

Fensolvi TotalSolutions® Copay Assistance Program

We know the financial aspect of treatment can be challenging—and we have a comprehensive, best-in-class patient access program to help your patients get the treatment that he or she needs.

With the Fensolvi TotalSolutions copay program all commercially-insured patients can receive Fensolvi® for as little as \$5* This is an uncapped annual benefit, available whether the drug is filled through the pharmacy or medical benefit.



Get your patients started with the Fensolvi TotalSolutions Copay assistance program

Have your patients caregiver follow these steps:

- 1 Fill out the form in its entirety (including caregiver signature on second page).
- 2 Obtain an Explanation of Benefits (EOB) from the insurance company.
- 3 Fax, email or drop off Copay Assistance Form and the EOB. Claim must be submitted within 6-months of the procedure date.



Download the Reimbursement Savings Form

Scan to access the form or visit [Fensolvi.com/hcp](https://www.fensolvi.com/hcp)

*FENSOLVI TOTALSOLUTIONS COPAY PROGRAM TERMS AND CONDITIONS

The Fensolvi® Co-pay Assistance Program ("Program") is valid ONLY for patients who are prescribed Fensolvi® and are reimbursed exclusively by commercial insurance. This Program is valid only in the United States; but, void where prohibited by law or by the patient's health insurance provider. This Program is non-transferable, limited to one per person, and cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer. Restrictions or limits may apply.

Medicare, Medicaid, Tricare and other federal health care program beneficiaries may not participate in this Program. This Program also is neither available for cash paying patients nor where your commercial plan reimburses you for the entire cost of your prescription drug. Patients cannot seek reimbursement from health insurance or any third party for any part of the assistance received through this Program. The patient or his/her guardian is responsible for reporting the receipt of all benefits or reimbursement received under the Program to any insurer, health plan, or other third party, as may be required. This Program is not insurance and is not intended as a substitute for insurance.

With the Program, you pay as little as \$5 of your co-pay or co-insurance for Fensolvi®, per prescription. The remainder of your co-pay or co-insurance is covered, up to two prescriptions per calendar year. The Program assists with the cost of Fensolvi only. It does not assist with the cost of other administrations, medicines, procedures or office visit fees.

Tolmar, Inc. ("Tolmar") reserves the right to terminate, rescind, revoke, or modify this Program at any time without notice. This Program expires at the end of the current calendar year, at which time you must re-enroll. For complete information about the terms and conditions of this Program, including the limitations on use and the amount of assistance, go to: <https://www.fensolvitotalsolutions.com> or call 1-833-213-9520.

Program managed by Scripts Rx on behalf of Tolmar.

Ordering Fensolvi® has never been easier

Fensolvi can be acquired by our network of distributors so you can buy and bill



> Specialty Distribution Partners

Distributors	Fensolvi Item Number
Cardinal Health Specialty	5828934
CuraScript SD	468789
McKesson Blood & Plasma	2684389

> Hospital Distribution Partners

Distributors	Fensolvi Item Number
Cencora	16020163-60
Cardinal Health	5858014
Henry Schein	325-0455
McKesson Blood & Plasma	2684389
Morris & Dickson	555

> Copay Assistance Program

Fensolvi TotalSolutions® offers copay assistance for your eligible patients, allowing them to pay as little as \$5* for their Fensolvi Prescription.

*See copay terms on reverse.

For copay details, contact Fensolvi TotalSolutions 1-866-Fensolvi (1-866-336-7658)

Our Field Reimbursement Managers (FRMs) can assist you with:

- The buy and bill process
- Provide insights into payer coverage criteria
- Prior authorization requirements and support
- Fensolvi Copay Assistance Program support

To learn more about easy access to Fensolvi or how to connect with an FRM — reach out to your local Tolmar Account Manager

1-888-FENSOLVI (1-888-336-7658)
fensolvi@tolmar.com

NDC#
NDC 62935-163-60
(shown on package)

NDC 62935-0163-60
(for billing purposes)

J-CODE
J1951
Descriptions: Injection, leuprolide acetate for depot suspension, 0.25 mg
Billable Unit: 0.25 mg
Units: 180

DOSING FREQUENCY
6-months
STRENGTH
45 mg
PACKAGING/DIMENSIONS
1 injection
10.875" w x 3.2" h x 1.4" d

Important information about Billing and Coding

SAMPLE CLAIM FORM

Physician Office

(claim form CMS 1500/electronic equivalent 837P)¹

This section provides healthcare providers guidance for submitting claims for the administration of Fensolvi® in the physician office

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS
From	To	MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER						
XX	XX	XX	XX	XX	XX	XX	XX	J1951	JB			X	XXXXX	XX	180

NOTE: Fields with an "X" are required

2

LINE ITEM 24–D²
Procedures, Services or Supplies

Enter the applicable HCPCS/CPT codes and modifiers for the encounter such as:

Fensolvi: HCPCS J1951³ JB *administered subcutaneously* is an informational modifier and specifies the administration approach of Fensolvi³. Check with individual payer requirements for the use of the JB modifier

3

LINE ITEM 24–G²
Days or Units

Enter the billing units associated with each line item

**When billing Fensolvi (J1951):
1 billing unit equals 0.25 mg of Fensolvi (e.g., Enter 180 units of J1951 to denote 45 mg used)**

The information contained in this piece is intended for informational purposes only. It is not a comprehensive listing of all potential billing and coding requirements for Fensolvi® (leuprolide acetate) for injectable suspension in the physician office and outpatient hospital department sites of care. Tolmar does not guarantee coverage or payment. The healthcare provider should follow all billing and coding requirements established by the insurance company to submit compliant claims for Fensolvi. All codes on the claim form should be supported by the documentation in the patient’s medical record.

J-code: J1951

Descriptions: Injection, leuprolide acetate for depot suspension, 0.25 mg

Billable Unit: 0.25 mg

Units: 180

SAMPLE CLAIM FORM

Hospital Outpatient Department

(claim form CMS 1450 [UB04]/electronic equivalent 837I)⁴

This section provides healthcare providers guidance for submitting claims for the administration of Fensolvi in the hospital outpatient department.

1

FIELD LOCATOR 42⁵
Revenue Codes

Enter the revenue codes (in ascending order)

Fensolvi is most commonly reported with revenue code 0636⁶ (Drugs requiring detailed coding). Other revenue codes may apply.

2

FIELD LOCATOR 43⁵
Revenue Description

Enter the HCPCS/CPT description associated with the code(s) in FL 44

Enter the appropriate 11-digit National Drug Code (NDC) for Fensolvi preceded by NDC qualifier N4; eg, N462935016360

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0636	N462935016360 Drugs requiring detailed coding (brand)	J1951 JB	XXXXXX	180	XXXXXXXXXX XX	

NOTE: Fields with an "X" are required

3

FIELD LOCATOR 44⁵
HCPCS

Enter the applicable HCPCS/CPT codes and modifiers for the encounter such as:

Fensolvi: HCPCS J1951³ per J1951 to denote 45 mg used JB *administered subcutaneously* is an informational modifier and specifies the administration approach of Fensolvi³. Check with individual payer requirements for the use of the JB modifier

4

FIELD LOCATOR 46⁵
Units of Service

Enter the billing units associated with each line item

**When billing Fensolvi (J1951):
1 billing unit equals 0.25 mg of Fensolvi (e.g., Enter 180 units of J1951 to denote 45 mg used)**

Tolmar Support Services
For additional information regarding...

J-code-related billing inquiries, please email questions to fensolvi@tolmar.com
Additional Fensolvi product information, please visit info.fensolvi.com

REFERENCES

1. CMS 1500 Health Insurance Claim Form. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>. Accessed June 2021

2. NUCC. 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12. https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2020_07-v8.pdf. Accessed June 2021

3. Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Decisions First Quarter 2021 Coding Cycle for Drug and Biological Products. <https://www.cms.gov/files/document/2021-hcpcs-application-summary-quarter-1-2021-drugs-and-biologics-updated-05262021.pdf>. Accessed June 2021.
4. CMS 1450. <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450>. Accessed June 2021

5. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual Chapter 25 – Completing and Processing the Form CMS-1450 Data Set. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf>. Accessed June 2021

6. Revenue Codes. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>. Accessed June 2021