

# Patient Assistance Aid

**\*All hyperlinks shown in BLUE will connect you to applicable websites**

## Helping Your Patients to Access Phosphate Binder and Vitamin D<sub>2</sub> Medications

	<b>Genzyme's Renal Patient Assistance Program for Renvela<sup>®</sup> (sevelamer carbonate) and Hectorol<sup>®</sup> (doxercalciferol) (RPAP)</b>	<b>Renvela<sup>®</sup> Medicare Part D Assistance Program</b>	<b>Hectorol<sup>®</sup> Start Cards (Coupon Program)</b>	<b>Hectorol<sup>®</sup> Start Cards (Voucher Program)</b>
<b>Contact/ Application</b>	<b>Renassist: 800-847-0069</b>			
	<a href="http://www.renvela.com/docs/rv_pdf_reimb_form.pdf">http://www.renvela.com/docs/rv_pdf_reimb_form.pdf</a>	<a href="http://www.renvela.com/docs/rv_part_D.pdf">http://www.renvela.com/docs/rv_part_D.pdf</a>	<a href="http://www.hectorol.com">www.hectorol.com</a>	
<b>Who Should Apply?</b>	<ul style="list-style-type: none"> <li>●Patients without any prescription drug coverage.</li> <li>●Patients in Medicare 90-day waiting period without any prescription drug coverage for Renvela<sup>®</sup> (sevelamer carbonate) and/or Hectorol<sup>®</sup>.</li> <li>●Patients who have prescription drug coverage through a commercial insurance that does not cover Renvela<sup>®</sup> and/or Hectorol<sup>®</sup>.</li> <li>●Patients who are not eligible to enroll in Medicare.</li> <li>●Patients who are undocumented.</li> <li>●Patients who are Medicare recipients, but not enrolled in a Medicare Part D Plan; patients at or below 150% must include an Limited Income Subsidy (LIS) Denial letter.</li> </ul>	<ul style="list-style-type: none"> <li>●Patients who were 2009 AKF Medicare Part D Grant Program for Rx Bone Disease Recipients, and exhaust any awarded grants; must provide Letter of Exhaust from AKF with application.</li> <li>●Patients with a Medicare Part D or with Medicare Advantage Prescription Drug Plan and no other prescription drug coverage.</li> <li>●Household income up to 300% of the Federal Poverty Level.</li> <li>●Patients at or below 150% MUST SUBMIT a LIS Denial Letter.</li> <li>●Patients may be asked to submit additional documentation (tax forms, proof of money spent at pharmacy).</li> </ul>	<ul style="list-style-type: none"> <li>●Commercial (non-government) plan holders or cash paying customers ONLY.</li> <li>●Accepted at Retail pharmacies only.</li> <li>●Not available to Massachusetts residents with insurance or Kaiser Permanente plan holders.</li> <li>●Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, or other state/federal programs (such as medical assistance programs).</li> </ul>	<ul style="list-style-type: none"> <li>● Voucher portion of the coupon can be used by Medicare, Medicaid, and other Government Insured Patients.</li> <li>●Patients prohibited by state law from using the Coupon Program.</li> <li>● Voucher valid for Free 30 day supply of 0.5 or 2.5 mcg capsules of Hectorol<sup>®</sup>.</li> </ul>
<b>Assistance Program Highlights</b>	<ul style="list-style-type: none"> <li>●Free Renvela<sup>®</sup> and/or Hectorol<sup>®</sup>; up to a four month supply at a time.</li> <li>●Patients must reapply for continuing supply of free product.</li> <li>●Patients may apply for a free supply of both products on the same application.</li> </ul>	<ul style="list-style-type: none"> <li>●Free Renvela<sup>®</sup> for the remainder of calendar year; provided in 3-month increments.</li> <li>●Patient does NOT need to reapply to program for refills.</li> <li>●HCP requests refills.</li> </ul>	<ul style="list-style-type: none"> <li>●Each Start Card provides up to 80% off per month for up to 3 months (up to \$200 in savings each month).</li> <li>●Each patient can use up to two coupons (6 fills).</li> <li>●Cards expire on 12/31/2009.</li> </ul>	<ul style="list-style-type: none"> <li>●Voucher may be used once.</li> <li>●Voucher expires on 12/31/2009.</li> </ul>

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	Limited Income Subsidy Assistance (LIS or Extra Help)*	Healthwell Foundation†	AKF Medicare Part D Grant Program for Rx Bone Disease Medication‡	AKF \$175 Pharmacy Grant‡
Contact/ Application	Medicare: 800-MEDICARE Social Security Administration (SSA): 800-772-1213	Healthwell: 800-675-8416	AKF: 800-638-8299	AKF: 800-638-8299 (applications must be requested by phone)
	<a href="http://www.ssa.gov/prescriptionhelp/">www.ssa.gov/prescriptionhelp/</a> to apply online, or patients can obtain an application at their local social security administration office.	<a href="http://www.healthwellfoundation.org/apply.aspx">www.healthwellfoundation.org/apply.aspx</a>	<a href="http://www.kidneyfund.org/fpa_Medicare-D.asp">www.kidneyfund.org/fpa_Medicare-D.asp</a>	<a href="http://www.kidneyfund.org/index.asp">www.kidneyfund.org/index.asp</a>
Who Should Apply?	<ul style="list-style-type: none"> <li>Medicare patients at or below 150% of the Federal Poverty level for their household size.</li> <li>Patients who meet the resources criteria.</li> <li>Medicare/Medicaid dual eligible patients are automatically eligible and do not need to apply.</li> <li>All other patients must apply for assistance annually.</li> <li>Patients can apply for LIS assistance at any time during the year.</li> </ul>	<ul style="list-style-type: none"> <li>Patients with a diagnosis of Secondary Hyperparathyroidism.</li> <li>Patients with income up to 400% FPL for their household size.</li> </ul>	<ul style="list-style-type: none"> <li>Patients must be enrolled in a Medicare Part D Plan or Medicare Advantage Prescription Drug Plan.</li> <li>Patients must currently be on dialysis in the United States.</li> <li>Assistance available to patients with income up to 350% of the Federal Poverty Level for their household size.</li> <li>Assistance available to people who qualify for Limited Income Subsidy (LIS).</li> </ul>	<ul style="list-style-type: none"> <li>Dialysis or kidney transplant patients residing in the United States or its territories.</li> <li>Patients who do not qualify for the AKF Medicare Part D Grant Program for Rx Bone Disease Medication.</li> <li>Patients who have applied for LIS and are awaiting a response can apply for this grant to help them in the interim.</li> </ul>
Assistance Program Highlights	<ul style="list-style-type: none"> <li>Patients receive assistance in paying for all their medications.</li> <li>Patients are not subject to the annual coverage gap.</li> <li>Three Levels of copay assistance and assistance paying for premiums and deductibles.</li> <li>Qualifying for LIS allows patients to change PDPs at any point during the year, changes to PDP will take effect on the 1st day of the following month.</li> <li>Medicare/Medicaid dual eligible patients will be automatically enrolled in a PDP if they do not choose a plan on their own.</li> </ul>	<ul style="list-style-type: none"> <li>Co-pay, co-insurance and/or premium assistance.</li> <li>Hectorol® (doxercalciferol) is among the included prescription drugs on the Healthwell formulary.</li> <li>Co-pay and co-insurance assistance will accumulate towards annual True Out of Pocket (TrOOP) for Medicare Part D patients, helping them move through the coverage gap.</li> <li>Full or partial assistance up to 12 month period; assistance can be retroactive.</li> </ul>	<ul style="list-style-type: none"> <li>Co-pay and co-insurance assistance up to \$2,000 annually in the form of a debit card.</li> <li>Assistance limited to \$500 for LIS applicants.</li> <li>Renvela®, Renagef® (sevelamer hydrochloride) and Hectorol® Capsules are among the included prescription drugs on the AKF formulary.</li> <li>Assistance will accumulate towards annual True Out of Pocket (TrOOP), helping patients move through the coverage gap.</li> </ul>	<ul style="list-style-type: none"> <li>Assistance up to \$175 in the form of a check.</li> <li>Patients may qualify twice a year for a total of \$325.</li> <li>Patients may use this assistance to help with future costs or to reimburse those costs incurred up to three months previous.</li> </ul>

\*Limited Income Subsidy Assistance is extra help in paying for prescriptions for patients who meet eligible income (150% or less of the annual Federal Poverty Level) and resources criteria. Medicare annually reviews the levels of assistance that a beneficiary will receive. Co-payments may vary from year to year as Medicare annually adjusts the patients' out of pocket responsibility.

†Healthwell establishes the eligibility criteria and is solely responsible for qualifying patients and operating the program. Genzyme's understanding of the current eligibility criteria and assistance levels used by Healthwell are outlined above and are based on Genzyme's review of publicly available information. Program Guidelines: <http://www.healthwellfoundation.org/index.aspx>

‡AKF establishes the eligibility criteria and is solely responsible for qualifying patients and operating the program. Genzyme's understanding of the current eligibility criteria and assistance levels used by AKF are outlined above and are based on Genzyme's review of publicly available information. Program Guidelines: [http://www.kidneyfund.org/PDF/Medicare\\_Part\\_D\\_Program\\_Guidelines\\_ver\\_7.06.pdf](http://www.kidneyfund.org/PDF/Medicare_Part_D_Program_Guidelines_ver_7.06.pdf)