



REIMBURSEMENT ASSISTANCE PROGRAM

This brochure outlines the services provided by Millennium Pharmaceuticals, Inc., to health care providers, patients, and caregivers through the VELCADE® Reimbursement Assistance Program.

DEDICATED TOLL-FREE INFORMATION LINE: 1-866-VELCADE

Reimbursement Specialists are available from 9 AM to 8 PM Eastern Time to provide assistance in determining health insurance coverage, answering coding questions, and resolving reimbursement issues for VELCADE.

INSURANCE VERIFICATION

Reimbursement Specialists will verify health insurance coverage and eligibility; obtain preauthorization; assess each patient's drug coverage; and clarify any co-payment obligations patients may have relative to VELCADE.

CODING AND BILLING SUPPORT

Coding and billing questions can be discussed with Reimbursement Specialists to facilitate appropriate payment for VELCADE and related services.

CLAIM APPEALS SUPPORT*

Reimbursement Specialists will help identify reasons for underpayment or denial of claims and assist in developing strategies for appeal.

ALTERNATE FUNDING SEARCHES

In cases where patients have insufficient health insurance coverage, Reimbursement Specialists will help determine if there are additional sources of drug coverage for VELCADE.

*The Reimbursement Assistance Program does not file claims or appeal claims for callers, nor can it guarantee that you will be successful in obtaining reimbursement. Third-party payment for medical products and services is affected by numerous factors, not all of which can be anticipated or resolved by the program.

PATIENT ASSISTANCE PROGRAM

If no other source for drug coverage can be identified, patients may be eligible to participate in the Patient Assistance Program. The qualification process includes gathering income and health insurance information for patients who do not have benefit coverage. If eligible, these patients will qualify to receive VELCADE® (bortezomib) for Injection at no cost.

ENROLLMENT INSTRUCTIONS

Call 1.866.VELCADE (1-866-835-2233) for an enrollment form.

Complete, sign, and fax the enrollment form, including supporting documentation, to: 1-800-891-9843.

ENROLLMENT ASSESSMENT

Eligibility will be communicated within 48 hours by telephone. A follow-up letter will be sent to both the health care provider and the patient.

If the patient qualifies, the first cycle of VELCADE will be shipped directly to the health care provider, pending receipt of the physician's state license with valid expiration date.

ENROLLMENT MANAGEMENT

One week prior to every cycle, the health care provider will be contacted to confirm that the patient will continue to receive VELCADE and that the patient's information remains unchanged.

The patient's case will be re-assessed every 12 months. If the patient continues to be eligible, a new enrollment form should be submitted with updated supporting documentation and signature.