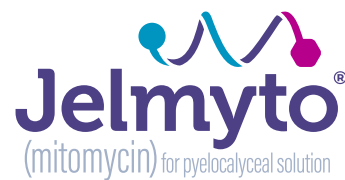


# AFFORDABILITY OPTIONS for Patients Considering JELMYTO



## UroGen Support™ is here to help.

We are committed to helping patients access their JELMYTO treatment. UroGen Support may be able to help by identifying financial assistance programs. These programs are for eligible patients who have been prescribed JELMYTO and need help managing the cost of treatment. The appropriate program will depend on patient coverage.

UroGen  
**Support**™  
Copay Program

Please click [here](#) for Full Prescribing Information for JELMYTO.



## For Patients With Commercial Insurance

Patients with commercial health insurance may qualify for the UroGen Support™ Copay Program. Eligible patients may pay as little as \$50 per dose of JELMYTO for the cost of the drug. To qualify for the program, patients must enroll in the UroGen Support program.

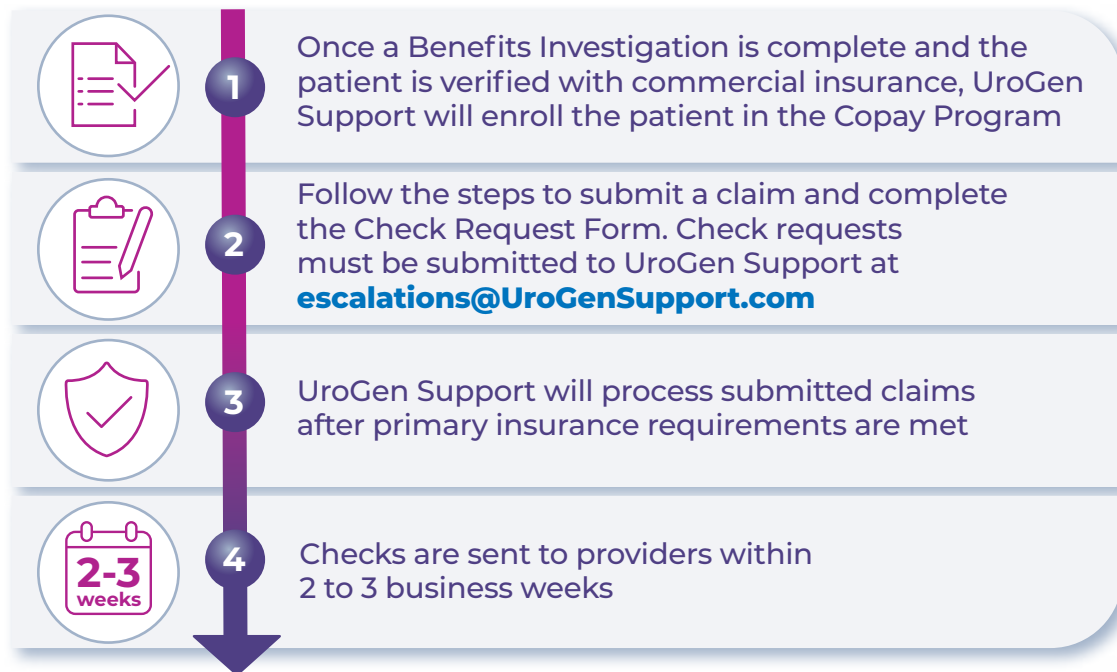
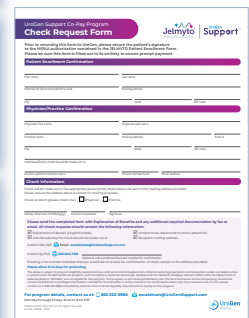
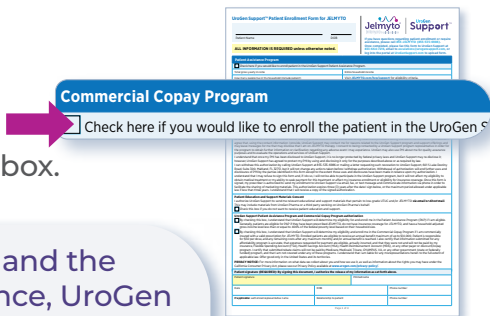
**Enrolled patients are eligible to receive an annual benefit maximum of up to \$14,000.**

Physicians bill program once primary insurance benefit is adjudicated. Additional terms apply. See [here](#) for more details.

### UroGen Support™ Copay Program

## The Copay Process

Healthcare providers with a patient seeking copay assistance must enroll in the UroGen Support program. Please be sure to enroll your patient into the program by completing the **Patient Enrollment Form (PEF)** and checking the “Enroll patient in the UroGen Support™ Commercial Copay Program” box.



Your Field Reimbursement Manager (FRM) is available to support you at any time. Please contact them with any questions or issues. You may also reach out to UroGen Support at **855-JELMYTO (855-535-6986)**.



Please click [here](#) for Full Prescribing Information for JELMYTO.

## For Patients Without Insurance

If a patient does not have health insurance, the UroGen Support Patient Assistance Program (PAP) may be able to help. To qualify for the PAP, the following requirements must be met:

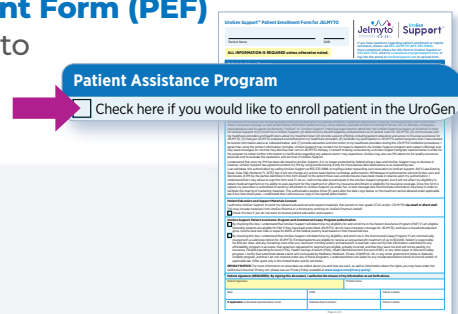
- Patient must have been prescribed JELMYTO for an on-label indication
- Patient must have an adjusted gross income of  $\leq 400\%$  of the Federal Poverty Level

UroGen Support will be responsible for obtaining all the necessary information to determine patient eligibility for the Patient Assistance Program.



## The Patient Assistance Program (PAP)

Healthcare providers with a patient seeking PAP Enrollment must complete the Patient Assistance Program section of the **Patient Enrollment Form (PEF)** to initiate the process for determining patient eligibility. Be sure to check the box under the Patient Assistance Program when completing the **Patient Enrollment Form (PEF)**.



## For Patients Insured by Medicare or Medicaid

Charitable foundations may help cover the cost of treatment for those with federally funded insurance like Medicare or Medicaid.

Some organizations have assistance programs specifically for certain types of conditions. These foundations are *not affiliated with UroGen Pharma*. Each organization has its own eligibility requirements, and UroGen cannot guarantee that they will be able to help. Contact an organization directly for more information.

HealthWell Foundation  
[www.healthwellfoundation.org](http://www.healthwellfoundation.org)  
1-800-675-8416

The Assistance Fund  
[www.tafoares.org](http://www.tafoares.org)  
1-855-845-3663



Please click [here](#) for Full Prescribing Information for JELMYTO.

# UroGen Support™ Copay Program

## Terms and Conditions

- Patients are not eligible to use this program if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veteran Affairs healthcare, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico
- Patient must have private insurance. Offer is not available for cash-paying patients
- With this program, eligible patients may pay as little as \$50 per dose of JELMYTO for the cost of the drug. In order to qualify for the copay program, patients must be enrolled in the UroGen Support program. The annual maximum benefit is up to \$14,000 per year
- You are responsible to comply with any use restrictions as mandated by your insurer or health plan
- This copay program is not insurance
- This copay program is not valid where prohibited by law
- This program cannot be combined with any other savings, free trial, or similar offer for the specified prescription
- Offer good only in the US and Puerto Rico
- No other purchase is necessary
- Data related to your redemption of the copay program may be collected, analyzed, and shared with UroGen for market research and other purposes related to assessing UroGen's programs. Data shared with UroGen will be aggregated and de-identified; it will be combined with data related to other copay program redemptions and will not identify you
- UroGen reserves the right to rescind, revoke, or amend this offer without notice



855-JELMYTO (855-535-6986)



833-664-7216




[www.JELMYTO.com/hcp/access-support/support-services/](http://www.JELMYTO.com/hcp/access-support/support-services/)



[Contact@UroGenSupport.com](mailto:Contact@UroGenSupport.com)

Please click [here](#) for Full Prescribing Information for JELMYTO.

  
**Jelmyto**<sup>®</sup>  
(mitomycin) for pyelocalyceal solution



JELMYTO is a registered trademark and UroGen Support is a trademark of UroGen Pharma, Ltd.  
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