

Ordering Fensolvi[®] has never been easier

Fensolvi[®] can be filled by your integrated specialty pharmacy

Acquire Fensolvi through your integrated specialty pharmacy (SP) — just like you do for other products

- › **Activate access through your in-house SP** — Simply tell your local Tolmar Account Manager you would like to order Fensolvi through your in-house SP and Tolmar will collect info
- › **If your SP is unable to fill** — contact your local Tolmar Account Manager to help you gain access or use your current eRx platform to send the prescription to Scripts Rx
- › **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 Patient Access and Reimbursement Managers (PARM) can assist you with:

- Market access once a prescription is written
- Reimbursement and access
- Services available at the hub and help answering related questions
- Prior authorization process required by various insurance companies
- Coding or pricing of company products
- Medical necessity requirements of most plans
- Insurance company appeals process

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

[1-866-FENSOLVI (1-866-336-7658)]

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

*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 [1-866-FENSOLVI (336-7658)].

Program managed by Scripts Rx on behalf of Tolmar.