



# myBeiGene™

## PATIENT SUPPORT

Dedicated Oncology Nurse Advocates  
provide personalized support for each patient's needs



### Simplifying access

- Assists with insurance verification and prior authorization support
- Co-pay as little as \$0/prescription for commercially insured patients\*
- Bridge supply for insurance coverage delays†
- Free product for uninsured and underinsured patients‡



### Educating patients

- Helps provide information about their disease and treatment with BRUKINSA
- Patient and caregiver follow-up support
- Dedicated Oncology Nurse Advocates for practices, patients, and caregivers



## Securing support

- Assists patients and caregivers with practical help through connecting patients with advocacy groups and local/national free resources such as:
  - Counseling services
  - Support group information
  - Transportation/lodging assistance

\*No patient income requirement. Annual benefit limit of \$25,000. Patients are ineligible if prescriptions are payable by any state or other federally funded programs, including, but not limited to, Medicare, Medicaid, VA, or TRICARE, or where prohibited by law. Eligibility criteria and restrictions apply.

†15-day supply of medication (for on-label use only) in case of a coverage delay lasting longer than 5 days. Eligibility criteria and restrictions apply.

‡Certain financial and eligibility criteria apply.

## Enroll in myBeiGene patient support

**Three easy ways** to enroll in the myBeiGene patient support program

- 1 Call myBeiGene at [1-833-234-4363](tel:1-833-234-4363) and speak to an Oncology Nurse Advocate  
or
- 2 Fill out and submit the online form below  
or
- 3 [Download the enrollment form](#), complete, and fax to 1-877-828-5593

## Online patient enrollment form

Complete the following form to enroll in myBeiGene today. Oncology Nurse Ad Friday from 8 AM to 8 PM ET at **1-833-BeiGene (1-833-234-4363)** to provide information that might have regarding the myBeiGene patient support.

**This form will take approximately 15 minutes to complete. For best experience, use a desktop to enroll.**

### My patient is requesting the following support:

Please select from the choices below, depending on your patient's needs. Choose all that apply.

- Insurance verification
- Bridge supply
- Free product assistance
- Co-pay/co-insurance assistance
- Patient and caregiver support

**Begin Patient Support  
Enrollment**

**BeiGene**

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