



Solutions for Your Practice Support for Your Patients

Helping you provide the treatment your patients need



\$ Co-Pay Support for Insured Patients

Pinnacle Biologics™ is dedicated to ensuring that patients get the treatment they need. Through our co-pay assistance program, we help patients take advantage of the independent nonprofit organizations (INOs) that may be able to help them with their out-of-pocket treatment costs by:

- Referring patients to INOs and providing contact information
- Assisting patients and healthcare professionals with their INO applications
- Helping patients enroll in programs offered by INOs

Support for Uninsured Patients

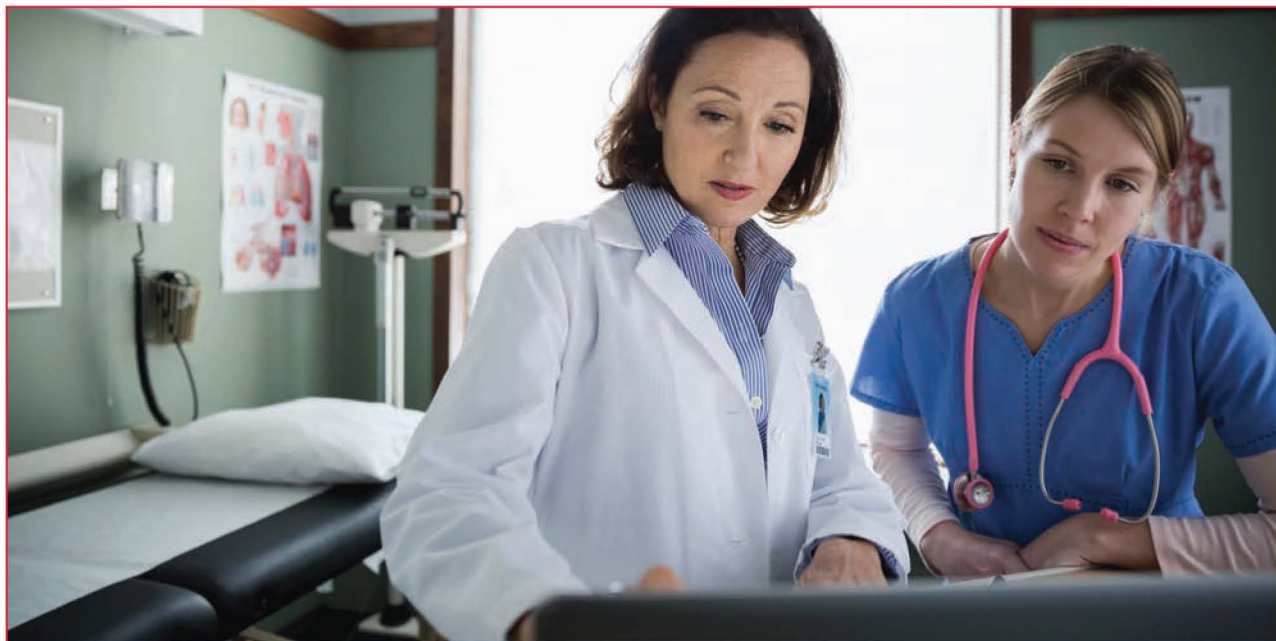
The PHOTOFRIN® (porfimer sodium) Patient Assistance Program is designed to assist financially disadvantaged individuals who have no prescription coverage such as Medicaid, Medicare prescription drug coverage, state-sponsored prescription drug assistance, employee, military, retirement, or pension program drug coverage.

☰ Patient eligibility criteria include (*patient must meet all criteria*):

- Patient must be a legal resident of the United States (US) or its territories
- Patient must not have coverage for PHOTOFRIN through any public, private, or Medicare Part D prescription coverage program
- Patient's annual household income must be at or below 200% of the current Federal Poverty Level
- The Patient Assistance & Support Enrollment Form (applications are available at https://photofrin.com/wp-content/uploads/2024/01/US-PHO-PM-0016-01_2024-Jan30-2.pdf) must be completed in its entirety and signed and dated by both patient and healthcare provider (no stamped signatures will be accepted). Incomplete applications will be denied
- A copy of the patient's most recent federal tax return (or alternate proof of income) must be submitted with the program application form. Documentation must support all income values listed on the application form. Acceptable document types include: W-2 forms; pay statements; Social Security, pension, or retirement statements; bank statements; and statements of interest, dividends, or other income

A Patient Assistance Liaison will evaluate each application using pre-established program guidelines to determine patient eligibility.

You and your patient will be notified by phone, fax, or mail regarding acceptance into the program.



\$ Reimbursement Solutions for Your Practice

Pinnacle Biologics™ offers a range of support solutions that can be personalized to meet the specific needs of your practice. Our dedicated team members will work closely with you to confirm patient coverage, determine the best use of benefits, and identify and overcome potential hurdles to access.

☰ Benefit investigation

Let us help you identify and verify benefit coverage for your patients. Through our alliance with Pathfinders Medical Business Solutions, LLC, you can request a Benefit Investigation Summary Report, which outlines a patient's:

- Insurance coverage
- Out-of-pocket requirements
- Available financial assistance options

☰ Prior authorization assistance

We can help streamline your process by identifying an insurer's prior authorization requirements, providing insurer-specific forms and supportive literature, and outlining the preferred submission process. We also can follow up with the insurer to ensure a timely decision.

☰ Coding and claims assistance

Timely and accurate coding and claims submission helps to ensure that patients have access to the treatment they need and that your practice receives the appropriate reimbursement. We can assist your practice with coding and claims submission by:

- Calling insurers to verify coding and claims submission requirements for PHOTOFRIN® (porfimer sodium) treatment
- Providing a summary of findings, including detailed coding and claims submission requirements

☰ Appeals support

Unfortunately, treatment is not always covered and claims are not always paid as expected. In the event a claim is denied, we can offer your practice appeals support for those cases that are consistent with the approved labeling for PHOTOFRIN.

If your practice chooses to appeal an insurance company's denial, we can:

- Provide appeal requirements and contact information for the insurer's appeals department
- Provide a template appeal letter to help you draft a response to the insurer
- Follow up with the insurer to ensure a timely decision

The enclosed Patient Assistance & Support Enrollment Form is applicable to:

- Benefit verification
- Co-pay assistance
- Patient Assistance Program



Connecting Your Patients With the Treatment They Need

Reimbursement support

Pinnacle Biologics™ has an alliance with Pathfinders Medical Business Solutions, LLC, to offer a comprehensive PHOTOFRIN® (porfimer sodium) for Injection Patient Assistance and Support program.

- Benefit verification and PHOTOFRIN reimbursement approval
- Prior authorization assistance
- Coding and claims assistance
- Appeals support

Co-pay support (Non-Medicare)

- Co-pay assistance program for commercial patients

Support for uninsured patients

- Patient Assistance Program



PHOTOFRIN® (porfimer sodium) for Injection IS INDICATED FOR

Esophageal Cancer

Photofrin is indicated for palliation of patients with completely obstructing esophageal cancer, or of patients with partially obstructing esophageal cancer who, in the opinion of their healthcare provider, cannot be satisfactorily treated with Nd:YAG laser therapy.

Endobronchial Cancer

Photofrin is indicated for treatment of microinvasive endobronchial non-small cell lung cancer (NSCLC) in patients for whom surgery and radiotherapy are not indicated. Reduction of obstruction and palliation of symptoms in patients with completely or partially obstructing endobronchial NSCLC.

High-Grade Dysplasia in Barrett's Esophagus

Photofrin is indicated for the ablation of high-grade dysplasia (HGD) in Barrett's esophagus patients who do not undergo esophagectomy.

IMPORTANT SAFETY INFORMATION ABOUT PHOTOFRIN FOR INJECTION

Gastroesophageal Fistula and Perforation: Do not initiate PHOTOFRIN with photodynamic therapy (PDT) in patients with esophageal tumors eroding into the trachea or bronchial tree or bronchial wall.

Pulmonary and Gastroesophageal Hemorrhage: Assess patients for tumors eroding into a pulmonary blood vessel and esophageal varices. Do not administer light directly to an area with esophageal varices.

High-Grade Dysplasia (HGD) in Barrett's Esophagus (BE): After treatment of HGD in BE, conduct endoscopic biopsy surveillance every 3 months, until 4 consecutive negative evaluations for HGD have been recorded.

Photosensitivity and Ocular Photosensitivity: Observe precautions to avoid exposure of skin and eyes to direct sunlight or bright indoor light for at least 30 days. Instruct patients when outdoors to wear dark sunglasses which have an average light transmittance of <4% for at least 30 days and until ocular sensitivity resolves.

Use Before or After Radiotherapy: Allow 2-4 weeks between PDT and subsequent radiotherapy.

Chest Pain: Substernal chest pain can occur.

Airway Obstruction and Respiratory Distress: Administer with caution to patients with tumors in locations where treatment-induced inflammation can obstruct the main airway. Monitor patients closely between the laser light therapy and the mandatory debridement bronchoscopy for any evidence of respiratory distress.

Esophageal Strictures: Esophageal strictures can occur.

Hepatic and Renal Impairment: Patients with hepatic or renal impairment may need longer precautionary measures for photosensitivity.

Thromboembolism: Thromboembolic events can occur.

Embryo-Fetal Toxicity: May cause embryo-fetal toxicity. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception.

MOST COMMON ADVERSE REACTIONS reported during clinical trials are:

Esophageal Cancer: Anemia, pleural effusion, pyrexia, constipation, nausea, chest pain, pain, abdominal pain, dyspnea, photosensitivity reaction, pneumonia, vomiting, insomnia, back pain, pharyngitis.

Obstructing Endobronchial Cancer: Dyspnea, photosensitivity reaction, hemoptysis, pyrexia, cough, pneumonia.

Superficial Endobronchial Tumors: Exudate, photosensitivity reaction, bronchial obstruction, edema, bronchostenosis.

High-Grade Dysplasia in Barrett's Esophagus: Photosensitivity reaction, esophageal stenosis, vomiting, chest pain, nausea, pyrexia, constipation, dysphagia, abdominal pain, pleural effusion, dehydration.

Other Photosensitizing Agents: May increase the risk of photosensitivity reaction.

Lactation: Because of the potential for serious adverse reactions in the breastfed infant, advise patients that breastfeeding is not recommended during treatment with PHOTOFRIN and for 5 months after the last dose.

Please see full Prescribing Information for PHOTOFRIN (porfimer sodium) for Injection at: www.photofrin.com.

FOR MORE INFORMATION ABOUT PHOTOFRIN or if there are any questions regarding the information provided, visit www.photofrin.com or please contact the Medical Information Department at 1-866-248-2039. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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See more at: <http://www.photofrin.com/healthcare-professional-home/#sthash.FlnUv0e7.dpuf>.

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