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|  | The **YourBlueprint Co-Pay Assistance Program** helps eligible, commercially insured patients reduce their out-of-pocket costs (co-pay, co-insurance, or deductible) to as little as $0, up to an annual maximum benefit of $25,000. Program is available regardless of income. Additional information is available below. |

**enrollment:**

To determine patient eligibility and enroll your patient, complete the eligibility questions using the following URL: <https://portal.trialcard.com/yourblueprint/specialty-pharmacy/eligibility>

**Co-pay card processing:**

In order for your pharmacy to obtain reimbursement for the co-pay assistance program, you will need to ensure your pharmacy is contracted with the copay claim processor, SS&C Pharmacy Solutions (formerly DST Pharmacy Solutions/Argus).

1. If your pharmacy is already contracted with SS&C Pharmacy Solutions (SS&C), there is **no further** action, and you can begin submitting claims for the YourBlueprint co-pay card. SS&C is in network with 83% of pharmacies.

* To inquire if your pharmacy is already contracted with SS&C, contact their helpdesk at 1-800-522-7487, prompt 2.

1. If your pharmacy is not contracted with SS&C, the contracting steps are as follows:

* Request to join the SS&C network by either:
  + Calling 1-800-522-7487; or
  + Emailing [pcontracts2@dsthealth.com](mailto:pcontracts2@dsthealth.com)
* Complete a pre-contract. The pre-contract is a 12-page document that provides SS&C information about the pharmacy and its licensing. Your pharmacy will need to provide the following:
  + Completed Pharmacy Credentialing Document
  + Contract completed and signed by authorized official
  + Current Copy of State License
  + Current copy of Tax Identification from IRS or a completed W-9
  + Current copy of DEA License
  + Current copy of Medicaid License (if applicable)
  + Current copy of Certificate of Insurance (COI) Note: Each Occurrence needs to be $1,000,000 and General Aggregate needs to be $3,000,000. If the amounts are not as follows, an umbrella policy will be required to meet the required amounts.
* Once the pre-contract and supporting documentation are submitted, SS&C will verify the qualifications of the pharmacy and send out a network contract.
  + SS&C typically turns these requests around in 1-3 business days.
  + The SS&C network contract is a 60-page document.
* Once SS&C receives a signed contract, the pharmacy will be added to the network within 24 hours.

**support:**

* Having difficulty accessing the enrollment website using the URL above?
  + Contact YourBlueprint for assistance: **1-888-BLUPRNT**([1-888-258-7768](tel:1-888-258-7768)),Monday-Friday, 8 AM-8 PM Eastern Time (ET).
* Need assistance processing a claim?
  + Contact TrialCard Pharmacy Helpdesk: **855-426-1098**

**TERMS AND CONDITIONS:** The value of this program is exclusively for the benefit of enrolled patients and is intended to be credited toward patient out-of-pocket obligations, including applicable co-payments, co-insurance, and deductibles. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the program. Program is not valid where prohibited by law. Valid only in the United States and U.S. Territories. This program is not health insurance. This program may not be combined with any third-party rebate, coupon, or offer. Offer not valid if the patient is enrolled in any governmental program, such as patients enrolled in Medicare Part D and patients whose prescription is paid for by Medicare, Medicaid, Medigap, CHAMPUS, Department of Defense (DoD), TRICARE, Veterans Affairs (VA), Children’s Health Insurance Program (CHIP), the Indian Health Service, or a state pharmaceutical assistance program. Blueprint Medicines reserves the right to rescind, revoke, or amend the program and discontinue support at any time without notice. Offer is not valid if the patient is uninsured or paying cash for the prescription. If you have any questions, please contact customer support at 1-888-BLUPRNT (1-888-258-7768).