

# Helsinn Cares Program Requirements

The table below specifies forms and documentation required for Helsinn Cares Programs

Program	AKYNZEO®	Forms Required	Patient Enrollment Form* (PEF) (Completed)
<b>Helsinn Cares Healthcare Provider (HCP) payer Support</b>			
<b>Benefit Investigation</b>	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> <li>Helsinn Cares will contact payer and provides HCP the patient benefit findings from payer discussion and any prior authorization (PA) requirements</li> </ul>	Required
<b>Appeals Support</b>	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> <li>Helsinn Cares can obtain the appeals documentation required from the payer and provide to the HCP for their submission</li> <li>HCP has to provide/submit required clinical support and required documentation to the payer</li> </ul>	Required
<b>Prior Authorization (PA) Support</b>	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> <li>Helsinn Cares can obtain all the PA requirements from the payer and provide to the HCP for submission</li> <li>HCP has to submit clinical documentation/support required and actual PA to payer</li> </ul>	Required
<b>Helsinn Cares HCP/Patient Support Programs</b>			
<b>Appeals/ Replacement Program</b>	AKYNZEO® Injection ONLY	<ul style="list-style-type: none"> <li>PEF must be submitted proactively prior to administration of AKYNZEO® for Injection</li> <li>HCP will have to provide Helsinn Cares with required documentation (PA, if required, denial and appeal documentation)</li> </ul>	Required
<b>AKYNZEO® Pay \$0 Savings Program</b>	AKYNZEO® Capsule ONLY	<ul style="list-style-type: none"> <li>HCP or patient can download online at <a href="https://www.AKYNZEOsavingsprogram.com">https://www.AKYNZEOsavingsprogram.com</a></li> <li>No activation required</li> <li>Commercial payer patients ONLY</li> </ul>	Not Required
<b>Helsinn Cares Patient Assistance Program (PAP)</b>	AKYNZEO® Capsule or Injection	<ul style="list-style-type: none"> <li>HCP/Patient must complete PEF and provide patient financial documents to access eligibility</li> </ul>	Required

Miscellaneous J Code Billing Requirements	Description
<b>AKYNZEO® for Injection</b>	Brand Name
<b>Fosnetupitant 235 mg/palonosetron 0.25 mg</b>	Generic Name/Dose
<b>1 unit</b>	Billing Unit (Single Dose Vial-SDV)
<b>J3490</b>	Unclassified, Drug (Medicare-Physician Office, Medicaid & Commercial)
<b>C9033</b>	Injection, fosnetupitant235 mg and palonosetron 0.25 mg
<b>96367</b>	Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug). Additional sequential infusion of a new drug/substance, up to 1 hour
<b>69639-0102-01</b>	National Drug Code (NDC) number (payers use 11 digit NDC#, 0 added to middle number)
<b>International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) Code</b>	Diagnosis codes required will vary by payer



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\*Patient Enrollment Form MUST be COMPLETED by the provider with physician and patient signatures and information filled out on the form.