Reimbursement Support Overview
SUSTOL Connect™ is a fully integrated reimbursement and patient support program that provides practices with a dedicated team of Reimbursement Counselors.

PATIENT SUPPORT

The following programs help ensure that clinically appropriate patients have access to SUSTOL® (granisetron) extended-release injection:

SUSTOL Copay Assistance Program
- Eligible patients pay $0 in out-of-pocket costs with the SUSTOL Copay Assistance Program*
  - No physical copay card is required. Copay reimbursement will be offered directly to your practice
- Through SUSTOL Connect, Reimbursement Counselors will provide information on financial assistance options and help with copay assistance program enrollment for eligible patients

SUSTOL Patient Assistance Program (PAP)*
- SUSTOL can be provided at no cost to patients with financial hardship who meet program eligibility criteria
- Depending on your patient's financial situation and clinical status, resources may be available to help with your patient's costs for SUSTOL
- Through SUSTOL Connect, experienced Reimbursement Counselors will:
  - Provide information on financial assistance options and eligibility determination
  - If eligible, they will assist with enrollment and coordination to obtain product free of cost

To benefit from SUSTOL Connect offerings for your patient, a completed program enrollment form may be submitted by fax to 1-844-504-8652, and in most cases, results will be provided within 2 business days of receiving a completed program enrollment form.

Getting started is easy. For information on how to access SUSTOL, call 1-855-SUSTOL-6 (1-855-787-8656), 8 AM to 8 PM ET, Monday through Friday or visit sustol.com.

*Limitations apply. Offer not valid as follows: (a) patients covered under Medicare, Medicaid, or any federal or state program; (b) where plan covers treatment for the patient for the entire cost of the prescription drug; or (c) towards the patient’s deductible. Patients pay $0 copay per dose per 12-month calendar period. For cash-paying patients, the program will cover $150 per prescription up to $1,800 per calendar year. Eligibility is for 12 months, after which patients will need to reapply for continued assistance. Please see sustol.com for full terms and conditions. This offer expires 12/31/17.

†Heron Therapeutics reserves the right, at its sole discretion, to discontinue the Patient Assistance Program or change the qualifications at any time. All patient information remains confidential. Product supply for the program depends on availability.

Please see accompanying full Prescribing Information.
OTHER SUSTOL CONNECT PROGRAMS AND SERVICES

SUSTOL Connect offers your patients and practice a suite of services and programs that provide access and reimbursement information and support.

Stand by SUSTOL™ Program
Heron Therapeutics is committed to ensuring that patients have coverage when SUSTOL is administered. This program helps mitigate the economic burden of denials. In the event of a qualifying coverage denial, the Stand by SUSTOL program will credit your practice for the cost of SUSTOL.  

Insurance Verification
Provides patient-specific insurance eligibility and coverage information, including patient-specific benefits for medical plan coverage based on the patient’s benefit design.

Prior Authorization (PA) Support
Assists with PA requests by furnishing information concerning the payer’s PA requirements, sending the PA form or template letter of medical necessity to the physician for completion (if available), and monitoring the status of the requests.

Appeals
Reimbursement Counselors will provide your practice with information in connection with the appeal. SUSTOL Connect will contact the payer to determine the reason for the denial, obtain information related to appeal requirements, provide your practice with information on how to submit the appeal, and monitor the status of the request. Reimbursement Counselors may provide your practice with the appropriate appeal letter templates, but your practice must complete the forms, fill out the relevant clinical information, and submit documents related to the appeal to the payer.

Billing and Coding Support
Offers billing and coding support to practices that may not have specific experience billing for SUSTOL (i.e., billing, coding, or claims submission inquiries).

- Reimbursement Counselors can provide reimbursement tools such as letters, statements, and sample claims forms as needed

Drug Replacement
In the event that SUSTOL arrives damaged, is otherwise determined to be unfit for patient use, or has expired, Heron Therapeutics will credit your practice for the purchase price of the product.

- Contact Heron Connect at 1-844-HERON11 (1-844-437-6611). Hours of operation are Monday through Friday, 8 AM to 8 PM ET

1 The Stand by SUSTOL program and the other product support programs offered by Heron Therapeutics do not impose any purchase obligation at any time or in any manner. Use of SUSTOL may be discontinued at any time, without penalty.

2 A qualifying coverage denial occurs when, for patients covered under commercial insurance: (a) the verification of benefits and satisfaction of all payer conditions for reimbursement is completed, (b) the patient’s treatment with the drug is nonetheless denied coverage, and (c) after an appeals process has been followed, coverage is still denied. Government-insured patients are not eligible for the program.

3 Determination will be made by the manufacturer of SUSTOL.
Summary

SUSTOL Connect™

Call 1-855-SUSTOL-6 (1-855-787-8656) from 8 AM to 8 PM ET, Monday through Friday.

Heron Therapeutics, the sponsor of the product, has developed SUSTOL Connect to help address the product support concerns of your practice and patients.

SUSTOL Connect Programs

- **$0 out-of-pocket costs** for eligible patients through the SUSTOL Copay Assistance Program*
- SUSTOL Patient Assistance Program (PAP)† offers SUSTOL at no cost to patients with financial hardship who meet program eligibility criteria
- Stand by SUSTOL helps mitigate the financial burden of qualifying coverage denials‡

Benefits of SUSTOL Connect Services

- A single point of contact—your practice will have one dedicated Reimbursement Counselor who can help patients apply to SUSTOL Connect programs, track outcomes, and provide other services required to support patients as they try to secure product coverage
- The use of just one SUSTOL Connect Program Enrollment Form
- Obtain clarification of insurance coverage and information on treatment requirements
- Get support for PA and appeals-related questions and concerns
- Obtain answers to questions about billing, reimbursement, and coding
- As a newly enrolled practice, receive a welcome call that provides an overview of SUSTOL Connect and addresses any questions related to support offerings and the enrollment process

Heron Connect

Contact at 1-844-HERON11 (1-844-437-6611) from 8 AM to 8 PM ET, Monday through Friday.

- For general information about Heron Therapeutics and SUSTOL
- For Drug Replacement: In the event that SUSTOL arrives damaged, is otherwise determined to be unfit for patient use, or has expired, Heron Therapeutics will credit your practice for the purchase price of the product
- If you have a clinical inquiry or would like to report an adverse event related to SUSTOL

*Limitations apply. Offer not valid as follows: (a) patients covered under Medicare, Medicaid, or any federal or state program; (b) where plan covers treatment for the patient for the entire cost of the prescription drug; or (c) towards the patient’s deductible. Patients pay $0 copay per dose per 12-month calendar period. For cash-paying patients, the program will cover $150 per prescription up to $1,800 per calendar year. Eligibility is for 12 months, after which patients will need to reapply for continued assistance. Please see sustol.com for full terms and conditions. This offer expires 12/31/17.

†Heron Therapeutics reserves the right, at its sole discretion, to discontinue the Patient Assistance Program or change the qualifications at any time. All patient information remains confidential. Product supply for the program depends on availability.

‡The Stand by SUSTOL program and the other product support programs offered by Heron Therapeutics do not impose any purchase obligation at any time or in any manner. Use of SUSTOL may be discontinued at any time, without penalty.

§A qualifying coverage denial occurs when, for patients covered under commercial insurance: (a) the verification of benefits and satisfaction of all payer conditions for reimbursement is completed, (b) the patient’s treatment with the drug is nonetheless denied coverage, and (c) after an appeals process has been followed; coverage is still denied. Government-insured patients are not eligible for the program.

© 2016 Heron Therapeutics, Inc. All rights reserved. 08/16 PP-SL-0079

Please see accompanying full Prescribing Information.