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.

Patient Support Services

- Bridge Program (Office Settings Only)
- Co-pay Assistance
- Patient Assistance Program (PAP)
- First-Cycle Patient Support (Hospital Outpatient Settings Only)
- Independent Charitable Foundation Information*

Reimbursement Programs

- Verification of Patient-Specific Insurance Benefits
- Billing and Coding Information
- Prior Authorization Assistance
- Appeals Resources

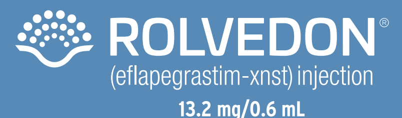
Resources at Your Fingertips

- User Guides
- Forms and Documents
- Reimbursement Tools
- Program Brochures

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

ACCESS4Me Provider Portal

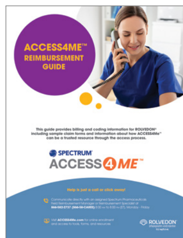
The online portal is a fast, secure, and convenient way to enroll your patients and receive real-time information on insurance approval and patient status.



REIMBURSEMENT PROGRAMS

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

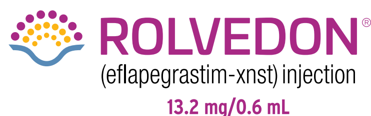
- **Benefits Investigation**
  – Patient-specific insurance benefit verification with detailed results within 48 hours (2 business days)*
- **Prior Authorization (PA) Assistance**
  – Help obtaining PA forms and understanding payor requirements. We will also track the PA and provide updates, information, 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**.

*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** for more information.

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® (eflapegrastim) Injection (13.2 mg/0.6 mL prefilled syringe)

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

Date of Birth: 09/12/1984

Patient Record ID: 00147201
Plan Type: PP0
Group Number: 365
Policy Effective Date: 01/01/2020
Payer Phone: 866-222-3333
Self-Funded: Fully

Major Medical	**Coverage for Rolvedon Available? Yes**	**Prior Authorization Required:** Yes	**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.
		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. 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.	
		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	

Pharmacy Benefit	**Coverage for Rolvedon Available? Yes**	**Prior Authorization Required:** Yes	**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.
		Additional Instructions: Rolvedon is covered through CVS/Caremark pharmacy. Patient will be responsible for a $250 copay for specialty pharmacy mail order benefits.	
		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 **Met**:$200	**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.

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(eflapegrastim-xnst) injection
13.2 mg/0.6 mL

SPECTRUM®
ACCESS 4 ME™

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 can receive their first dose of ROLVEDON® free of charge, regardless of insurance coverage
- **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*

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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.

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