

ROLVEDON[®]

FIRST-CYCLE PATIENT SUPPORT (HOSPITAL OUTPATIENT SETTINGS ONLY)

New Patients Can Receive Their First Dose of ROLVEDON Free of Charge

No income requirement, regardless of insurance coverage*.

- Limited to ONE dose per patient
- Patient must be new to ROLVEDON[®]
- Patient must be a US resident with a legal US mailing address
- Patient’s diagnosis is consistent with the FDA-approved indication for ROLVEDON
- Patient is enrolled in ACCESS4Me Patient Support Program
- ROLVEDON is administered in hospital outpatient settings only

Product Replacement

Designed so you can utilize product on hand without waiting for patient-specific shipments

- Select “First-Cycle Patient Support” when enrolling the patient in ACCESS4Me™
- Enrollment form must be received prior to the date of injection
- ACCESS4Me will conduct a benefits investigation, communicate the results to your office, and confirm eligibility for the patient’s free trial
- Once approved, simply utilize ROLVEDON from your existing supply and submit for a free replacement unit (additional form required)
- Replacement product is shipped directly to the facility address where the product was administered
- Product replacement requests need to be submitted by end of month after treatment

SPECTRUM ACCESS4ME™ Phone: 1-866-662-3337 (866-662-3337) Fax: 866-281-1414 www.ACCESS4Me.com

Product Replacement Form

Please use this form to request ROLVEDON[®] (eflapegrastim-xnst) injection replacement syringes for patients approved for the ACCESS4Me[™] Single Program (SP) (Office Settings Only), First-Cycle Patient Support Program (FCPS) (Hospital Outpatient Settings Only) or the Patient Assistance Program (PAP).

For complete program terms and conditions, please visit www.ACCESS4Me.com. Product replacement is subject to eligibility and only available after product has been administered.

Complete, sign, and fax both pages to ACCESS4Me at 1-866-281-1414.

Prescriber Information

Last Name: _____ First Name: _____
 Title: _____ State: _____
 Facility Name: _____ Facility Tax ID #: _____
 Shipping Address: _____
 City: _____ State: _____ Zip Code: _____
 Office Contact Name: _____ Contact Title/Role: _____
 Contact Phone Number: _____ Contact Fax Number: _____

Patient Information

Patient Name	Date of Birth	Medication Administered	Doses Administered	Product Replaced (Check box)
		ROLVEDON (eflapegrastim-xnst) injection	12 BP 12 F019 12 NP	<input type="checkbox"/>
		ROLVEDON (eflapegrastim-xnst) injection	12 BP 12 F019 12 NP	<input type="checkbox"/>
		ROLVEDON (eflapegrastim-xnst) injection	12 BP 12 F019 12 NP	<input type="checkbox"/>
		ROLVEDON (eflapegrastim-xnst) injection	12 BP 12 F019 12 NP	<input type="checkbox"/>
		ROLVEDON (eflapegrastim-xnst) injection	12 BP 12 F019 12 NP	<input type="checkbox"/>

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

SPECTRUM

*Eligibility subject to all terms and conditions of ACCESS4Me and the First-Cycle Patient Support program. Please visit ACCESS4Me.com for complete terms and conditions including limitations and availability.

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



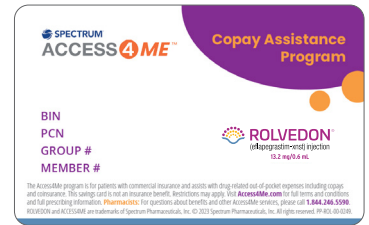
Open your camera app and point it here to visit our website



ACCESS4ME™ OFFERS SUPPORT FOR ELIGIBLE PATIENTS

Our dedicated Reimbursement Specialists will determine patient eligibility and help investigate options

- **First-Cycle Patient Support Program (Hospital Outpatient Settings Only)**
 - Eligible new patients can receive their first dose of ROLVEDON® free of charge
- **Bridge Program (Office Settings Only)**
 - Eligible new patients can receive their first dose of 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
- **Independent Charitable Foundation Information**
 - ACCESS4Me™ can provide information about financial assistance from independent charitable foundations*



* Independent foundations have their own eligibility rules and we cannot guarantee a foundation will provide assistance. Spectrum Pharmaceuticals does not endorse nor prefer any particular foundation.

Utilization limits apply. Contact ACCESS4Me or your Field Reimbursement Manager for complete terms and conditions or visit ACCESS4Me.com.

Help is just a call or click away!

 Communicate directly with a Field Reimbursement Manager or Reimbursement Specialist at
866-582-2737 (866-58-CARES)
Monday—Friday | 8:00 AM—8:00 PM ET

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


ACCESS4ME™



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


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

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PHARMACEUTICALS