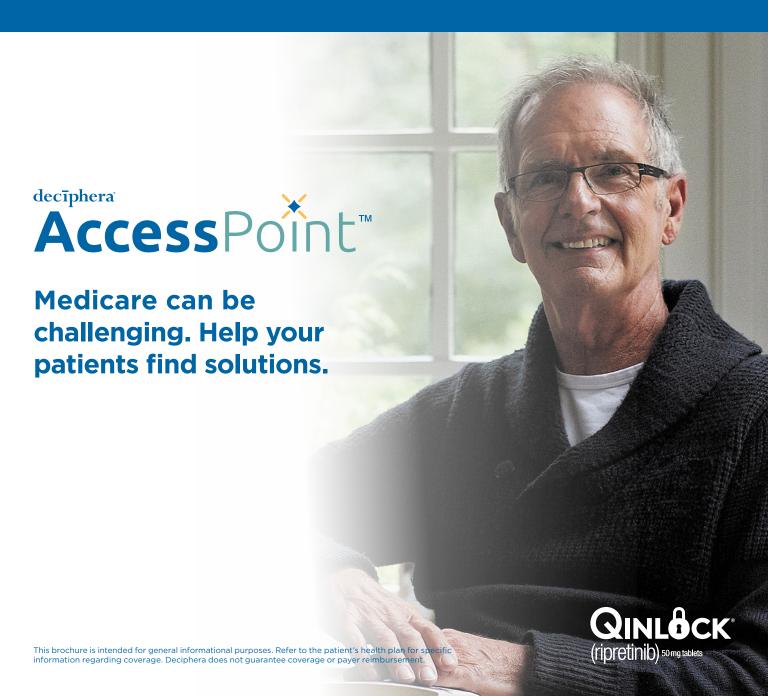
HCP MEDICARE QUICK GUIDE



NAVIGATING MEDICARE CAN BE COMPLEX



YOU CAN HELP SIMPLIFY THE PROCESS—STARTING WITH THE BASICS



To be eligible for Medicare, patients must meet one or more of the following criteria2:

- Aged 65 or older
- Under age 65 with disabilities
- · Any age with end-stage renal disease

MEDICARE COVERAGE IS DIVIDED INTO PARTS A THROUGH D3



Part A: Hospital insurance

Covers inpatient care, skilled nursing facilities, hospice care, and home healthcare



Part B: Medical insurance

Covers services from doctors and other healthcare providers, drugs administered in-office, outpatient care, home healthcare, durable medical equipment, and many preventive services



Part C: Medicare Advantage

Run by private payers, replaces Parts A, B, and often D



Part D: Prescription Drug Plans (PDPs)

Run by private payers, covers prescription drugs

Medigap or supplemental insurance can be purchased from private insurance companies to cover services that Original Medicare doesn't cover, including deductibles, coinsurance, and copays.



MANY OF YOUR PATIENTS MAY HAVE MEDICARE.

CALL DECIPHERA ACCESSPOINT™ FOR ADDITIONAL INFORMATION

OR ASSISTANCE FOR YOUR QINLOCK® (ripretinib) PATIENTS

2025 MEDICARE PART D BENEFIT DESIGN

\$2,000 CAP ON OUT-OF-POCKET (OOP) COSTS MAKES PRESCRIPTIONS MORE AFFORDABLE FOR PATIENTS⁴

The Medicare Part D benefit design is made up of 3 phases of coverage: 1) Annual Deductible; 2) Initial Coverage; 3) Catastrophic Coverage.^{5,6}

Phase 1: Annual Deductible

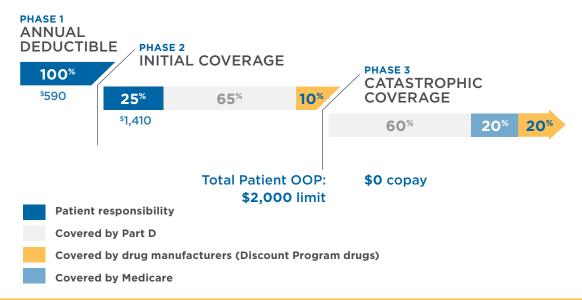
The Annual Deductible for 2025 is \$590. Patients are responsible for 100% of this cost.⁷

Phase 2: Initial Coverage

After that, patients pay 25% of retail drug costs until they have spent **\$2,000** on drugs. At this point, they have reached their **Out-of-Pocket (OOP) Threshold**. Through 2024, this phase was followed by a Coverage Gap phase, which has been eliminated entirely beginning in 2025.⁶⁻⁸

Phase 3: Catastrophic Coverage NEW IN 2025

Once total OOP spending has reached **\$2,000**, patients move into Catastrophic Coverage. During this phase, plans typically pay 60% of Part D drug costs. Medicare pays the remaining 40%, except for drugs covered by the new Manufacturer Discount Program, in which Medicare pays 20% and manufacturers provide a 20% discount. **Patients pay 0%.**⁸



WITH MEDICARE'S NEW PRESCRIPTION PAYMENT PLAN, PATIENTS CAN PAY THEIR OOP PRESCRIPTION EXPENSES IN MONTHLY PAYMENTS INSTEAD OF AT THE POINT OF SALE®

Refer to the following pages for financial assistance options, or call **Deciphera AccessPoint™** to see if your QINLOCK® (ripretinib) patients are eligible for funding from foundations or other organizations.

LOW-INCOME SUBSIDY (LIS)

OR "EXTRA HELP"



LIS, also known as "Extra Help," is an extra benefit for patients with low income and limited resources. It can help them get assistance with monthly premiums, annual deductibles, and prescription copays related to their Part D expenses.¹⁰

2025 LIS ELIGIBILITY CRITERIA

Eligibility (determined by state)¹⁰⁻¹²

- Medicare AND
 - Medicaid (dual eligible), or
 - Medicare Savings Program, or
 - Supplemental Security Income (SSI)
- Income levels: at or below 150% of the Federal Poverty Level (FPL*)
- Resource limits†:
 Individual: \$17,220
 Couple: \$34,360

Benefits¹¹

- Premium: 100% covered
- Deductible: \$0
- Copay for brand name drugs: no more than \$11.20¹³

ABOUT 26% OF MEDICARE PART D PATIENTS ARE ENROLLED IN LIS¹⁴



HOW PATIENTS CAN APPLY FOR LIS:



Call Social Security (800) 772-1213
TTY: (800) 325-0778



socialsecurity.gov/extrahelp



Visit their local Social Security office

For more information about LIS and Medicare, visit Medicare.gov.

^{*}The Federal Poverty Level is an income measure that changes every year. It is used to figure out if people qualify for LIS. It also depends on household size.

†Resources refer to the value of patient assets. Some examples are real estate (other than the patient's primary residence), bank accounts including

[†]Resources refer to the value of patient assets. Some examples are: real estate (other than the patient's primary residence), bank accounts including checking, savings and certificates of deposit, stocks, bonds (including US savings bonds), mutual funds, retirement accounts, and cash.

INFLATION REDUCTION ACT (IRA) STRENGTHENS FINANCIAL PROTECTION FOR PART D BENEFICIARIES⁴

2025 PART D REDESIGN PROGRAM

The IRA establishes the following, designed to make medicines more affordable and reduce OOP costs for Medicare patients.^{13,15}



OOP spending cap

• Starting in 2025, the Act introduces a cap on OOP costs at \$2,000. Once this threshold is reached, patients pay \$0 OOP for their prescriptions.¹⁵



Expanded eligibility for LIS

 Partial assistance LIS has been eliminated and replaced with full subsidy in 2024, making full assistance available to ~300,000 more enrollees.^{13,16}



Smoothing option to pay OOP costs in monthly installments

• Starting in 2025, Medicare introduces the Medicare Prescription Payment Plan, enabling patients to pay OOP costs more evenly throughout the year.^{9,17}

MEDICARE PRESCRIPTION PAYMENT PLAN^{17,18}

Part D plans must offer enrollees the option to pay OOP drug costs in capped monthly payments, instead of all at once at the pharmacy.

- Program participants pay \$0 at the pharmacy for covered Part D drugs.
- Part D plans bill participants monthly for any cost sharing incurred.
- Part D plans pay the pharmacies at the point of sale.
- Program goes into effect January 1, 2025.
 - Enrollees may opt in prior to the beginning of a plan year or in any month during a plan year.
 - Plans must process requests received before the plan year begins within 10 calendar days.
 - Requests received during the plan year must be processed within 24 hours.
- Participation is voluntary; beneficiaries can opt in through their plan by phone, online, or written request form.



MEDICARE OPEN ENROLLMENT The annual plan election period runs from October 15 through December 7 each year. During this annual window, Medicare

plan enrollees can reevaluate their coverage and make changes or purchase new policies if they wish.

- Patients may opt into the Medicare Prescription Payment Plan (also known as "smoothing") during open enrollment or at any time after the start of the plan year.¹⁷
- Enrollment is easy—patients can contact their Part D plan by phone or visit the plan's website.18
- Patients pay \$0 copay at the pharmacy and their plan bills them monthly.17

Patients may

- switch from Original Medicare to a Medicare Advantage plan or vice versa¹⁹
- switch from one Medicare Advantage plan to another¹⁹
- switch from one Medicare Part D PDP to another, or enroll in a Part D PDP if not previously enrolled²⁰

Urge patients to call Medicare with a list of their prescription medications to ensure their current plan provides the best coverage for their daily medications.

Patients can call 1-800-MEDICARE (1-800-633-4227) or log into their secure Medicare account at https://www.medicare.gov/account/login/.



HELP YOUR MEDICARE PATIENTS FIND ADDITIONAL FINANCIAL SUPPORT



For Medicare patients who aren't eligible for LIS, there are a number of other resources available to help them afford QINLOCK® (ripretinib).

DECIPHERA ACCESSPOINT™

Medicare patients may be eligible to receive assistance from Deciphera or funding from independent foundations or other organizations. Contact our dedicated Case Managers and we'll help connect you:



OTHER RESOURCES FOR FINANCIAL SUPPORT

NOTE: The list below is not exhaustive. Deciphera is not affiliated with these organizations, does not endorse any particular service or group, and is not responsible for the content on their websites or any services or resources they may provide.

Accessia Health (formerly Patient Services Inc.)

A non-profit 501(c)(3) organization that provides programs and services to those living with rare or chronic health conditions.

• Go to accessiahealth.org for more information.

State Health Insurance Assistance Programs (SHIPs)

This national network of programs provides local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.

• Go to **shiptacenter.org** for more information.

Life Raft Group

This organization can connect patients with support options, from help with copays to travel assistance and lodging.

• Go to **liferaftgroup.org** for more information.

ENROLL YOUR MEDICARE PATIENTS IN DECIPHERA ACCESSPOINT™

TO GET THEM STARTED RIGHT AWAY



TIME MATTERS. WE MAY BE ABLE TO HELP WITH YOUR MEDICARE PATIENTS' ACCESS ISSUES



Fax a completed enrollment form to 1-833-DCPH-FAX Be sure to include:

- × Prescription
- × Prescriber signatures
- **×** Patient signatures
- Recommended:
 A request for a temporary 10-day supply of free medication, dispensed in case the patient faces

an insurance delay or interruption

The enrollment form is available in your Deciphera AccessPoint Office Toolkit or visit DAPEnroll.com



Deciphera AccessPoint assesses coverage and helps identify financial assistance options.



Specialty pharmacy delivers the prescription directly to your patients, or eligible offices may dispense via an in-office pharmacy.

To get started:

Fax the enrollment form to 1-833-DCPH-FAX (1-833-327-4329). Call our dedicated Case Managers at 1-833-4DACCES (1-833-432-2237) Monday-Friday 8AM-8PM ET.

Or email info@decipheraaccesspoint.com to schedule a call back.

QUESTIONS ABOUT 2025
MEDICARE BENEFITS? CONTACT
DECIPHERA ACCESSPOINT

References: 1. Centers for Medicare & Medicaid Services. CMS FY 2025 justification of estimates for appropriations committees. Accessed August 20, 2024. https://www.cms.gov/fleiles/document/fs/2025-cms-congressional-justification-estimates-appropriations-committees.pdf 2. Centers for Medicare & Medicaid Services. Original Medicare (Part A and Byeligibility and enrollment. Accessed August 20, 2024. https://www.cms.gov/Medicare/Eligibility-and-Enrollment/OrigMedicarePartABEligEnrol 3. Medicare & You The Official U.S. Government Medicare Handbook. 2024. Accessed August 20, 2024. https://www.ms.gov/pubs/pdf/10050-medicare-and-you.pdf 4. United States Department of Health and Human Services. Inflation Reduction Act of 2022. Accessed August 20, 2024. https://www.ms.gov/plasion-reduction-act/index.html 5. Centers for Medicare & Medicaid Services. References: Prescription Drug Manual. Chapter 5. Benefits and Beneficiary Protections. Accessed August 20, 2024. https://www.cms.gov/newsroom/fact-sheets/final-cy-2025-part-d-redesign-program-instructions-fact-sheet 7. Centers for Medicare & Medicaid Services. Advance notice of methodological changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) capitation rates and Part C and Part D payment policies. Accessed August 20, 2024. https://www.cms.gov/newsroom/fact-sheets/final-cy-2025-part-d-redesign-program-instructions-fact-sheet 7. Centers for Medicare & Medicaid Services. Advance notice of methodological changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) capitation rates and Part C and Part D payment policies. Accessed August 20, 2024. https://www.cms.gov/newsroom/fact-sheets/final-cy-2025-part-d-redesign-program-instructions-fact-sheet 7. Centers for Medicare Part D-instructions-fact-sheets/final-cy-2025. Accessed August 20, 2024. https://www.fforg/medicare/rissue-brief/what-to-know-about-medicare-part-d-premiums/ 9. Doshi JA, Niles A. Smoothing Medicare Part D out-of-pocket costs under the Inflation Reduction Act. Health Affairs Forefront. Published F