

# ROLVEDON®

## ACCESS4ME™ BRIDGE PROGRAM (OFFICE SETTINGS ONLY)

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

No income requirement, regardless of insurance coverage\*.

- Patient must be new to ROLVEDON®
- Limited to ONE free dose per patient
- 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
- ROLVEDON is administered in office settings only

### 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

**Product Replacement Form**

Please use this form to request ROLVEDON® (eflapegrastim-xnst) injection replacement granted for patients approved for the ACCESS4Me™ Bridge Program (BP) (Office Settings Only), First Cycle Patient Support Program (FCPS) (Outpatient Settings Only), or the Patient Assessment Program (PAP).

For complete program terms and conditions, please visit [www.ACCESS4Me.com](http://www.ACCESS4Me.com). Product replacement is subject to eligibility and only available when product has been administered.

Complete, sign, and fax both pages to ACCESS4Me at 1.833.281.7416.

**Prescriber Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Specialty/Location Number: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Facility Structure: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Office Contact Name: \_\_\_\_\_ Contact T-Phone: \_\_\_\_\_  
Contact F-Phone Number: \_\_\_\_\_ Contact F-Number: \_\_\_\_\_

**Patient Information**

Patient Name	Date of Birth	Medication Administered	Date(s) of Administration	Program Requested
		ROLVEDON (eflapegrastim-xnst) injection		Q1 BP Q1 FOP Q1 NP
		ROLVEDON (eflapegrastim-xnst) injection		Q1 BP Q1 FOP Q1 NP
		ROLVEDON (eflapegrastim-xnst) injection		Q1 BP Q1 FOP Q1 NP
		ROLVEDON (eflapegrastim-xnst) injection		Q1 BP Q1 FOP Q1 NP
		ROLVEDON (eflapegrastim-xnst) injection		Q1 BP Q1 FOP Q1 NP

BP Bridge Program, FCPS First Cycle Patient Support Program, PAP Patient Assessment Program

**ROLVEDON** (eflapegrastim-xnst) injection  
**SPECTRUM**

\*Eligibility subject to all terms and conditions of ACCESS4Me and the Bridge program. Please visit [ACCESS4Me.com](http://ACCESS4Me.com) for complete terms and conditions including limitations and availability.

Visit [ACCESS4Me.com](http://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


- **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
- **First-Cycle Patient Support Program (Hospital Outpatient Settings Only)**
  - Eligible new patients can receive their first dose of ROLVEDON free of charge
- **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](https://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](https://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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PP-ROL-00-0544

  
**SPECTRUM®**  
PHARMACEUTICALS