

# **Kimyrsa**<sup>TM</sup> (oritavancin) for injection 1,200 mg

## **SUPPORT PROGRAM**

*Facilitating access for your patients*

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**Benefit  
verification**



**Prior authorization  
support**



**Coding and  
reimbursement  
information**



**Claims appeals  
process support**



**Patient assistance  
program**



**Copay savings  
program**

For information about  
KIMYRSA<sup>®</sup> support programs, call  
**1-844-KIMYRSA (1-844-546-9772)**  
Monday-Friday, 8:00 AM to 8:00 PM, ET  
email: [KimyrsaSupport@Asembia.com](mailto:KimyrsaSupport@Asembia.com)

# KIMYRSA® Coverage and Reimbursement Support



## Benefit verification

- Obtain patient specific insurance coverage for KIMYRSA®
- Identify patient's cost-share responsibility (copay, co-insurance, deductible amounts)
- Verify prior authorization (PA) requirements, if any
- Requests received by 2:00pm ET are typically completed the same day, Monday-Friday



## Coding and Reimbursement

- Obtain information on relevant billing codes and diagnosis codes
- Get answers to payer policy questions



## Prior Authorization and Appeal Support

- Obtain prior authorization requirements when a PA is requested by the payer
- Receive copies of payer-specific forms and a sample letter of medical necessity, if needed
- Stay informed throughout the entire process with updates on the status and outcome of the PA or Appeal



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You can also visit [KIMYRSA.com](http://KIMYRSA.com) for information and the physician request form for support services.



# KIMYRSA® Financial Support Programs for Patients

## Copay Savings Program

**Copay support for eligible patients with private commercial insurance\***



- ✓ Up to \$1,200 per treatment
- ✓ Patient Pays first \$50
- ✓ No limit to the number of treatments

- Patient must be treated in an outpatient setting of care
- There is no income requirement to qualify for the copay program
- Explanation of benefits must be submitted to demonstrate patient eligibility

## Patient Assistance Program

**Assistance program for uninsured patients demonstrating financial need**



- Patient must meet household income requirements
- Both inpatients and outpatients may be eligible for the Patient Assistance Program
- Patients may be eligible for additional treatments under the Patient Assistance Program

## Support for ORBACTIV® Patients

**The ORBACTIV® Support Program provides the same coverage, reimbursement, and patient assistance support for ORBACTIV Patients.\***

- The ORBACTIV copay savings program covers up to \$600 of out-of-pocket copay/coinsurance/deductible costs after the patient has paid the first \$50 of their responsible drug cost.
- For more information, call 1-844-ORBACTIV (1-844-672-2284); email [OrbactivSupport@Asembia.com](mailto:OrbactivSupport@Asembia.com)

\*Patients must be United States residents and be 18 years of age or older. Patients who pay cash or who are enrolled in or participate in any type of government insurance or reimbursement programs, including but not limited to Medicare, Medicaid, including managed Medicaid, Tricare, and FEHP, are not eligible. As a condition precedent of the copayment or coinsurance support provided under this program, (e.g., copay or coinsurance amounts paid to administering providers): 1) participating patients and administering providers are obligated to inform insurance companies and third-party payors of any benefits received and the value of this program, as required by contract or otherwise; and 2) administering providers may not bill patients for any amounts received under this program. Void where prohibited by law, taxed, or restricted. Additional terms and conditions may apply. Patients enrolled in the KIMYRSA® Patient Assistance Program are not eligible. Melinta Therapeutics, LLC may determine eligibility, monitor participation, and modify or discontinue any aspect of this program at any time. For additional information, including Important Safety Information, please see the Full Prescribing Information available at [www.kimyrsa.com](http://www.kimyrsa.com) and [www.orbactiv.com](http://www.orbactiv.com).

**Kimyrsa™**  
(oritavancin) for injection  
1,200 mg

# KIMYRSA® (oritavancin) can be administered in multiple outpatient settings of care, including:

- ED/observation unit
- Hospital outpatient department
- Free standing infusion center
- Physician office
- Home infusion



For assistance with coding and reimbursement, please call:

**1-844-KIMYRSA (1-844-546-9772)**

or email: [KimyrzaSupport@Asembia.com](mailto:KimyrzaSupport@Asembia.com)

**Melinta Therapeutics, LLC does not guarantee that coverage or payment will occur for any particular claim.**

Materials provided through the KIMYRSA® (oritavancin) Support Programs are for informational purposes only. This information does not guarantee coverage or payment. Codes, coverage and payment may vary from setting to setting, and from insurer to insurer. The provider submitting a claim is solely responsible for the accuracy of the codes submitted and for compliance with all coverage and reimbursement policies.

Decisions to prescribe KIMYRSA® are made by providers working with their patients. The KIMYRSA® Support Programs provide information about KIMYRSA® and assistance in understanding its coverage and reimbursement. Patients who are not insured by a federal health care program and who meet certain other criteria may be eligible for financial assistance with their cost sharing obligations. More information is available through the KIMYRSA® Support Programs hotline.

Melinta Therapeutics, LLC does not guarantee and assumes no responsibility for the quality, availability or scope of the KIMYRSA® Support Programs services. Melinta Therapeutics, LLC reserves the right to rescind, revoke or amend this offer at any time without notice.