



**VYLOY**  
zolbetuximab-clzb  
for injection 100mg vial



**SUPPORT  
SOLUTIONS™**

## HELPING PATIENTS ACCESS VYLOY® (zolbetuximab-clzb)

**VYLOY Support Solutions is here to help.**

VYLOY Support Solutions offers support and financial assistance to help patients overcome challenges to accessing VYLOY after a prescribing decision has been made.



**1-855-272-6609**

Monday–Friday,  
8:00 AM–8:00 PM ET



**[VYLOYSupportSolutions.com](http://VYLOYSupportSolutions.com)**



**1-855-272-6653** (fax)

PLEASE **[CLICK HERE](#)** FOR FULL PRESCRIBING INFORMATION.

## Helping Patients Access VYLOY® (zolbetuximab-clzb)

Enroll your patients in **VYLOY Support Solutions** to access the full range of support.



### Benefits Investigation

VYLOY Support Solutions automatically evaluates insurance coverage and provides a Summary of Benefits.



### Prior Authorization Information<sup>a</sup>

VYLOY Support Solutions can help obtain the appropriate form, transfer basic demographic patient and healthcare provider information (no clinical information) to the required prior authorization form, submit the form to the insurance provider, and check status.



### Denial Appeal Information<sup>a</sup>

VYLOY Support Solutions can help appeal a denied prior authorization request by identifying the reasons for the denial, identifying the type of additional documentation needed, and tracking the status of the appeal.



### Coding and Billing Information<sup>b</sup>

VYLOY Support Solutions can provide information about coding and billing for VYLOY to help avoid delays in claims processing and facilitate timely reimbursement.<sup>c</sup>



Go to [VYLOYSupportSolutions.com](http://VYLOYSupportSolutions.com) to download resources, including:

- ✓ Coding and Billing Guide
- ✓ Prior Authorization Checklist
- ✓ Sample Letter of Medical Necessity
- ✓ Sample Letter of Denial Appeal
- ✓ Relevant Billing Codes

<sup>a</sup>The healthcare provider remains responsible for populating all clinical information.

<sup>b</sup>Information and materials provided by VYLOY Support Solutions are to assist providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains at all times with the provider.

<sup>c</sup>VYLOY will have a miscellaneous J code until a permanent J code is assigned.

## Patient Assistance



### Astellas Patient Assistance Program for Uninsured Patients

Uninsured patients and patients whose insurer excludes coverage for VYLOY® (zolbetuximab-clzb) may be eligible for the Astellas Patient Assistance Program, which provides VYLOY at **no cost**.<sup>a</sup>



### VYLOY Copay Assistance Program for Commercially Insured Patients

Patients who have private commercial insurance and are not insured by any federal or state healthcare program may be eligible for the VYLOY Copay Assistance Program,<sup>b</sup> which allows eligible patients to pay **as little as \$5 per dose**. The Program helps patients save up to a maximum of \$25,000 per calendar year.



### Financial Assistance Information

For patients who need additional financial assistance, VYLOY Support Solutions can provide information about other sources of support that may be able to help.

## .....Additional Patient and Caregiver Support.....



Patient Connect is a program that helps connect patients and caregivers to resources that can provide emotional, logistical, and informational support to assist in managing their disease and daily life while being treated with VYLOY.<sup>c</sup>

<sup>a</sup>Subject to eligibility. Program terms and conditions apply. Void where prohibited by law.

<sup>b</sup>By enrolling in the VYLOY Copay Assistance Program ("Program"), the patient acknowledges that they currently meet the eligibility criteria and will comply with the following terms and conditions: The Program is for eligible patients with commercial prescription insurance for VYLOY® (zolbetuximab-clzb) and is good for use only with a valid prescription for VYLOY. The Program has an annual maximum copay assistance limit of \$25,000 per calendar year. After the annual maximum on copay assistance is reached, patient will be responsible for the remaining monthly out-of-pocket costs for VYLOY. **The Program is not valid for patients who are insured by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program.** Patients who move from commercial insurance to federal or state prescription health insurance will no longer be eligible, and agree to notify the Program of any such change. This offer is not valid for cash paying patients. Patients agree not to seek reimbursement from any health insurance or third party for all or any part of the benefit received by the patient through the Program. This offer is not conditioned on any past, present, or future purchase of VYLOY. This offer is not transferrable, has no cash value, and cannot be combined with any other offer, free trial, prescription savings card, or discount. The full value of the Program benefits is intended to pass entirely to the eligible patient. The benefit available under this Program is valid only for the patient's out-of-pocket medication costs for VYLOY. The benefit is not valid for any other out-of-pocket costs such as medication administration charges or other healthcare provider services. No other individual or entity (including, without limitation, third party payers, pharmacy benefit managers, or the agents of either) is entitled to receive any benefit, discount, or other amount in connection with this Program. **This offer is not health insurance** and is only valid for patients in the 50 United States, Washington DC, and Puerto Rico. This Program is void where prohibited by law. No membership fees. Certain rules and restrictions apply. Astellas reserves the right to revoke, rescind, or amend this offer without notice for any reason (including to ensure that the offer is utilized solely for the patient's benefit).

<sup>c</sup>Support is provided through third-party organizations that operate independently and are not controlled or endorsed by Astellas. Availability of support and eligibility requirements are determined by these organizations.

## Enroll Your Patients in VYLOY Support Solutions



### Enroll Online

Go to [VYLOYaccess.com](http://VYLOYaccess.com), where you can complete the online Patient Enrollment Form



### Enroll by Fax

Download the Patient Enrollment Form from [VYLOYSupportSolutions.com](http://VYLOYSupportSolutions.com) and fax the completed form to **1-855-272-6653**