

Get started with **ACCESS4ME®**

**Patient Access and
Reimbursement Support**



The ACCESS4Me® team is available to provide information and assistance to support your eligible patients throughout the access process. Our team of Reimbursement Specialists are available in person, online, or by phone.



Help is just a call or click away!



Communicate directly with an assigned Spectrum Pharmaceuticals Field Reimbursement Manager or Reimbursement Specialist at **866-582-2737 (866-58-CARES)**
8:00 AM to 8:00 PM (ET), Monday - Friday



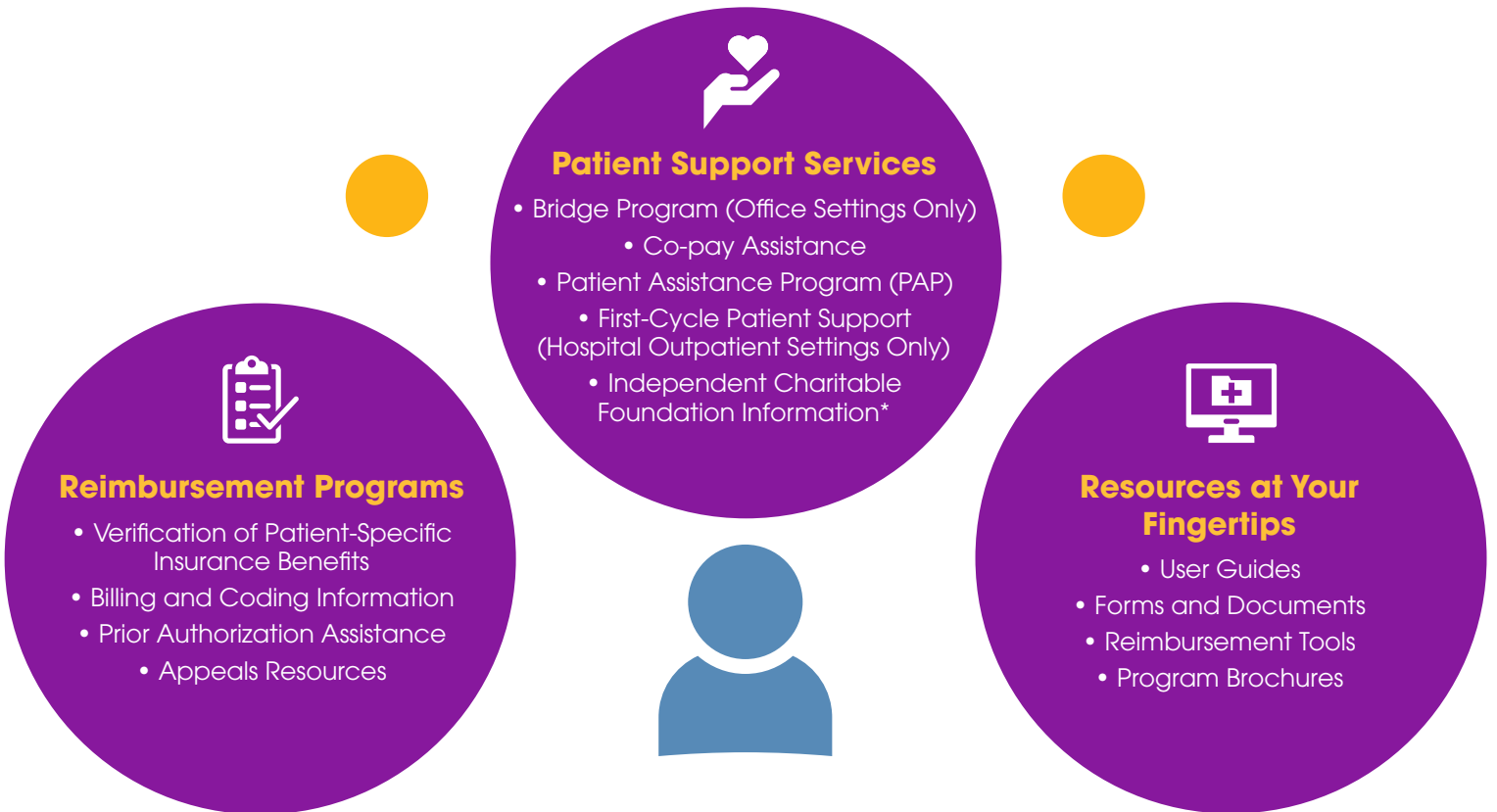
Visit **ACCESS4Me.com** for online enrollment and access to tools, forms, and resources



ROLVEDON®
(eflapegrastim-xnst) injection
13.2 mg/0.6 mL

SUPPORTING PATIENT ACCESS

Your ACCESS4Me® team has over (40) years of collective experience. We look forward to being a trusted resource through the access process.




*Independent foundations have their own eligibility rules and requirements. We do not endorse nor prefer any particular foundation.



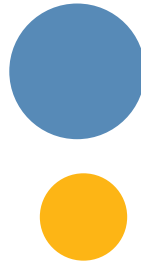
ACCESS4Me Provider Portal

The online portal is a fast, secure, and convenient way to enroll your patients and receive real-time information on insurance approval and patient status.

 SPECTRUM
ACCESS4ME®

 **ROLVEDON®**
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13.2 mg/0.6 mL

REIMBURSEMENT PROGRAMS



Our team works with you to provide information on billing, coding, payor policies, and coverage requirements. Reimbursement support programs include:

- **Benefits Investigation**

- Patient-specific insurance benefit verification with detailed results within 48 hours (2 business days)*

- **Prior Authorization (PA) Assistance**

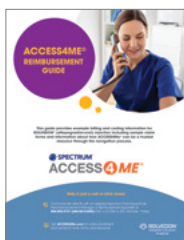
- Help obtaining PA forms and understanding payor requirements. We will also track the PA and provide updates, information, and resources for the appeals process, if necessary

- **Billing and Coding Information**

- Address any questions up front prior to submitting a claim. Information on coverage, product codes, and reimbursement†

- **Appeals Information and Resources**

- Information and resources on pursuing levels of appeal as needed



Refer to the ACCESS4Me® Reimbursement Guide for more information, available at [ACCESS4Me.com](https://www.ACCESS4Me.com).

*Dependent upon receipt of a completed and signed enrollment form via fax or provider portal.

†ACCESS4Me cannot guarantee reimbursement or claims adjudication. Please note that it is the sole responsibility of the provider to select proper coding for rendered products or services and to ensure the accuracy of all claims used in seeking reimbursement.

HOW TO COMPLETE THE ROLVEDON® ENROLLMENT FORM

Use the information below as a helpful guide to filling out the enrollment form for any ACCESS4Me® support services. Ensure that you have all information before completing the form.

Select the support requested; multiple programs may apply

Provide patient's personal information

Provide patient's insurance information

Include diagnosis codes

Complete physician's information

A signature is required by both the patient and the prescriber; be sure to obtain both signatures prior to submitting to ACCESS4Me

The ACCESS4Me provider portal is a fast, secure, and convenient way to enroll your patients and receive real-time information on insurance approval and patient status.

You can also enroll by faxing the enrollment form to 833-281-7416. Visit [ACCESS4Me.com](https://www.access4me.com) for more information.

SPECTRUM ACCESS4Me Phone: 1-866-942-2737 (866-88-CARES) Fax: 1-833-281-7416 www.ACCESS4Me.com **ROLVEDON** (eflapragrastim-xnst) injection

Enrollment Form for ROLVEDON®

Please complete each section in its entirety. When complete, fax all pages to 833-281-7416. For electronic submission, visit www.ACCESS4Me.com. Please note: Patient and provider signatures are required for processing.

Support Requested (check all that apply):

- Benefits Verification
- Copy Assistance for Commercially Insured Patients
- Prior Authorization Support
- Patient Assistance (PAP)
- Claims & Appeals Support
- Independent Charitable Foundation Information

Bridge Program (Office Settings Only) First Cycle Patient Support Program (Hospital Outpatient Settings Only)

Check the corresponding box if you would like ACCESS4Me® to determine your patient's eligibility for the Bridge program or First Cycle Patient Support Program for patients with ROLVEDON®. Eligibility is subject to all terms and conditions of ACCESS4Me and the Bridge Program or First Cycle Patient Support Program. Please see ACCESS4Me.com for complete information including limitations and availability. Product received through the Bridge Program or First Cycle Patient Support Program may not be submitted for reimbursement to any patient or third-party payer. Participation in the Bridge Program or First Cycle Patient Support Program does not impose any obligation on the patient or the provider to continue on ROLVEDON, or to order purchase or prescribe any Spectrum product. We reserve the right to modify or terminate the program without notice at any time.

Patient Information

Is this patient? Yes No Gender M F Expected Treatment Date

Last Name First Name Date of Birth

Street City State Zip Code

Home Phone Mobile Phone Hospital/Incar

Alternate Contact (Patient grants this individual permission to speak with ACCESS4Me on their behalf)

Name Phone Relation to Patient

Patient Authorization and Certification

I have read and agree to the Authorization to Disclose Health Information on page 3. I have read and agree to the ACCESS4Me Certification on page 3.

Patient Signature Required Date Patient Signature Required Date

Patient Insurance Information

Please attach a copy of both sides of the patient's insurance (card), if available, please complete the information below.

Primary Insurance Secondary Insurance

Policy ID Group ID Policy ID Group ID

Subscriber Name Subscriber Name

Pharmacy Insurance Name Phone

Policy ID Group ID

SPECTRUM ACCESS4Me **ROLVEDON** (eflapragrastim-xnst) injection

Clinical Information

Primary Diagnosis ICD-10 Code Secondary Diagnosis ICD-10 Code

Prescriber Information

Prescriber Name DEA Number

NPI Number State License Number TAX ID Number

Facility Name

Site of Service Home/Outpatient Physician Office Free-standing Infusion Center

Street City State Zip Code

Office Contact Name Contact Title/Role

Contact Phone Contact Fax Contact Email

Prescriber Attestation

I, undersigned, attest that the information in this form is complete and accurate to the best of my knowledge. I understand and I agree to comply with the requirements stated below and as provided by the ACCESS4Me Program, also available at website.

Medical Authorization

I warrant that I have obtained a written authorization from my patient permitting me to use and disclose my patient's protected health information, including insurance and financial information, to Spectrum Pharmaceuticals, Inc., its affiliates, agents, and service providers, respectively, for the purpose of providing patient support programs, copy assistance and/or reimbursement in support of the patient's treatment with ROLVEDON. I warrant that the above authorization contains all applicable law.

I further attest that:

- I warrant that my patient's facility, website or web portal does not provide any ROLVEDON product through ACCESS4Me from the patient or any third-party payer or insurer (including local health care programs).
- My patient provides to patients through ACCESS4Me to make an exchange or order for directly or indirectly my recommended, prescription or use of ROLVEDON or any other Spectrum product or I do my best to provide the above therapy was based solely on my determination of medical necessity. I understand that Spectrum may charge a fee to receive the ACCESS4Me program or other program.
- I understand that the completion and submission of this coverage or reimbursement related information, use the responsibility of the patient and healthcare provider. This form does not constitute evidence for the health care provider or health care provider office/clinic/health.
- I understand that Spectrum makes no representation or guarantee concerning coverage or reimbursement for any drug or service.
- I understand that information concerning program participation may be submitted for multiple programs and patients to Spectrum and/or the program only for use in an aggregate, non-identifiable form.
- I am authorized pursuant to the terms of my state to prescribe and administer ROLVEDON. I warrant that my communications related to the program via telephone, email or in person.
- Any ROLVEDON that is provided through the enrollment application or behalf of the patient (where applicable) will be for the replacement of ROLVEDON that was administered or the patient certifies in this application.

Patient Assistance Program

I understand that I am not eligible for ACCESS4Me if a patient's financial, insurance or other circumstances have changed that might affect their eligibility for the PAP program. I also attest that my practice, facility, or institution is not a legal obligator under federal, state, or local law or regulation to treat the patient, and has not and will not be necessary a patient for services that include the provision of ROLVEDON.

Bridge Program and First Cycle Patient Support Program

I understand that a patient's participation in the Bridge Program or First Cycle Patient Support Program does not impose any financial obligation on the patient to use, order, prescribe or purchase ROLVEDON or any other Spectrum product or service. I understand that for the Bridge Program patients are eligible for multiple doses of ROLVEDON while the First Cycle Patient Support Program patients are limited to single dose of ROLVEDON per patient per device, and attest that to the best of my knowledge, the patient has not previously used ROLVEDON.

Commercial Copy Assistance Program

By submitting a request to the ROLVEDON Commercial Copy Assistance Program, I attest that the patient is not insured by a federal health care program (see Medicare, Medicaid, TRICARE, or the VA) and that I will not be submitting a ROLVEDON claim for the patient to any federal health care program.

Prescriber Signature Required Date

Page 2 of 3



SUMMARY OF INSURANCE BENEFITS AND ELIGIBLE SUPPORT PROGRAMS

A benefits verification is an effective way to determine how ROLVEDON® will be covered. Here is a sample Summary of Benefits Form.

Patient's personal information

Information about patient's insurance policy

Patient's primary diagnosis

Summary of major medical coverage including PA, copays, and appropriate billing codes

Summary of pharmacy benefit including PA, copays, and deductibles

Available financial assistance programs for this patient

SUMMARY OF BENEFITS FORM
ROLVEDON® (eflapegastim) Injection (13.2 mg/0.6 mL prefilled syringe)

<p>Patient Name: Ella Cinder Payer Name: Blue Cross Blue Shield Plan Name: Blue PPO Policy Number: RJP47228472 Policy Level: Primary Policy End Date: 01/01/2021 Payer Contact: Tiffany W Verified for Primary Diagnosis: D70.9 Neutropenia, unspecified</p>	<p>Date of Birth: 09/12/1984 Patient Record ID: 00147201 Plan Type: PPO Group Number: 365 Policy Effective Date: 01/01/2020 Payer Phone: 866-222-3333 Self-Funded: Fully</p>
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Major Medical	Coverage for Rolvedon Available? Yes	<p>Prior Authorization Required: Yes</p> <p>Prior Authorization Process: Prior Authorization is required and is currently not on file. Please provide clinical notes, treatment regimen, patient name, and policy number on the request and fax to Medical Review at 866-999-7777. Processing time is 2 business days and notification will be sent via fax.</p> <p>Additional Instructions: Rolvedon is subject to a 10% co-insurance up to a \$2,500 out of pocket max \$900 met. Whether office visit (OV) is billed or not, the patient will be responsible for a \$25 co-pay which will cover admin and the OV. No deductible applies. Co-pays do contribute to the OOP max. Once out of pocket max is met, co-pays will be waived, and coverage increases to 100% of the allowable rate.</p> <p>Use J1449 for Rolvedon. The suggested administration code is 96372. Coverage is based upon medical necessity. Actual reimbursement is based on payer contracts or fee schedule.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">ROLVEDON Billing Code: J1449</td> <td colspan="2">Allowable Amount*: \$3,000</td> </tr> <tr> <td>Deductible (Individual): \$1,400</td> <td>Met: \$900</td> <td>Lifetime Maximum: \$1,000,000</td> <td>Met: \$900</td> </tr> <tr> <td>Deductible (Family): \$1,400</td> <td>Met: \$900</td> <td>Benefit Cap: \$80,000</td> <td>Met: \$900</td> </tr> <tr> <td>Out-of-Pocket Maximum: \$2,500</td> <td>Met: \$900</td> <td colspan="2">Copay for ROLVEDON 10%</td> </tr> <tr> <td colspan="4">Office Visit Copay: \$25.00</td> </tr> </table>	ROLVEDON Billing Code: J1449		Allowable Amount*: \$3,000		Deductible (Individual): \$1,400	Met: \$900	Lifetime Maximum: \$1,000,000	Met: \$900	Deductible (Family): \$1,400	Met: \$900	Benefit Cap: \$80,000	Met: \$900	Out-of-Pocket Maximum: \$2,500	Met: \$900	Copay for ROLVEDON 10%		Office Visit Copay: \$25.00			
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Out-of-Pocket Maximum: \$2,500	Met: \$900	Copay for ROLVEDON 10%																				
Office Visit Copay: \$25.00																						
Pharmacy Benefit	Coverage for Rolvedon Available? Yes	<p>Prior Authorization Required: Yes</p> <p>Prior Authorization Process: Prior Authorization is required and is currently not on file. To initiate the approval process, contact the CVS/Caremark Medical Review department at 866-321-0321 and provide clinical notes, treatment regimen, patient name, and policy number. Processing time is 4 days. Notification method is by phone.</p> <p>Additional Instructions: Rolvedon is covered through CVS/Caremark pharmacy. Patient will be responsible for a \$250 copay for specialty pharmacy mail order benefits.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Deductible (Individual): \$200</td> <td>Met: \$200</td> <td>Pharmacy Cap: N/A</td> <td>Met: \$0</td> </tr> <tr> <td>Deductible (Family): \$400</td> <td>Met: \$200</td> <td>Benefit Cap: N/A</td> <td>Met: \$0</td> </tr> <tr> <td colspan="4">Out-of-Pocket Maximum: \$1500</td> </tr> <tr> <td colspan="4">Copay for ROLVEDON : \$250</td> </tr> </table>	Deductible (Individual): \$200	Met: \$200	Pharmacy Cap: N/A	Met: \$0	Deductible (Family): \$400	Met: \$200	Benefit Cap: N/A	Met: \$0	Out-of-Pocket Maximum: \$1500				Copay for ROLVEDON : \$250							
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Out-of-Pocket Maximum: \$1500																						
Copay for ROLVEDON : \$250																						

Summary of Benefits Completed on 09/14/2022 by Dameon Mills.

* Reimbursement amount will be determined by provider/facility specific contract with the insurance carrier

- This patient has qualified for the ROLVEDON Copay Assistance Program. Instructions to follow.
- This patient may be eligible for Foundation support and/or the ROLVEDON Patient Assistance Program. Contact Contact ACCESS4ME™ at 1-866-58-CARES (1-866-582-2737) or visit www.Access4Me.com for more information.

If you have any questions about this Summary of Benefits for ROLVEDON, please call ACCESS4ME™ at 1-866-582-2737, Monday through Friday, 8am to 8pm, Eastern Time.

ACCESS4ME® OFFERS SUPPORT FOR ELIGIBLE PATIENTS

Our Dedicated Reimbursement Specialists Will Determine Patient Eligibility and Help Investigate Options.

- **Bridge Program (Office Settings Only)**

- Eligible new patients with commercial insurance can receive ROLVEDON® free of charge

- **ROLVEDON Commercial Copay Assistance Program**

- \$0 out-of-pocket cost for eligible patients with commercial insurance

- **ROLVEDON Patient Assistance Program**

- Patients who are uninsured or underinsured may be eligible to receive ROLVEDON at no cost

- **First-Cycle Patient Support (Hospital Outpatient Settings only)**

- Eligible new patients can receive their first dose of ROLVEDON free of charge, regardless of insurance coverage

- **Alternate Funding Information**

- ACCESS4Me® can provide information about financial assistance from independent charitable foundations*



Help is just a call or click away!



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Visit **ACCESS4Me.com** for online enrollment and access to tools, forms, and resources



Open your camera app and point it here to visit our website.



*Independent foundations have their own eligibility rules and we cannot guarantee a foundation will help you. We do not endorse or prefer any particular foundation.