

Checklist for Submitting Application

At Takeda, we believe all patients should have access to the medications prescribed by their healthcare providers. We also understand that some patients may have financial situations that make it difficult to pay for their prescriptions. Help at Hand provides assistance for people who have no insurance or not enough insurance and need help getting their Takeda medicines. All applications are reviewed on a case-by-case basis in accordance with program criteria.

To be eligible, you should:

- Not have health coverage, or not have enough coverage to afford your Takeda medication
- Have a household income equal to or less than 5 times the Federal Poverty Level (for more information on Federal Poverty Levels, visit <https://aspe.hhs.gov/poverty-guidelines>)
- Not have access to alternate sources of coverage
- Be a resident in the United States

Step 1 Complete the Application:

All required fields must be complete and legible

- Complete Sections 1, 2, 5, and 6**, including signatures.
- Have your healthcare provider complete both Sections 3 and 4** (prescription), and provide signature at the bottom of section 4 (signature can NOT be stamped).
- Attach current proof of income** as outlined in Section 2.
- Fax or mail the completed application** and all documentation to the address below. Application must be faxed in from healthcare provider.

Step 2 Provide all Supporting Documentation:

All financial and insurance information is fully disclosed, and appropriate supporting documentation is included

- Proof of recent income** (including spouses and dependents 21 and over). Acceptable forms of income documentation include the following:
 - a) Federal income tax return or forms for most recent filing year (1040, 1040EZ, 1099, 1099-DIV)
 - b) Yearly benefits statement (SSA-1099, or awards letter)
 - c) W-2 for most recent year
 - d) Unemployment letter or workers compensation
 - e) One month of most recent pay stubs within the last 90-days for the entire household
- Medicaid screening** (only If applicable)

If your Federal Poverty Level is less than 139% and you reside in an expanded state, you are required to apply for Medicaid. Once determination from Medicaid is made, you must provide any of the following:

 - a) **If Medicaid was Denied:** Medicaid Denial Letter dated within the past 2 years
 - b) **If Medicaid was Approved:**
 - i) Letter of Medical Necessity from your healthcare provider (on their letterhead, signed and dated within past 90-days)
 - ii) Proof of Denial of Coverage for the requested product through Medicaid
 - c) **Medicaid Enrolled Patients:**
 - i) Letter of Medical Necessity from your healthcare provider; and
 - ii) Proof of Denial of Coverage for the requested product through Medicaid
- For residents of New Jersey and New York (ONLY)**

Original prescriptions must be mailed in by the doctor

Step 3 Submit:

Application must be **faxed** in from healthcare provider to **1-800-497-0928**

What happens next?

Once the completed form has been submitted to Help At Hand, it will be reviewed to determine eligibility. Patients will be contacted via letter or email (DocuSign) for any required information that is missing from the application. Patients will receive a letter explaining if they are eligible.

For Additional Guidance for Completion of the Application, call 800-830-9159.

Representatives are available Monday through Friday, from 8 a.m. to 8 p.m. ET
P.O. Box 5727, Louisville, Kentucky 40255-0727 Phone: 1-800-830-9159 Fax: 1-800-497-0928