

**2016 UPDATE**

## **Ensuring your patients receive OFEV in a timely manner**

Learn more about fulfilling OFEV (nintedanib) prescriptions through our specialty pharmacy network.



## Submit an OFEV prescription

Complete an **OFEV Prescription Form** and fax it to one of the specialty pharmacies listed on the form (fax number included)



The **specialty pharmacy** will review your patient's prescription insurance coverage. If a prior authorization is required, the pharmacy will alert and advise you



If your patient needs help paying for OFEV (nintedanib), the specialty pharmacy will offer guidance on **financial assistance**



The OFEV Prescription Form is available through **your local OFEV sales consultant**, [www.OFEVhcp.com/resources/start-patients](http://www.OFEVhcp.com/resources/start-patients), and **1-866-OPENDOOR (1-866-673-6366)**.



## Handle a prior authorization

Most insurers require a prior authorization for OFEV (nintedanib). The specialty pharmacy will notify you if one is required.

- Address the prior authorization directly with the insurer
- Common requirements for prior authorization are:



Confirmed diagnosis



Additional lab/  
test results

## Bridge OFEV during prescription delays\*

At no cost to the patient, the OFEV Bridge Program temporarily provides:



15-day supply of OFEV,  
with up to 3 additional  
15-day refills (60 days total)



OFEV Patient  
Starter Kit

Contact the specialty pharmacy for more information about **OFEV prescription submission, review, approval, and possible delays.**

\*For qualified patients prescribed OFEV who meet commercial income requirements and experience a delay in receiving their therapy (treatment initiation or refills) of  $\geq 7$  days due to the benefits investigation, prior authorization, or appeal. Patients must be insured. Medicare patients must make  $\leq 800\%$  of Federal Poverty Level (annual income  $\leq \$127,440$  for a 2-person household based on 2015 Poverty Guidelines).<sup>1</sup> There is no income requirement for commercial patients.



**OFEV**<sup>®</sup>  
(nintedanib)  
capsules 150mg

## Navigate OFEV financial assistance programs\*

### \$0 Commercial Copay Program†

**For:** Eligible patients with commercial prescription insurance coverage

**Contact:** The specialty pharmacy

### Charitable Foundation Support‡

**For:** Eligible patients with government prescription insurance (for example, Medicare Part D)

**Contact:** The specialty pharmacy; if the patient is denied, the OPEN DOORS™ Patient Support Program may be able to assist

### Boehringer Ingelheim (BI) Cares Patient Assistance Program (PAP)§

**For:** Eligible patients with inadequate prescription insurance

**Contact:** The specialty pharmacy, which refers eligible patients to the OPEN DOORS™ Patient Support Program

\*The following programs are independent offerings available for OFEV (nintedanib) and have their own specific eligibility requirements. Actual financial assistance is based on the individual prescription insurance coverage and financial situation of patients prescribed OFEV.

†Patients must be insured with commercial pharmacy benefits. Patients who are publicly insured are not eligible. There is no copay card as the program is managed by the specialty pharmacy. If a patient becomes ineligible at any time, the patient's ID number will be terminated.

‡Individual foundations have different eligibility criteria and requirements. Foundation documentation is generally required and varies with each foundation. Patients are generally eligible only if they are publicly insured and their insurance covers some part of the medication.

§Patients must be ineligible for prescription drug assistance through private or public insurance and must make ≤800% of the Federal Poverty Level (annual income ≤\$127,440 for a 2-person household based on 2015 Poverty Guidelines).<sup>1</sup> Some Medicare-eligible patients who have difficulty meeting their Part D drug costs and who do not qualify for other assistance may be eligible as long as there is no other prescription drug coverage and they meet the rest of the eligibility criteria. Documentation is generally required for enrollment into the BI Cares PAP.



# OPENDOORS™

Access to information and resources

## OFEV support for your patients and their caregivers

The **OPEN DOORS™ Patient Support Program** offers information and resources, including:



Help navigating access and financial issues



Nurse support available 24 hours a day,  
7 days a week via telephone



Social resources to help identify additional  
community support



Access to BI Clinical Educators who provide valuable  
educational resources to you and your patients



Patients can call **1-866-OPENDOOR (1-866-673-6366)**  
to speak to a representative Monday through Friday,  
8:00 AM-8:00 PM EST



## OFEV prescription fulfillment overview



Complete an **OFEV Prescription Form** and fax it to one of the specialty pharmacies listed on the form.



The **specialty pharmacy** will review your patient's prescription insurance coverage. If a prior authorization is required, address it directly with the insurer.



If your patient needs help paying for OFEV (nintedanib), the specialty pharmacy will offer guidance on **financial assistance**.

## Support for eligible patients prescribed OFEV

- The **OFEV Bridge Program** temporarily supplies OFEV if the prescription is delayed
- **Financial assistance programs**
  - \$0 Commercial Copay Program for patients with commercial prescription insurance coverage
  - Charitable Foundation Support for patients with government prescription insurance (for example, Medicare Part D)
  - BI Cares PAP for patients with inadequate prescription insurance

Contact the specialty pharmacy, or the **OPEN DOORS™ Patient Support Program**, at **1-866-OPENDOOR (1-866-673-6366)**, for more information.

**Reference: 1.** 2015 Poverty Guidelines. U.S. Department of Health & Human Services. [www.aspe.hhs.gov/2015-poverty-guidelines](http://www.aspe.hhs.gov/2015-poverty-guidelines). Accessed February 17, 2016.



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