Commitment Program

PROGRAM PURPOSE

The ValorumPRO Commitment Program is designed to support healthcare providers and maintain patient access during reimbursement implementation and transition periods associated with Valorum product launches.

QUALIFYING EVENT

A qualifying event is a reimbursement implementation or administrative processing issue that results in no reimbursement for the drug claim after appropriate billing, correction, and appeal efforts have been completed.

PROGRAM ELIGIBILITY

Providers must:

- Complete benefits verification and/or prior authorization, when applicable.
- Submit claims using the appropriate HCPCS and NDC information.
- Pursue standard payer correction, appeal, or redetermination processes.
- Provide documentation demonstrating no reimbursement for the drug.

TERMS AND CONDITIONS

- Claims are eligible only when no reimbursement has been received for the drug.
- Any reimbursement for the drug from any source renders the claim ineligible.
- Replacement product is intended solely to support patient treatment continuity and is not redeemable for cash, credit, rebate, refund, or other financial consideration.
- Participation is subject to review and approval.
- The program may be modified, suspended, or terminated at any time.
- Participation does not require minimum purchase commitments or exclusivity arrangements.
- Replacement product will not be included in provider purchase volume calculations or contractual purchasing tiers.
- Providers remain responsible for compliance with all applicable billing and reimbursement requirements.
- The program is generally expected to remain available for up to one year following product launch unless modified, suspended, or terminated earlier by Valorum.

Product Replacement Request

Location Name: _____

Customer Contact: _____ **Phone:** _____

Email: _____ **Fax:** _____

Shipping Address: _____

City: _____ **State:** _____ **ZIP:**_____

Patient Name: _____

Practitioner Name: _____ **NPI:** _____

Product: Qty Requested: _____ **NDC Number(s):** _____

PROVIDER ATTESTATION

I certify that the information provided is complete and accurate and that this request meets the eligibility requirements of the ValorumPRO Commitment Program.

I understand that any replacement product provided through this program will not be billed to, reimbursed by, or otherwise charged to any federal or state healthcare program, commercial payer, patient, or other third party.

I certify that participation in this program was not considered in the selection, prescribing, administration, utilization, or purchasing of the product, and that the product was selected solely based on independent clinical judgment and patient need.

Authorized Representative: _____

Title: _____ **Date:** _____

Signature: _____

Fax completed form, Original Claim EOB/RA, and documentation of claim correction, resubmission, appeal, and/or redetermination efforts to the contact information above.