

## DETERMINING COVERAGE

# Patient Access Support Through **REBYOTA™ CONNECT** and Other Resources



**REBYOTA™**  
(fecal microbiota, live-jslm) suspension,  
for rectal use

Revised December 2022

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

# Patient access support through REBYOTA™ CONNECT

## Helping patients get access to REBYOTA

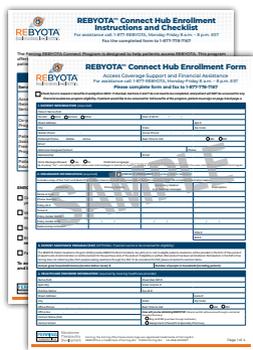
### Benefits investigation support for providers

- Determine a patient's insurance coverage for REBYOTA and the procedure
- Provide guidance on applicable billing codes for product and procedure
- Verify whether a prior authorization (PA) is required and if so, what supporting documents need to be submitted
- Assist with the appeals process, if needed, and what supporting documents need to be submitted to file an appeal

### Financial assistance for patients

- Co-pay program<sup>a</sup>—eligible, commercially insured patients **may pay as little as \$100** for each REBYOTA prescription<sup>a</sup>
- Patient assistance<sup>a</sup>—for uninsured/underinsured patients who meet eligibility criteria. Visit [www.REBYOTAHCP.com](http://www.REBYOTAHCP.com) for more details
- Referrals to patient support groups as well as to state health exchanges for uninsured patients<sup>a</sup>

## To enroll a patient in REBYOTA CONNECT



- Both provider and patient must complete certain sections of the enrollment form
- For a benefits verification, the **provider must sign the form**
- For financial assistance, the **provider AND patient must sign the form**

- Note that there are 2 places where the patient must sign
- **The REBYOTA CONNECT instruction sheet and checklist are available**

## REBYOTA™ CONNECT

For benefits investigation, coverage support, and potential financial assistance, enroll your patients in **REBYOTA CONNECT**.

The **REBYOTA CONNECT** instruction sheet provides a summary of services offered plus an enrollment form checklist.

The **REBYOTA CONNECT** enrollment form and instruction sheet are available at [www.REBYOTAHCP.com](http://www.REBYOTAHCP.com).

## For help in verifying a patient's insurance coverage...



call **REBYOTA CONNECT**  
at 1-877-REBYOTA  
(1-877-732-9682)

or to begin enrollment, visit  
[REBYOTACONNECT.COM](http://REBYOTACONNECT.COM)



## Determining coverage

### Tips for determining patient benefits without the help of REBYOTA CONNECT

The accurate completion of coverage-related documentation is the responsibility of the healthcare provider and patient.

Consider using the checklist below to help determine the patient's insurance coverage:

- ✓ Ask if the patient has coverage through Medicare, Medicaid, or private insurance
- ✓ Ask to see the patient's insurance card
- ✓ Contact the patient's insurance plan to determine coverage
- ✓ Check for coverage under **both** medical benefit and pharmacy benefit
- ✓ A prior authorization (PA) may be needed. If that is the case, the following may be helpful:
  - Sample appeal letter (included in pocket)
  - Sample letter of medical necessity (included in pocket)

**A Patient Assistance Program<sup>a</sup> is available for patients who are uninsured or underinsured and need financial assistance.**

Ensure you complete section 3 of the enrollment form.

### General coverage information through Medicare, Medicaid, and private payers

#### Medicare coverage

Medicare is expected to reimburse healthcare providers for REBYOTA. Because REBYOTA is a physician-administered product, it will be covered under Medicare Part B.

#### Medicaid coverage

Most states have direct administration of Medicaid and also contract with managed care organizations (MCOs) to administer the program. Medicaid will typically cover a drug when used for its FDA-approved indication. However, it varies by state. Medicaid plans and their MCOs may follow Medicare's coverage policies, while others may create their own coverage guidelines. Some programs have restrictions, such as requiring a prior authorization or other controls.

#### Private payers (commercial insurance)

Private payers may cover REBYOTA when used for its FDA-approved indication. However, commercial insurance plans vary widely. For this reason, it's important to understand your patient's health benefits and request plan-specific coverage information.

<sup>a</sup>Available only for patients who meet eligibility requirements. Program does not cover the cost of administration, office visits, or any associated costs. Terms and conditions apply. Offer expires 12/31/23.





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



Microbiome  
Therapeutics  
Development

Ferring and the Ferring Pharmaceuticals logo  
are registered trademarks of Ferring B.V.  
REBYOTA is a trademark of Ferring B.V.

©2023 Ferring B.V. All rights reserved. US-REB-2300005 1/23