

Affordability Options

for Patients Considering a UroGen Therapy



UroGen Support™ is here to help.

We are committed to helping patients access appropriate UroGen treatments. UroGen Support may be able to help by identifying financial assistance programs. These programs are for eligible patients who have been prescribed a UroGen therapy and need help managing the cost of treatment. The appropriate program will depend on patient coverage.

UroGen
Support™
Copay Program





For Patients With Commercial Insurance

Patients with commercial health insurance may qualify for the UroGen Support Copay Program. Eligible patients may pay as little as \$50 per dose. To qualify for the program, patients must first enroll in the UroGen Support program.

Enrolled patients are eligible to receive an annual benefit maximum of up to \$14,000.

Physicians bill the program once the primary insurance benefit is adjudicated. Additional terms apply. Click **here** for more details.

UroGen Support™ Copay Program

The Copay Process

Healthcare providers with a patient seeking copay assistance must enroll their patient in the UroGen Support program. Please be sure to enroll your patient into the program by completing the **Patient Enrollment Form (PEF)** and checking the “Enroll patient in the UroGen Support™ Commercial Copay Program” box.

Commercial Copay Program

Check here if you would like to enroll the patient in the UroGen Support™ Commercial Copay Program



1

Once a Benefits Investigation is complete and the patient is verified with commercial insurance and meets all eligibility requirements, UroGen Support will enroll the patient in the Copay Program



2

Follow the steps to submit a claim and complete the Check Request Form. Check requests must be submitted to UroGen Support at **contact@UroGenSupport.com**



3

UroGen Support will process submitted claims after primary insurance requirements are met



4

Checks are sent to providers within 2 to 3 business weeks

Your Field Reimbursement Manager (FRM) is available to support you at any time. Please contact them with any questions or issues. You may also reach out to UroGen Support at **833-UROGEN1 (833-876-4361) or UROGENSUPPORT.com.**

For Patients Without Insurance

If a patient does not have health insurance, the UroGen Support Patient Assistance Program (PAP) may be able to help. To qualify for the PAP, the following requirements must be met:

- Patient must have been prescribed a UroGen therapy for an on-label indication
- Patient must have an adjusted gross income of $\leq 400\%$ of the Federal Poverty Level

Additional terms and conditions apply. UroGen Support will be responsible for obtaining all the necessary information to determine patient eligibility for the PAP.

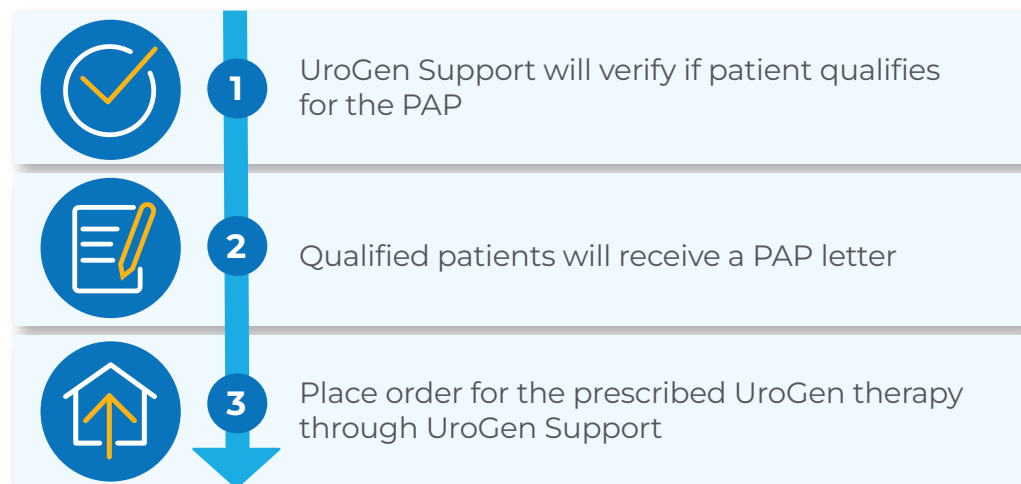


The Patient Assistance Program

Healthcare providers with a patient seeking PAP enrollment must complete the PAP section of the **PEF** to initiate the process for determining patient eligibility. Be sure to check the box under the PAP when completing the **PEF**.

Patient Assistance Program

☐ Check here if you would like to enroll patient in the UroGen



For Patients Insured by Medicare or Medicaid

Independent charitable foundations may help cover the cost of treatment for those with federally funded insurance like Medicare or Medicaid.

Some organizations have assistance programs specifically for certain types of conditions. These foundations are independent and *not affiliated with UroGen Pharma*. Each organization has its own eligibility requirements, and UroGen cannot guarantee that they will be able to help. Contact an organization directly for more information.

Low-grade upper tract urothelial cancer (LG-UTUC)

HealthWell Foundation
www.healthwellfoundation.org
1-800-675-8416

The Assistance Fund
www.tafoares.org
1-855-845-3663

Low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC)

The Bladder and Bowel Foundation
www.bladderandbowel.org
0800 031 5406

National Association for Continence
www.nafc.org
1-800-252-3337

CancerCare
www.cancercare.org
1-800-813-4673

Good Days
www.mygooddays.org
1-877-968-7233

The Assistance Fund
www.tafoares.org
1-855-845-3663

The Bladder Cancer Advocacy Network
www.bcan.org
1-888-901-2226

Patient Access Network Foundation
www.panfoundation.org
1-866-316-7263

Patient Advocate Foundation
www.patientadvocate.org
1-800-532-5274

International Painful Bladder Foundation
www.painful-bladder.org
+31 (0)35 887 9516

UroGen Support™ Copay Program

Terms and Conditions

- Patients are not eligible to use this program if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veteran Affairs healthcare, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico
- Patient must have private insurance. Offer is not available for cash-paying patients
- With this program, eligible patients may pay as little as \$50 per dose for their prescribed UroGen therapy. In order to qualify for the copay program, patients must be enrolled in the UroGen Support program. The annual maximum benefit is up to \$14,000 per year
- The patient is responsible for complying with any use restrictions as mandated by the patient's insurer or health plan
- This copay program is not insurance
- This copay program is not valid where prohibited by law
- This program cannot be combined with any other savings, free trial, or similar offer for the specified prescription
- Offer good only in the US and Puerto Rico
- No other purchase is necessary
- Data related to the patient's redemption of the copay program may be collected, analyzed, and shared with UroGen for market research and other purposes related to assessing UroGen's programs. Data shared with UroGen will be aggregated and de-identified; it will be combined with data related to other copay program redemptions and will not identify the patient
- UroGen reserves the right to rescind, revoke, or amend this offer without notice

UroGen Support™

Patient Assistance Program

Eligibility Criteria

The Program will assess patients' eligibility as follows:

- Patients must have coverage determination of one of the following:
 - Uninsured
 - Functionally uninsured
 - Underinsured
- Must be under the care of a US-licensed practicing healthcare provider
- Must have a valid prescription of ZUSDURI or JELMYTO for an on-label diagnosis
- Patients may not receive funding in full or in part from independent charitable foundations
- Must meet the following financial criteria:
 - Household income of $\leq 400\%$ of the Federal Poverty Level
- Must reside in the US or Puerto Rico

UroGen Support is here for you and your patients



833-UROGEN1 (833-876-4361)



833-664-7216



UROGENSUPPORT.com



Contact@UroGenSupport.com



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