

ROLVEDON[®]

ACCESS4ME[®] BRIDGE PROGRAM

Eligible New Patients With Commercial Insurance Can Receive ROLVEDON[®] Free of Charge

Patient Eligibility*

- Patient must be new to ROLVEDON
- Patient may be eligible for multiple doses of ROLVEDON while Prior Authorization process is pending
- Must have a commercial/private coverage per patient
- Prescribed FDA approved indication
- No income requirement
- Will experience an insurance-related access delay due to a requirement for Prior Authorization approval
- Patient has medical or prescription drug insurance
- Patient must be 18 years of age and reside in the US

Product Replacement

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

- Select "ACCESS4Me Bridge Program" 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

ACCESS4ME[®] Phone: 1-866-602-2717
or (800) 666-2482
Fax: 1-833-261-7416
www.ACCESS4Me.com

Product Replacement Form

Please use this form to request ROLVEDON[®] (eflapegrastim-xnst) injection replacement syringes for patients approved for the ACCESS4Me[®] Bridge Program (BP) or the Patient Assistance Program (PAP).
For complete program terms and conditions, please visit www.ACCESS4Me.com. Product replacement is subject to eligibility and may not be available after product has been administered.
Complete, sign, and fax both pages to ACCESS4Me at 1-833-261-7416.

Provider Information

Last Name: _____ First Name: _____
Title: _____ State License Number: _____
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 Administration	INDICATOR of administration	Product Required (Check one)
		ROLVEDON injection (0.6 mL suspension)		<input type="checkbox"/> BP <input type="checkbox"/> PAP
		ROLVEDON injection (0.6 mL suspension)		<input type="checkbox"/> BP <input type="checkbox"/> PAP
		ROLVEDON injection (0.6 mL suspension)		<input type="checkbox"/> BP <input type="checkbox"/> PAP
		ROLVEDON injection (0.6 mL suspension)		<input type="checkbox"/> BP <input type="checkbox"/> PAP
		ROLVEDON injection (0.6 mL suspension)		<input type="checkbox"/> BP <input type="checkbox"/> PAP

© 2019 Access4Me Patient Assistance Program

ROLVEDON[®]
eflapegrastim-xnst injection

*Eligibility subject to all terms and conditions of ACCESS4Me and the Bridge 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[®]

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

ACCESS4ME[®] OFFERS SUPPORT FOR ELIGIBLE PATIENTS

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

• Bridge Program

— Eligible new patients with commercial insurance can receive ROLVEDON[®] free of charge

• ROLVEDON Commercial Copay Assistance Program

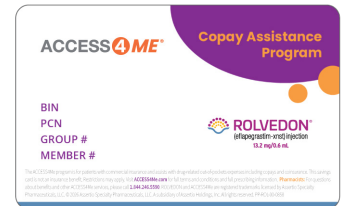
— Pay as little as \$0 out-of-pocket cost for eligible patients with commercial insurance

• 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. Assertio Specialty 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

