A. De-identified EOB showing denial of coverage and the completed Confidence in Coverage Program application form

Q. Where do I send my completed application form?

A. Fax or email your completed form to 862-404-3036 or ConfidenceInCoverage@bayer.com

Q. How long does it take to get the replacement IUD?

A. Once Bayer confirms approval, it will be shipped to your office or directly to your sales specialist. Please allow up to 7-10 days for ground shipping

Q. Who do I contact for questions?

A. Contact your Bayer sales specialist

Reference: 1. Data on file. Bayer HealthCare Pharmaceuticals Inc.

Program participation is not contingent on any future purchase of Bayer products. Healthcare provider may not seek any further reimbursement for a denied unit. Bayer reserves the right to discontinue this program at any time. Program eligibility is for insertions performed 5/13/19 and onward.





Following insertion, if your patient has been denied coverage* by her plan, use this form to apply for a replacement IUD** at no cost for any insertions dated May 13, 2019 and onward.

Section 1: To be completed by Bayer Sales Specialist

Select Product (Check one):				<input type="checkbox"/> Kyleena®	<input type="checkbox"/> Mirena®	<input type="checkbox"/> Skyla®
BHOID:			Date:			
Bayer Sales Specialist:			CWID:		Cell #:	
HCP First Name:		Last Name:		BHID:		Office Contact:
Facility Name:				Office Phone:		
Facility Address:						
City:			State:		Zip:	
Ship IUD Unit To: <input type="checkbox"/> Facility Address (will be shipped to address as noted above)						
<input type="checkbox"/> Representative Address						
(please provide, if different from above)						
Address			City		State	Zip

Section 2: To be completed by HCP Office

Patient Plan Type (Check one):				<input type="checkbox"/> Commercial	<input type="checkbox"/> Government (i.e. Medicaid)
Plan Name:					
Patient Initials:		Birth Year:		Insertion Date:	
Denial of Coverage Date:		Lot #:		Lot Expiration Date:	
Reason for denial of coverage:					
Copy of deidentified denial of coverage EOB (Explanation of Benefits) provided: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: EOB is REQUIRED for approval					

Submit your form to - Fax: 862-404-3036 or email to: ConfidenceInCoverage@bayer.com

Section 3: To be completed by HCP Office

[HCP must sign the following certification – if requesting a free unit]	
<input type="checkbox"/> The HCP certifies that (i) the unit for which the HCP now seeks replacement is a FDA-approved product, manufactured and distributed by Bayer or its authorized affiliates or contractors, (ii) the unit for which the HCP seeks replacement was completely denied coverage by the patient's payor, and (iii) the HCP will not appeal the denial and will not seek or accept any reimbursement from any public or private third party payer or payment from the patient for the denied unit.	
Print HCP Name: _____	License No. _____
If signing on behalf of provider, check this box: <input type="checkbox"/>	
Name: _____	Title: _____
Signature: _____	Date: _____
For Internal Documentation Only <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reason for Denial:	

*Does not apply for patients that have cost-sharing, copayments, insertion and removal costs, or any other costs.

**Intrauterine Device



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intrauterine system) 19.5 mg

Mirena®
(levonorgestrel-releasing
intrauterine system) 52 mg

Skyla®
(levonorgestrel-releasing
intrauterine system) 13.5 mg

Please see information for the **Co-pay Savings Program for Kyleena® (levonorgestrel-releasing intrauterine system) 19.5 mg** on the following pages.



Co-pay Savings Program
for **Kyleena®**

Eligible patients* may pay as little as

\$20 FOR
KYLEENA

*Terms and conditions apply. For patients with commercial prescription coverage.



Co-pay Savings Program for Kyleena® Quick Reference Guide

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

Kyleena®
(levonorgestrel-releasing
intrauterine system) 19.5 mg



Enrollment Process:

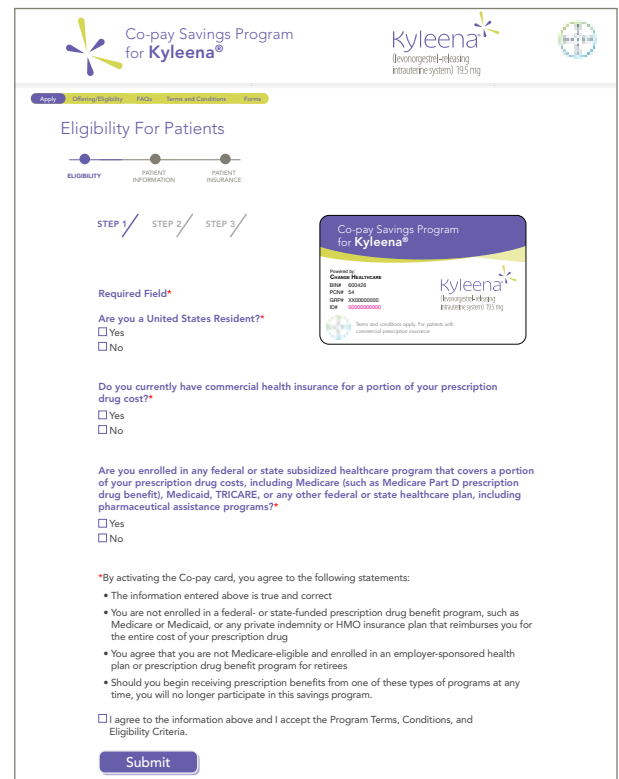
- HCP/Patients enroll by visiting **CopayforKyleena.com**
- Select the option below if you are:
 - Enrolling as a patient
or
 - Enrolling as a healthcare provider
on behalf of a patient
- Commercially insured patients can be enrolled effective June 16, 2020



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.”



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
 - Phone Number
 - Date of birth
 - Email
 - Address
 - Patient Consent

The screenshot shows the 'Patient Information' step of the enrollment process. It features a progress bar at the top with three steps: ELIGIBILITY, PATIENT INFORMATION (current), and PATIENT INSURANCE. Below the progress bar, there are three sub-steps: STEP 1 / STEP 2 / STEP 3. The main form area contains several input fields: 'First Name*', 'Last Name*', 'Caregiver', 'Date of Birth*' (with a MM/DD/YYYY format), 'Gender*' (with Male and Female checkboxes), and 'Address*'. To the right of the form is a preview of the 'Co-pay Savings Program for Kyleena' card, which includes the program name, Kyleena logo, and a disclaimer: 'Terms and conditions apply for patients with commercial prescription insurance.'

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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

The screenshot shows the 'Patient Insurance' step of the enrollment process. It features a progress bar at the top with three steps: ELIGIBILITY, PATIENT INFORMATION, and PATIENT INSURANCE (current). Below the progress bar, there are three sub-steps: STEP 1 / STEP 2 / STEP 3. The main form area contains several input fields: 'Primary Insurance BIN*', 'Primary Insurance PCN*', 'Primary Insurance Group*', 'Primary Insurance Member ID*', and 'Primary Payer Name*'. To the right of the form is a preview of the 'Co-pay Savings Program for Kyleena' card, which includes the program name, Kyleena logo, and a disclaimer: 'Terms and conditions apply for patients with commercial prescription insurance.'

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.

The screenshot shows the 'Congratulations!' page. It features a progress bar at the top with three steps: ELIGIBILITY, PATIENT INFORMATION, and PATIENT INSURANCE. Below the progress bar, there are three sub-steps: STEP 1 / STEP 2 / STEP 3. The main content area includes a 'Congratulations!' heading, a welcome message, and instructions: 'For your records, please keep this co-pay card information in the image to the right, which includes your:'. A bulleted list follows: 'Rx BIN number', 'PCN number', 'Group number', and 'Co-pay Program ID'. Below this, there is a paragraph: 'To ensure your savings is applied to your prescription out-of-pocket costs for Kyleena, please provide the information above to your Healthcare Provider.' and another paragraph: 'If you have any questions or issues regarding the use of this program, please call us at 1-833-244-2719'. A 'Print' button is located at the bottom. To the right of the text is a preview of the 'Co-pay Savings Program for Kyleena' card, which includes the program name, Kyleena logo, and a disclaimer: 'Terms and conditions apply for patients with commercial prescription insurance'. The card also displays the following information: 'Powered by CHANGE HEALTHCARE', 'BIN# 600426', 'PCN# 54', 'GRP# XX00000000', and 'ID# 0000000000'.

Your Co-pay Savings Program for Kyleena information has also been emailed to the address provided.

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 CoplayforKyleena.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.

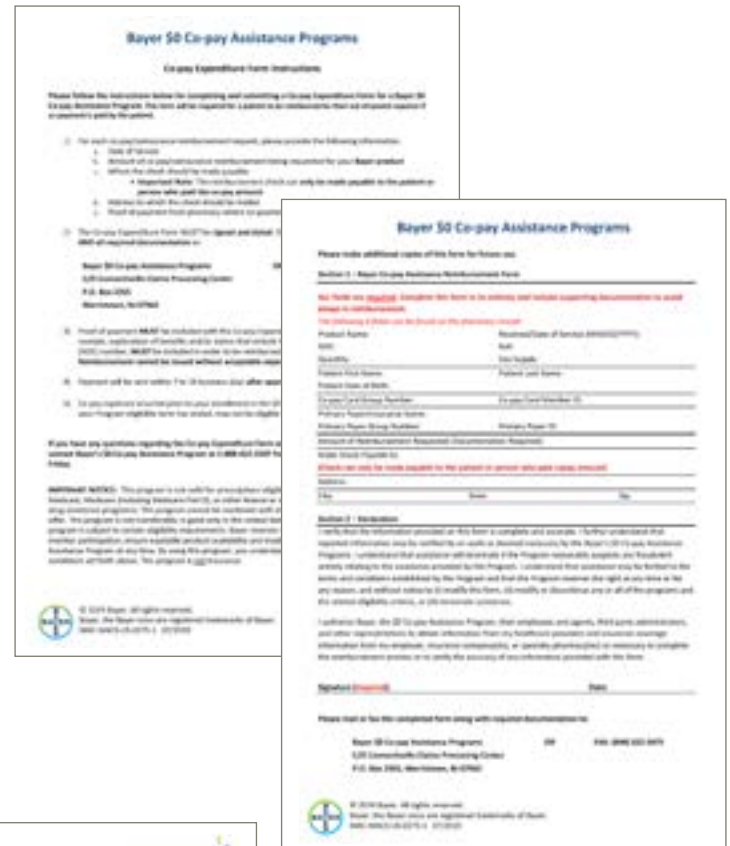
EOB example is for demonstration purposes only

- 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.

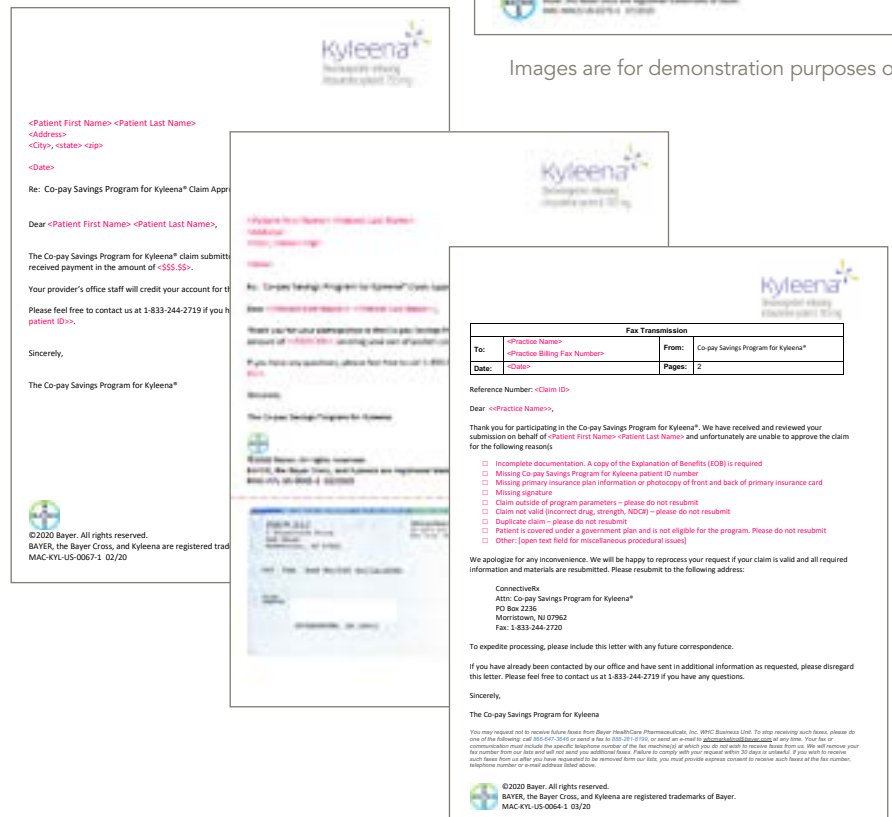
Images are for demonstration purposes only

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.



Images are for demonstration purposes only



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Bayer is committed to you and your patients



Visit whcsupport.com for additional information on the Confidence in Coverage Program.



Visit CopayforKyleena.com for more information on the Co-Pay Savings Program for Kyleena and to enroll your patients.

Co-Pay Savings Program for Kyleena ELIGIBILITY

Eligible patients may pay as little as \$20 and save up to \$950. Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible. As a condition precedent of the co-payment support provided under this program, e.g., co-pay refunds, participating patients and pharmacies are obligated to inform insurance companies and third-party payers of any benefits they receive and the value of this program, and may not participate if this program is prohibited by or conflicts with their private insurance policy, as required by contract or otherwise. Void where prohibited by law, taxed, or restricted. Patients enrolled in the Bayer US Patient Assistance Foundation are not eligible. Bayer may determine eligibility, monitor participation, equitably distribute product and modify or discontinue any aspect of the Co-pay Savings Program for Kyleena at any time, including but not limited to this commercial co-pay assistance program.

Co-pay Savings Program for Kyleena TERMS & CONDITIONS

- Patient must meet the eligibility requirements of the Co-pay Savings Program for Kyleena; for example, only commercially insured patients are eligible
- Patient must inform the Co-pay Savings Program for Kyleena of change in insurance status
- It is required that the patient understand, accept, and meet the terms of all the Co-pay Savings Program for Kyleena requirements
- Use of the Co-pay Savings Program for Kyleena must be consistent with and not prohibited by the requirements of the patient's health insurance
- The Co-pay Savings Program for Kyleena benefit has a max of \$950, per patient
- The Co-pay Savings Program for Kyleena is for commercially insured patients using Kyleena for an approved FDA indication
- The Co-pay Savings Program for Kyleena does not cover costs for charges associated with patient visits
- Offer valid only for patients treated in the USA, including Puerto Rico, Guam and US Territories
- Bayer reserves the right to determine eligibility, monitor participation, equitably distribute product and modify or discontinue the Co-pay Savings Program for Kyleena at any time with or without notice
- Patient agrees to provide necessary health information to the administrators of the Co-pay Savings Program for Kyleena

For questions about the Co-pay Savings Program for Kyleena, please call us at 1-833-244-2719.

Reference: 1. Data on file. Benefit Verification-Service Removal Plan Overview. 2018.