Patient Assistance Program

If you have questions about the Sumitomo Pharma America (SMPA) Patient Assistance Program (PAP), we would like to answer them, as clearly as possible.

Q   What is the Sumitomo Pharma America Patient Assistance Program (SMPA PAP)?

A   The SMPA Patient Assistance Program (PAP) provides medications at no cost to eligible patients who have an unmet financial need (See Program Terms and Conditions).

Q   Which medicines are included in the SMPA Patient Assistance Program?

A   The SMPA Patient Assistance Program provides assistance to eligible patients for eligible SMPA medications. Please visit www.SMPA-PAP.com to view eligible SMPA medications.

Q   What are the eligibility criteria for the SMPA Patient Assistance Program?

A   To receive medication at no cost through the SMPA Patient Assistance Program, qualifying patients must meet the following eligibility criteria:

- Be prescribed a SMPA medication for an FDA-approved indication
- Live in the US or US Territories
- Be uninsured or have inadequate coverage for medication
- Be unable to afford the cost of their medication
- Have no other financial support available (*To qualify, patients must not be eligible for Medicaid, Medicare Extra Help or any other financial support*)
- Meet income eligibility requirements which are based on the Federal Poverty Level (FPL) Guidelines* adjusted for household size

# of People in Household	Annual Household Income
1	$45,180
2	$61,320
Add $16,140 per additional household member	

  * Visit www.aspe.hhs.gov/poverty for information on the Federal Poverty Level.

- To qualify, patients must meet the eligibility requirements and re-apply annually

Q **What is the income eligibility requirement for SMPA PAP?**

A SMPA PAP income eligibility requirements are based on a percentage of the Federal Poverty Level, adjusted for household size

# of People in Household	Annual Household Income
1	$45,180
2	$61,320
Add $16,140 per additional household member	

* Visit www.aspe.hhs.gov/poverty for information on the Federal Poverty Level.

Q **How do I apply to the SMPA Patient Assistance Program?**

A Please see the Eligibility Requirements for each medication at: www.SMPA-PAP.com and then click on the SMPA medication that applies to you.

Q **How long are patients enrolled in SMPA PAP?**

A Eligible patients who qualify for the program are enrolled for a period of up to 12 months.

Government insured patients who qualify for the Patient Assistance Program are eligible to receive free product for an entire coverage year. For Medicare patients, the coverage year is the calendar year.

Patients without government insurance who qualify for the Patient Assistance Program may be eligible for up to 12 months of free product at one time if the patient continues to meet SMPA PAP eligibility requirements.

At the end of the enrollment period, patients must re-apply and re-qualify to continue receiving assistance through the program.

Q **Is there a fee to apply for the SMPA Patient Assistance Program?**

A No, there is no fee to apply for this program.

Q **Do I have to pay any shipping fees for my Patient Assistance medication?**

A No, patients who qualify for SMPA PAP receive their medication at no cost and no shipping fees are required.

Q **How will I know if I qualify and the status of my application?**

A Once we review your application, we will send you a notification, either by text or mail, depending on your preference of communication. We will also notify your health care provider who can also let you know of the outcome.

Q **What if I don't meet the Eligibility Requirements for the SMPA Patient Assistance Program?**

A You can research and explore government-funded programs that may provide additional support and resources.

- **Medicare Extra Help, you can apply online or by phone.** Go to ssa.gov/medicare/part-d-extra-help or call 1-800-772-1213 to apply.
- **State Medicaid,** go to https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html to find your state's application instructions.
- You may qualify for financial support through Independent charitable foundations

Foundation	Contact Information
The Assistance Fund	855-845-3663 or visit enroll.tafcares.org
Cancer Care Co-Payment Assistance Foundation	866-552-6729 or visit cancercare.org
HealthWell Foundation	800-675-8416 or visit healthwellfoundation.org
Patient Advocate Foundation	866-512-3861 or visit copays.org
Patient Access Foundation	866-316-7263 or visit panfoundation.org

Q **If I have a Medicare Part D Prescription Plan, can I still apply for Patient Assistance?**

A **Yes, you may still apply for the Patient Assistance, however there are changes in 2025 that may impact your Medicare Part D prescription costs.** These changes may assist with your ability to afford the cost of your medication, especially if you take multiple medications before you consider applying:

- Medicare Part D patients will pay no more than $2,000 in 2025 for all their Part D-covered drugs (branded and generic)
- Medicare Part D patients will have $0 costs for all covered drugs after the yearly out-of-pocket maximum of $2,000 is reached
- Medicare Part D patients can also opt in to spread their out-of-pocket prescription costs across the calendar year (Jan–Dec) in monthly installments by participating in the Medicare Prescription Payment Plan

Q **How do patients re-enroll in the SMPA PAP?**

A When it's time for re-enrollment, SMPA PAP will send out a notification of next steps to continue in the PAP program. Patients must continue to meet all program requirements to remain eligible.

Q **Do you have additional questions that have not been answered?**

A If you have further questions, you can visit SMPA-PAP.com for more information.