



Welcome to the ZySupport Patient Service Program

Your single source for access and affordability for
Zydus USA products



zydussupport.com

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ZySupport: With You at Every Step

We understand the healthcare process can be challenging. Because of that, our reimbursement experts are available from 8am-8pm ET to answer questions regarding coverage, prior authorization, appeals, co-pay support, and more to help patients start and stay on their prescribed Zydus medicines - regardless of insurance type.

ZySupport offers a full suite of solutions to address common hurdles to access and reimbursement such as:

- Benefits verification for patient coverage and out of pocket responsibilities
- Payer-specific guidance for prior authorizations & appeals to address patient needs
- Solutions for insurance-related delays

*Patients must express need and meet certain eligibility requirements

Coverage
and Access
Assistance

Educational
Resources

Prior
Authorization
Requirements

Financial
Support
Options

Co-pay
Assistance



Getting Started With ZySupport is Easy

Phone

866-891-9938

Mon-Fri 8am-8pm ET

Upon your request, one of our support specialists will guide you through the process.

Online

Visit us at:

zydussupport.com

Fax

Download, print, and fax the completed enrolment form to:

703-738-7254

Multilingual Support Available

We offer support in Spanish, and can arrange interpretation services for other languages on request.

When your doctor is enrolling you in **ZySupport**, you may need to provide the following information:

- Personal information, including home address and phone number
- Insurance information, including the type of insurance you have (e.g. employer based, Medicaid, Medicare, etc.), policy number, group number and policyholder name
- Secondary insurance and prescription insurance coverage information, if applicable

The image shows a sample of the ZySupport Enrollment Form. The form is titled "Enrollment Form" and includes the ZySupport logo. It contains several sections for data entry:

- Support requested (check all that apply):** Includes checkboxes for Insurance Verification, Free Product Assistance (over-the-counter/unprescribed), Bridge Supply (coverage delay), and BiDex (diclofenac) injection for intravenous use.
- Select Medication:** A checkbox for BiDex (diclofenac) injection for intravenous use.
- Patient Information:** Fields for First Name, Last Name, Date of Birth, Sex, Height, Weight, Phone #, Address, City, State, Zip, All Contact First Name, All Contact Last Name, All Contact Relationship, and All Contact Phone #.
- Prescriber/Facility Information:** Fields for First Name, Last Name, State Where Licensed, Date License #, Prescriber Type, NPI #, Tax ID #, Facility Name, Facility Address, City, State, Zip, Primary Contact Name, Title/Role, Primary Phone #, Primary Fax #, and Primary Email.
- Facility Information:** Checkboxes for Infusion Clinic/Physician Office, Hospital Outpatient, and Hospital Inpatient.

At the bottom, there is a disclaimer: "By submitting this form, I am requesting support services on behalf of the patient. Certain eligibility criteria and restrictions apply." and the copyright notice: "© Zydus Pharmaceuticals (USA) Inc. All rights reserved." with the Zydus Pharmaceuticals logo.

Zydus and its agents make no guarantee regarding reimbursement for any service or item. The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. For eligibility requirements, please contact a patient assistance specialist.



ZySupport

Patient Services

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Dedicated To Life