

Acquiring

VYJUVEK™

beremagene geperpavec-svdt
5x10⁹ PFU/mL single-use vial

Guide to ordering from a specialty
distributor or a specialty pharmacy

Purchasing VYJUVEK Through the Buy/Bill Process

VYJUVEK must be purchased and mixed by a pharmacy.

Authorized specialty distributor for VYJUVEK

CONTACT INFORMATION

ASD Healthcare

PHONE: **800-746-6273**

FAX: **800-547-9413**

www.asdhealthcare.com

Once the prescribing healthcare provider (HCP) makes the decision to treat, VYJUVEK can be ordered through the following buy and bill process by the pharmacy:

- 1 Together with your patient complete and submit a signed Enrollment Form by fax to Krystal Connect, at **1-833-782-7852** or **1-412-643-3380**. Your office will receive a fax back with the Krystal Connect patient identification number (ID#). The Krystal Connect ID# is required for each patient when ordering VYJUVEK. It is important to file the Krystal Connect ID# to reference for future refill orders for the patient.
 - If the patient has signed the Enrollment Form, you will also receive confirmation of the patient's eligibility for the VYJUVEK Copay Program.*
- 2 As needed, you may work with the Krystal Connect team to complete benefits research with the patient's insurance. This should include:
 - Verify benefits and procurement options
 - Guidance during the prior authorization process, if required
 - Confirm payment mechanisms to ensure the order can move forward
 - Payor requirements and/or HCP preferences may determine the Administration Site
- 3 Once insurance approval is received, your pharmacy will place the order with ASD Healthcare.
 - Confirm an existing account or set up a new account with ASD Healthcare. Reference the VYJUVEK NDC number: 10 digit: 82194-510-02 or 11 digit: 82194-0510-02
 - When placing the order with ASD, the Krystal Connect ID# will be required for each patient order.
- 4 ASD ships VYJUVEK to the pharmacy. Proper storage conditions for VYJUVEK must be maintained.
- 5 Your pharmacy will coordinate scheduling of the VYJUVEK delivery with the patient's appointment for administration.
- 6 Your office or the designated administration site, will collect the copay when patient comes for treatment.
 - Eligible patients may qualify for the VYJUVEK Copay Program.* Please refer to the following section.

VYJUVEK Copay Program for Buy and Bill Patients

For offices using Buy and Bill with patients who are eligible for the Copay Program*, follow these steps:

- 1 Administer VYJUVEK to enrolled patient. Submit the claim for VYJUVEK to your patient's primary insurance plan.
- 2 **Upon receipt of the remittance advice (EOB) from the patient's insurer(s):**
 - a. Print a copy of the CMS 1500 associated with the patient's treatment, **and**
 - b. Print a copy of the remittance advice, explanation of payment, or explanation of benefits
- 3 **Submit the claim to the program by:**
 - a. Faxing the documents to: **866-407-6304**
 - b. Mailing the documents to: **VYJUVEK Buy & Bill Copay Program
PO Box 2355
Morristown, NJ 07962**

Failure to include both the claim form and the remittance advice will result in a claim rejection and request for resubmission

- 4 After the claim has been reviewed and approved, the VYJUVEK Copay Program will disperse a check to your office for the approved amount, up to the limits of the offer.



Krystal Connect offers personalized patient support services for your patients. The Krystal Connect Team will provide information on patient support, non-medical logistical assistance, insurance benefits investigation, and financial assistance.

If your patient is interested in Krystal Connect, just call **1-844-5-KRYSTAL** or visit **www.VYJUVEK.com** to initiate their enrollment. Your patient must enroll to access these patient support services and resources.

Receiving VYJUVEK from a Specialty Pharmacy Provider

VYJUVEK is available through Krystal-authorized specialty pharmacy partners

CONTACT INFORMATION FOR CARTONS

CVS Specialty	PHONE: 866-643-4045	FAX: 855-330-1718	www.cvsspecialty.com
Orsini Pharmaceutical Services	PHONE: 800-809-7105	FAX: 877-718-8058	www.orsinispecialtypharmacy.com

CONTACT INFORMATION FOR PREPARED SYRINGES

Option Care Health	PHONE: 833-981-8237	FAX: 800-491-9561	www.optioncarehealth.com
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Once the prescribing healthcare provider makes the decision to treat, VYJUVEK can be ordered through the following specialty pharmacy process:

- 1 Together with your patient complete and submit a signed Enrollment Form to Krystal Connect, at **1-833-782-7852** or **1-412-643-3380**.
- 2 As needed, you may work with the Krystal Connect team and the specialty pharmacy contact to complete benefits research and understand the authorization requirements for VYJUVEK.
- 3 If a prior authorization is required for VYJUVEK, it will be important to include the supporting documentation and/or a letter of medical necessity to obtain authorization.
- 4 Eligible patients may qualify for the VYJUVEK Copay Program.* Upon approval the specialty pharmacy collects copay from patient if applicable.
- 5 Your office or the designated administration site will coordinate scheduling of the delivery of the prepared VYJUVEK gel in mixed administration syringes or VYJUVEK cartons with the patient's appointment for administration.
- 6 The pharmacy delivers the mixed administration syringes or VYJUVEK cartons to your office or designated administration site.
- 7 Your office or the administration site submits claim for the administration of VYJUVEK.

*Patient Eligibility & Terms and Conditions

The VYJUVEK Copay Program is available only to commercially insured patients with a valid prescription for VYJUVEK. Patients must be U.S. citizens or residents for at least six months. Patients or their guardian must be 18 years of age or older to enroll in the program. **Patients are not eligible for copay assistance through the VYJUVEK Copay Program if they are cash-paying patients, or enrolled in any state or federally funded programs for which drug prescriptions or coverage could be paid in part or in full, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or TRICARE (collectively, "Government Programs"), or where prohibited by law.** This offer is not health insurance. The VYJUVEK Copay Program applies only to out of pocket costs associated with VYJUVEK and not the cost of related medical services. In any calendar year commencing January 1, the maximum copay benefit amount paid by Krystal Biotech, Inc. will be \$15,000. Eligible patients may pay as little as \$0 per prescription, up to the annual maximum copay assistance amount of \$15,000. Additional terms and conditions apply see https://www.krystalconnect.com/pdf/us_terms.pdf for full terms and conditions.