

ACCESS4ME™ Patient Support & Financial Assistance Programs

A Patient's Guide to Accessing ROLVEDON®



ACCESS4Me™ Offers Support Programs to Help Eligible Patients Access ROLVEDON®

 **SPECTRUM**
ACCESS4ME™

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

ACCESS4Me™ OFFERS A COMPREHENSIVE LIST OF PROGRAMS*

If you need assistance affording your ROLVEDON® medication, we are here to help.

ACCESS4Me™ has a dedicated team of Reimbursement Specialists readily available to assist you and your healthcare provider.

HOW WE CAN HELP

Are you insured with a commercial plan (not funded through the government)?	ACCESS4Me may be able to help you with some out-of-pocket costs, if you qualify.
Are you insured through a government healthcare program (such as Medicare or Medicare Advantage)?	ACCESS4Me can provide information to independent charitable foundations.
Do you lack insurance coverage for ROLVEDON? Or are you uninsured?	ACCESS4Me may be able to provide you with ROLVEDON free of charge, if you qualify.

**Patients must be enrolled in ACCESS4Me. Patient consent required. Terms and conditions apply. Please contact ACCESS4Me for complete program rules and eligibility requirements.*

1) BRIDGE PROGRAM (Office Settings Only)

No income requirement.

If you are prescribed ROLVEDON® and have not received a ROLVEDON injection previously, you may be eligible to receive your first-cycle dose of ROLVEDON free of charge.

Eligibility subject to all terms and conditions of ACCESS4Me™ and the Bridge program. Contact ACCESS4Me for complete terms and conditions including limitations and availability.

2) ROLVEDON COPAY ASSISTANCE PROGRAM

Ensures \$0 out-of-pocket costs for each ROLVEDON dose. No income requirement.

If you are insured by a commercial insurance plan and your plan does not cover the full cost of ROLVEDON, you may be eligible for assistance towards product-specific copay, coinsurance, and insurance deductibles for your ROLVEDON treatments.

Program covers up to \$15,000 in assistance per year. Patients are responsible for any additional copay costs that exceed the program assistance limit. This Copay Assistance Program is not health insurance. The Copay Assistance Program is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket costs. Cannot be combined with any other rebate/coupon, cash discount card, free trial, or similar offer for the specified prescription. This copay assistance is not redeemable for cash. This copay assistance is not valid for product dispensed by a 340B covered entity that purchased the product at discounted pricing under the 340B drug pricing program. This copay assistance is not valid if the patient's commercial health insurance plan or pharmacy benefit manager uses a copay adjustment program (often termed "maximizer" or "accumulator" program) that restricts any form of copay assistance from being counted toward the patient's cost-sharing limits.

3) ROLVEDON PATIENT ASSISTANCE PROGRAM (PAP)

If you are uninsured or your insurance plan does not offer coverage for ROLVEDON, you may be eligible to receive ROLVEDON at no cost through the Patient Assistance Program.

Eligible patients must have an annual income of <500% of the federal poverty level (FPL) adjusted for family size (eg, \$156,000/year for a family of 4 in 2024). See www.aspe.hhs.gov/poverty-guidelines for US federal poverty guidelines.

4) FIRST-CYCLE PATIENT SUPPORT PROGRAM (Hospital Outpatient Settings Only)

No income requirement.

If you are prescribed ROLVEDON and have not received a ROLVEDON injection previously, you may be eligible to receive your first-cycle dose of ROLVEDON free of charge.

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

5) INDEPENDENT CHARITABLE FOUNDATION INFORMATION (Medicare/Medicare Advantage)

If you are insured by a government insurance plan and need help affording ROLVEDON, ACCESS4Me can provide information on financial support available through independent charitable organizations.

Independent foundations have their own unique eligibility rules and requirements. Spectrum Pharmaceuticals does not endorse nor prefer any particular foundation, and cannot guarantee support will be provided.

HOW TO ENROLL IN ACCESS4ME™ AND FIND OUT IF YOU ARE ELIGIBLE FOR SUPPORT

There are 2 ways to enroll:

Option 1: Through your physician's office

Your healthcare provider can easily complete the ACCESS4Me™ enrollment form on your behalf. Once the enrollment form is received, a Reimbursement Specialist will help investigate options and verify your eligibility. ACCESS4Me will communicate with you and your physician's office to let you know about next steps.

Option 2: By calling ACCESS4Me at 1-866-582-2737 (866-58-CARES)

You can contact ACCESS4Me directly at 1-866-58-CARES, Monday-Friday, 8:00 AM-8:00 PM ET. A Reimbursement Specialist can help answer your questions and begin the enrollment process.

Important:

In order to determine program eligibility, you must sign a patient consent form. Your healthcare provider can provide the form for you to sign in the office, or you can electronically sign the form via email.

If you or your physician's office is in need of the patient consent form, please contact ACCESS4Me at 1-866-582-2737 (866-58-CARES).

