

**CIMERLI**<sup>®</sup>  
(ranibizumab-eqrn) injection

SANDOZ  
**one source**<sup>®</sup>



# Your Guide to CIMERLI<sup>®</sup> Patient Support Services

Comprehensive support & resources  
to help your patients succeed



**Sandoz One Source<sup>®</sup>**  
**provides support services**  
**designed to help patients**  
**access CIMERLI<sup>®</sup>**

For more information or to contact us, please visit [CIMERLI.com/support](https://www.cimerli.com/support)  
or call **1-844-4SANDOZ (1-844-472-6369)**



## Comprehensive reimbursement services for your practice

- Benefit verification support
- Prior authorization support
- Coding and billing support
- Patient financial assistance
- Appeals assistance
- Product replacement



## Patient support through customized programs

- The Co-Pay Savings Program
- Sandoz Patient Assistance (SPA)
- Independent Foundation Support



## Field Reimbursement Managers (FRMs) are ready to help you navigate reimbursement

- HIPAA compliant support throughout the reimbursement process

# Financial assistance for greater patient access to quality treatment

Whether your patients are commercially insured, uninsured, underinsured, or on Medicare, Sandoz One Source has assistance programs that may help ease payment concerns.

## The Sandoz One Source Co-Pay Savings Program

**May cover out-of-pocket costs** associated with CIMERLI® and the injection procedure for eligible patients with commercial insurance\*

As little as

\$0

per dose of CIMERLI® including injection

Maximum annual benefit of \$16,000 per calendar year

\*Drug and Injection Co-Pay Eligibility Criteria:

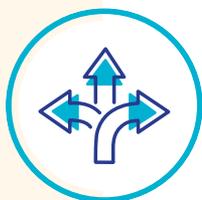
- Be prescribed CIMERLI® for a medically appropriate purpose consistent with its FDA-approved labeling within 180 days of program enrollment
- Have commercial (private or non-governmental) health insurance that covers the medication costs of CIMERLI®
- **For Administration: Not** a resident or get treatments in Minnesota or Rhode Island
- If a resident of Massachusetts, injection administration may only be paid directly to the patient. Additional information may be required
- **Not** covered by any federal, state, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, Veterans Affairs, Department of Defense, or TRICARE
- **Not** seek reimbursement from any third-party, including payers, charitable foundations, or flexible spending account (FSAs) or healthcare savings accounts (HSAs) for all or any part of the benefit received by Sandoz through this program
- Other restrictions apply, see full Terms & Conditions on page 7
- It is not valid for cash paying patients or where prohibited by law
- CIMERLI® Co-Pay Program subject to change or discontinuation without notice. This is not health insurance

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## Sandoz Patient Assistance (SPA) may help patients receive CIMERLI® at no cost

If your patient is experiencing financial hardship, cannot afford the cost of treatment, and has limited or no prescription coverage, then you may be eligible to receive Sandoz medication for free.



## Independent co-pay foundations may provide assistance with out-of-pocket costs

Charitable organizations may be able to provide financial assistance if your patients have commercial insurance or government insurance, including Medicare and Medicaid.<sup>†</sup>

Your patient can contact these independent foundations directly or a Sandoz One Source® specialist can help determine if they may be eligible.

**To get assistance with enrollment or learn more about the savings program:**

Visit **[CIMERLI.com/support](https://www.cimerli.com/support)**

Call **1-844-4SANDOZ (1-844-472-6369)**

<sup>†</sup>Independent foundations have their own rules for eligibility. Sandoz has no involvement or influence in independent foundation decision-making or eligibility criteria.

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## CIMERLI® CO-PAY SAVINGS SUPPORT PROGRAM

### CIMERLI Co-pay Terms and Conditions:

Limitations apply. Valid only for those with private commercial insurance. Prescription must be for an approved indication. Restrictions, including monthly and/or annual maximums may apply. Patient is responsible for any costs once program limit is reached. Program not valid (i) if prescription for CIMERLI is paid, in whole or in part, under Medicare (including Part D, even in the coverage gap), Medicaid, Medigap, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. It is a violation of the terms and conditions of this program to use it to enroll patients for the purposes of a copay accumulator or maximizer program. Sandoz reserves the right to take any appropriate action against any person or entity using the program in violation of the terms and conditions. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and US Territories (Puerto Rico, Guam, Northern Mariana Islands, and Virgin Islands). This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Co-pay program has no cash value. Additional terms and conditions may apply. Sandoz reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

## SANDOZ PATIENT ASSISTANCE

### Eligibility Criteria:

- Reside in the United States or a U.S. Territory
- Have limited or no prescription insurance coverage
- Meet income guidelines adjusted for household size, for the medication for which the patient is seeking assistance
- Have a valid prescription for the Sandoz medication
- Be treated by a licensed U.S. healthcare provider
- Complete and sign consent form and, when applicable, provide income documentation

# Sandoz One Source

Streamline reimbursement and help increase patient access to CIMERLI®

Enroll your patients today!

Getting started is simple with convenient enrollment options:



Online

Visit [Sandoz-OneSource.com/CIMERLI](https://www.sandoz-one-source.com/CIMERLI)



By phone

Call [1-844-4SANDOZ](tel:1-844-4SANDOZ) ([1-844-472-6369](tel:1-844-472-6369))

You can also download the enrollment form\* from our website and fax to [1-833-966-3043](tel:1-833-966-3043)

\*Also available at [CIMERLI.com](https://www.cimerli.com) under Comprehensive Support.

Sandoz reserves the right to revise or terminate the Sandoz One Source program without notice at any time.

  
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