Co-Pay Support for Insured Patients

Pinnacle Biologics™ is dedicated to ensuring that patients get the treatment they need. Through our co-pay assistance program, we help patients take advantage of the independent nonprofit organizations (INOs) that may be able to help them with their out-of-pocket treatment costs by:

- Referring patients to INOs and providing contact information
- Assisting patients and healthcare professionals with their INO applications
- Helping patients enroll in programs offered by INOs

Support for Uninsured Patients

The PHOTOFRIN® (porfimer sodium) Patient Assistance Program is designed to assist financially disadvantaged individuals who have no prescription coverage such as Medicaid, Medicare prescription drug coverage, state-sponsored prescription drug assistance, employee, military, retirement, or pension program drug coverage.

Patient eligibility criteria include (*patient must meet all criteria*):

- Patient must be a legal resident of the United States (US) or its territories
- Patient must not have coverage for PHOTOFRIN through any public, private, or Medicare Part D prescription coverage program
- Patient's annual household income must be at or below 200% of the current Federal Poverty Level
- The Patient Assistance & Support Enrollment Form (see pocket for sample; additional applications are available at http://www.photofrin.com/wp-content/uploads/2014/10/PAP-Application-Updated-FINAL-1.pdf) must be completed in its entirety and signed and dated by both patient and physician (no stamped signatures will be accepted). Incomplete applications will be denied
- A copy of the patient's most recent federal tax return (or alternate proof of income) must be submitted with the program application form. Documentation must support all income values listed on the application form. Acceptable document types include: W-2 forms; pay statements; Social Security, pension, or retirement statements; bank statements; and statements of interest, dividends, or other income

A Patient Assistance Liaison will evaluate each application using pre-established program guidelines to determine patient eligibility.

You and your patient will be notified by phone, fax, or mail regarding acceptance into the program.

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Connecting Your Patients With the Treatment They Need

Reimbursement support

Pinnacle Biologics™ has an alliance with Sonexus Health, a Cardinal Health Specialty Solutions Company, to offer a comprehensive PHOTOFRIN® (porfimer sodium) Patient Assistance and Support program.

- Benefit verification and PHOTOFRIN reimbursement approval
- Prior authorization assistance
- Coding and claims assistance
- Appeals support

Co-pay support (Non-Medicare)

- Co-pay assistance program for commercial patients

Support for uninsured patients

- Patient Assistance Program

See more at: http://www.photofrin.com/healthcare-professional-home/#sthash.FInUv0e7.dpuf.

If there are any questions regarding the information provided, please contact Concordia's Medical Information Department at 1-877-370-1142.

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CONCORDIA LABORATORIES INC
PINNACLE BIOLOGICS

Solutions for Your Practice. Support for Your Patients.

Helping you provide the treatment your patients need

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Reimbursement Solutions for Your Practice

Pinnacle Biologics™ offers a range of support solutions that can be personalized to meet the specific needs of your practice. Our dedicated team members will work closely with you to confirm patient coverage, determine the best use of benefits, and identify and overcome potential hurdles to access.

Benefit verification

Let us help you identify and verify benefit coverage for your patients. Through our alliance with Sonexus Health, you can request a Benefit Verification Summary Report, which outlines a patient's:

- Insurance coverage
- Out-of-pocket requirements
- Available financial assistance options

Prior authorization assistance

We can help streamline your process by identifying an insurer's prior authorization requirements, providing insurer-specific forms and supportive literature, and outlining the preferred submission process. We also can follow up with the insurer to ensure a timely decision.

Coding and claims assistance

Timely and accurate coding and claims submission helps to ensure that patients have access to the treatment they need and that your practice receives the appropriate reimbursement. We can assist your practice with coding and claims submission by:

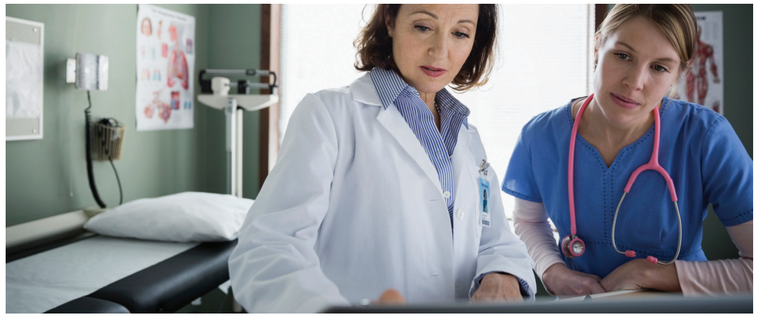
- Calling insurers to verify coding and claims submission requirements for PHOTOFRIN® (porfimer sodium) treatment
- Providing a summary of findings, including detailed coding and claims submission requirements

Appeals support

Unfortunately, treatment is not always covered and claims are not always paid as expected. In the event a claim is denied, we can offer your practice appeals support for those cases that are consistent with the approved labeling for PHOTOFRIN.

If your practice chooses to appeal an insurance company's denial, we can:

- Provide appeal requirements and contact information for the insurer's appeals department
- Provide a template appeal letter to help you draft a response to the insurer
- Follow up with the insurer to ensure a timely decision



PATIENT ASSISTANCE & SUPPORT ENROLLMENT FORM *inside*

PHOTOFRIN® (porfimer sodium) IS INDICATED FOR

Palliation of patients with completely obstructing esophageal cancer, or of patients with partially obstructing esophageal cancer who, in the opinion of their physician, cannot be satisfactorily treated with Nd:YAG laser therapy.

Treatment of microinvasive endobronchial non–small cell lung cancer (NSCLC) in patients for whom surgery and radiotherapy are not indicated.

Reduction of obstruction and palliation of symptoms in patients with completely or partially obstructing endobronchial NSCLC.

PHOTOFRIN® (porfimer sodium) is indicated for the ablation of high-grade dysplasia (HGD) in Barrett's esophagus patients who do not undergo esophagectomy.

IMPORTANT SAFETY INFORMATION ABOUT PHOTOFRIN FOR INJECTION

Photodynamic therapy (PDT) with PHOTOFRIN is a two-stage process requiring administration of both drug and light in a properly equipped facility. Refer to the OPTIGUIDE® instructions for use for complete instructions concerning the fiber optic diffuser.

PHOTOFRIN is contraindicated in patients with porphyria. PDT is contraindicated in patients with an existing tracheoesophageal or bronchoesophageal fistula and patients with tumors eroding into a major blood vessel. PDT is not suitable for emergency treatment of patients with severe acute respiratory distress caused by an obstructing endobronchial lesion because 40 to 50 hours are required between injection with PHOTOFRIN and laser light treatment. PDT is not suitable for patients with esophageal or gastric varices, or patients with esophageal ulcers >1 cm in diameter.

Tracheoesophageal or bronchoesophageal fistula can occur if esophageal tumor is eroding into trachea or bronchial tree. Gastrointestinal perforation can occur. There is a high risk of bleeding in patients with esophageal varices and for fatal massive hemoptysis with endobronchial tumors that are: large, centrally located; cavitating; extensive, extrinsic to the bronchus. After treatment of high-grade dysplasia (HGD) in Barrett's esophagus (BE), monitor endoscopic biopsy every three months, until four consecutive negative evaluations for HGD have been recorded. Photosensitivity can be expected; ocular sensitivity is possible. Allow 2-4 weeks between PDT and subsequent radiotherapy. Substernal chest pain may occur after treatment. Treatment-induced inflammation can cause airway obstruction. Administer with caution to patients with tumors in locations where treatment-induced inflammation can obstruct the main airway. Esophageal stenosis occurs frequently after treatment of HGD in BE. Patients with hepatic or renal impairment may need longer precautionary measures for photosensitivity (possibly more than 90 days). Thromboembolic events can occur following photodynamic therapy with PHOTOFRIN.

MOST COMMON ADVERSE REACTIONS reported during clinical trials are:

Esophageal Cancer: Anemia, pleural effusion, pyrexia, constipation, nausea, chest pain, pain, abdominal pain, dyspnea, photosensitivity reaction, pneumonia, vomiting, insomnia, back pain, pharyngitis.

Obstructing Endobronchial Cancer: Dyspnea, photosensitivity reaction, hemoptysis, pyrexia, cough, pneumonia.

Superficial Endobronchial Tumors: Exudate, photosensitivity reaction, bronchial obstruction, edema, bronchostenosis.

High-Grade Dysplasia in Barrett's Esophagus: Photosensitivity reaction, esophageal stenosis, vomiting, chest pain, nausea, pyrexia, constipation, dysphagia, abdominal pain, pleural effusion, dehydration.

Inform patients to report adverse reactions. All patients who receive PHOTOFRIN will be photosensitive for at least 30 days and should be warned about this and counselled to take appropriate precautions. Laser treatment should not be given if an overdose of PHOTOFRIN is administered.

FOR MORE INFORMATION ABOUT PHOTOFRIN visit www.Photofrin.com or call Concordia Laboratories Inc. at 1-877-370-1142.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see full prescribing information for PHOTOFRIN.

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PATIENT ASSISTANCE & SUPPORT ENROLLMENT FORM

The enclosed Patient Assistance & Support Enrollment Form is applicable to:

- Benefit verification
- Co-pay assistance
- Patient Assistance Program

SonexusHealth
A Cardinal Health Specialty Solutions company

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