



GETTING STARTED WITH SEROSTIM[®]

Your step-by-step guide to enrolling patients through the Patient AXIS Center

Enroll your patients today to give them access to extensive support services, including:

- Dedicated case manager
- Financial and copay assistance programs[†]
- Virtual injection training^{*}
- Product education and support
- Prior authorization and appeal assistance

ENROLLMENT IS FAST AND EASY!

[†] Subject to program requirements and eligibility criteria. See program requirements for full details.

^{*} An injection-training order is required. If injection training is requested, the patient's provider will be contacted to create the order prior to any training being scheduled. Please note that injection training is virtual only.

P A T I E N T
A X I S
C E N T E R[®]

Within this brochure, you will find instructions and helpful tips for:

- ✓ Enrolling patients in the Patient AXIS Center®
 - ✓ Submitting Prior Authorization requests
 - ✓ Appealing Prior Authorization determinations
-



Contact your Patient AXIS Center® case manager at any point for support and guidance, or if you need help finding the correct forms.

BEFORE YOU GET STARTED:

Preparing Essential Documents

STEP 1:

Information needed to enroll a patient in the Patient Axis Center through CoverMyMeds®
(see details on page 4)

- Insurance information
- Contact information—**it's essential to include an email address**
- Diagnosis and prescription information

STEP 2:

Information needed to complete a Prior Authorization request (see details on page 5)

- Diagnosis (FDA-approved indication for Serostim®)
- Clinical and/or medical history related to FDA-approved indication for Serostim®
- Detailed history of patient's condition
- Current symptoms
- Prior treatments (tried, failed, excluded due to appropriateness)
- Insurance information*

STEP 3:

Review the Prior Authorization determination (see details on page 6)

STEP 4:

Appeal a denial of Prior Authorization, if necessary (see details on page 7)

To help streamline the Prior Authorization process and support patient access to Serostim®, please make sure:

- Insurance information is correct and complete (include both pharmacy and medical insurance information)
- Payor-specific medical/clinical documentation is complete
- The Prior Authorization request is signed by an authorized healthcare provider
- The Prior Authorization request is submitted in a timely manner

*It is important to note that supplying information in your request does not guarantee coverage, and this information is not intended to substitute or influence the physician's independent medical judgment.

STEP 1:

Enroll in the Patient AXIS Center® via CoverMyMeds.com

Please fill in all fields marked **Required**

This information is mandatory and must be entered correctly to complete enrollment.

The screenshot shows the CoverMyMeds dashboard. On the left, there's a sidebar with 'REQUESTS' and 'CASES' icons. The main area has a 'NEW REQUEST' button highlighted in green. Below it, there's a section for 'CURRENT' requests (29752) and 'SENT TO PLAN' requests (7287). A 'SEARCH' button is also visible. A 'NEW REQUEST' card is shown with a 'Request a prior authorization, enrollment, benefits verification, or other patient services.' and an 'ENTER KEY' button. Below the card, it says 'To access a current request for your patient, enter the Key provided on the notification that you received.'

Log in to the CoverMyMeds® dashboard, and click **NEW REQUEST**

The screenshot shows the 'Start a New Request' page. It has a header with the CoverMyMeds logo. Below the header, there's a section titled 'Start a New Request' with a description: 'Enter the patient's prescription information and then select a form to start a new request. It's helpful to have the patient's drug insurance information (BIN, PCN, RxGroup) handy for accurate form selection.' A 'Medication' box is highlighted in green, containing the text 'Enter the medication name or NDC (National Drug Code) number.' and a search bar with 'Serostim 6MG solutions' entered.

At the Start a New Request page, type Serostim® into the **MEDICATION** box, and choose the desired dosage (4 mg, 5 mg, or 6 mg)

The screenshot shows two sections of the form: 'Patient Information' and 'Patient Insurance'. Both sections are highlighted in green. The 'Patient Information' section includes fields for 'First Name', 'Last Name', 'Date of Birth', 'Gender', and 'Email'. The 'Patient Insurance' section includes fields for 'Insurance Type', 'Insurance Plan', 'Insurance ID', and 'Insurance Group'. There are also buttons for 'ENROLL PATIENT' and 'START PA'.

Complete sections for **PATIENT INFORMATION** and **PATIENT INSURANCE**



HERE'S A TIP! The information you fill out now will auto-populate other necessary forms and save time later.

The screenshot shows the 'Patient Services are Available for Serostim' page. It has a header with the CoverMyMeds logo. Below the header, there's a section titled 'Patient Services are Available for Serostim' with a description: 'Select the action you would like to take'. There are two buttons: 'ENROLL PATIENT' and 'START PA'. The 'ENROLL PATIENT' button is highlighted in green.

ENROLL PATIENT quickly and easily with this streamlined platform, so they can gain access to the services provided in the Patient AXIS Center®

All patients must sign a consent form (Patient Authorization) to access support services and financial assistance.

Remember to include the patient's email so the consent form can be signed digitally. If the patient is unable to sign, a **legal representative** (e.g., parent/guardian or an individual with documented power of attorney) may sign on their behalf.

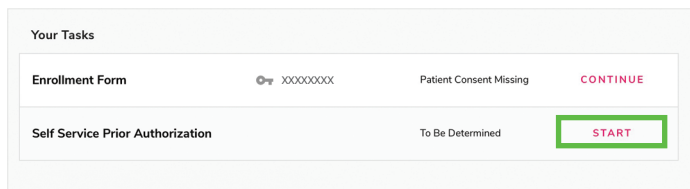
The screenshot shows the 'Enrollment Form' page. It has a header with the CoverMyMeds logo. Below the header, there's a section titled 'Enrollment Form' with a description: 'CoverMyMeds has established a business relationship with the pharmaceutical manufacturer that results in patient support services or a differentiated user experience. There may be lower cost medications available or preferred on your patient's plan.' There are buttons for 'DOWNLOAD/PRINT', 'SAVE', and 'SUBMIT'. A 'Patient Authorization' section is highlighted in green, containing a list of sections: 'Patient Authorization', 'Patient Information', 'Patient Insurance Information', 'Prescriber Information', 'Prescription Information', and 'Prescriber Authorization'. Each section has a dropdown arrow.

Fill in required information for each section of the **ENROLLMENT FORM**

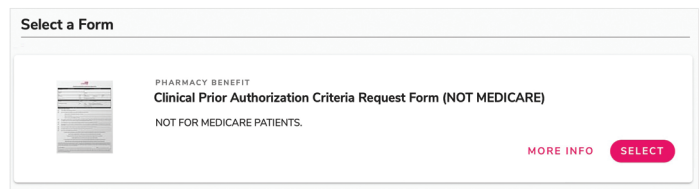
STEP 2:

Request Prior Authorization

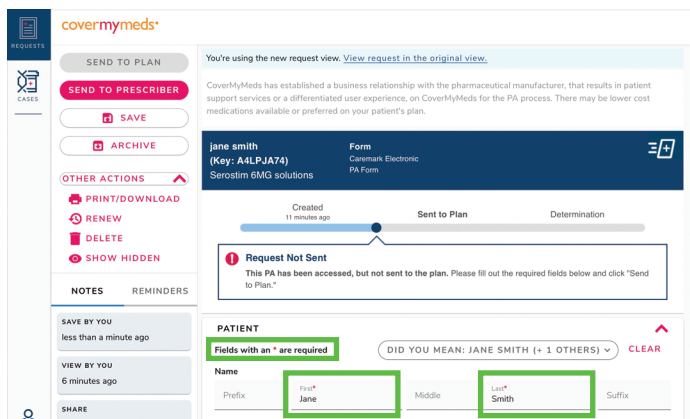
Most insurance plans will require a Prior Authorization request for Serostim®.
You can start the Prior Authorization request after you submit the enrollment form.



After you enroll your patient using the CoverMyMeds® dashboard, click **START**



The payor-specific form will be auto-generated based on the patient's insurance information. Your case manager can help if you have questions



Fill in **REQUIRED** information before submitting



HERE'S A TIP! Carefully read all prompts before filling in the information or making a selection—this will reduce the chance of denials.

Information That Helps Support a Prior Authorization Review

Providing clear and complete information can help reduce delays. Please ensure the following areas are addressed:

- Diagnosis details are clear
- Required clinical documentation is included
- Symptoms are not due to other underlying medical conditions
- Patient has tried/failed formulary alternatives
- Continuation requests reflect current treatment goals
- Correct diagnosis codes are used (R64, B20, E88.A)



Incorrect or incomplete insurance information often leads to denial of Prior Authorization requests.

If you have questions about insurance, reach out to your case manager.

STEP 3:

Navigate a Prior Authorization Determination

Once a decision is made, the determination will appear in your case dashboard.

You will also receive communication from the Patient AXIS Center® case manager with next steps.

The screenshot shows the CoverMyMeds dashboard for a patient with Serostim 4MG solution. Under 'Your Tasks', the 'Pharmacy Prior Authorization' task is highlighted with a green border and shows a status of 'Approved' with a 'VIEW' button. Other tasks like 'Enrollment Form' are marked as 'Not Started' with a 'CONTINUE' button. The 'Patient Services Tasks' section lists various services with status indicators: Pharmacy Benefits Check (Not Started), Copay Assistance (Not Enrolled), Patient Assistance Program Rx (Not Started), Commercial Rx (Not Started), and Patient Assistance Program (To Be Determined).

The screenshot shows the CoverMyMeds dashboard for a patient with Serostim 4MG solution. Under 'Your Tasks', the 'Pharmacy Prior Authorization' task is highlighted with a green border and shows a status of 'Denied' with a 'CONTINUE' button. Other tasks like 'Enrollment Form' are marked as 'Not Started' with a 'CONTINUE' button. The 'Patient Services Tasks' section lists various services with status indicators: Pharmacy Benefits Check (Not Started), Copay Assistance (Not Enrolled), Patient Assistance Program Rx (Not Started), Commercial Rx (Not Started), and Patient Assistance Program (To Be Determined).

If Prior Authorization is **APPROVED**:

- The Patient AXIS Center® will process the prescription, confirm shipment with the patient, and notify your office. If your office has requested a virtual injection training, one of the Patient AXIS Center® nurses will coordinate the training with the patient

If Prior Authorization is **DENIED**:

- The Patient AXIS Center® case manager will automatically initiate the appeal form within CoverMyMeds®
- You may begin completing the payor-specific appeal form. Your case manager is available to answer any questions throughout the process
- The case manager will notify the patient of the Prior Authorization outcome and available appeal options

Understanding Rejections vs. Denials:

- A *rejection* typically means missing or incorrect information-resubmit once corrected.
- A *denial* means coverage was formally declined-proceed with the appeal process.



A sample appeal letter, and other appeal information, is available in the pocket and can also be downloaded in an editable form in the Additional Support section of the patient's case dashboard in CoverMyMeds®.*

STEP 4:

Appeal a Prior Authorization Denial, *only if necessary*

You have the right to appeal the health plan's decision. Because the appeal process can differ from plan to plan, be sure to review the specific plan's requirements before proceeding.

1. Review the **denial letter** carefully to understand why coverage was denied.
2. Identify what **supporting documents** are needed
3. Check the **submission deadline** and review timeframes.

The Patient Axis Center® requires all levels of appeal to be exhausted to evaluate patient eligibility for the Patient Assistance Program

APPEAL LETTER SAMPLE

This sample letter is provided for your guidance and information purposes only.

[Date]
[Health Plan Name]
[Address]
[City, State, ZIP]
Attn: Appeals Department

Re: Patient: [Patient Name]
Date of Birth: [Date]
Insurance Policy ID Number: [Policy ID Number],
Group Number: [Group Number]
Insured: [Name]

Subject: Denial of SEROSTIM® (somatropin) for injection

Dear [Health Plan Contact Name],

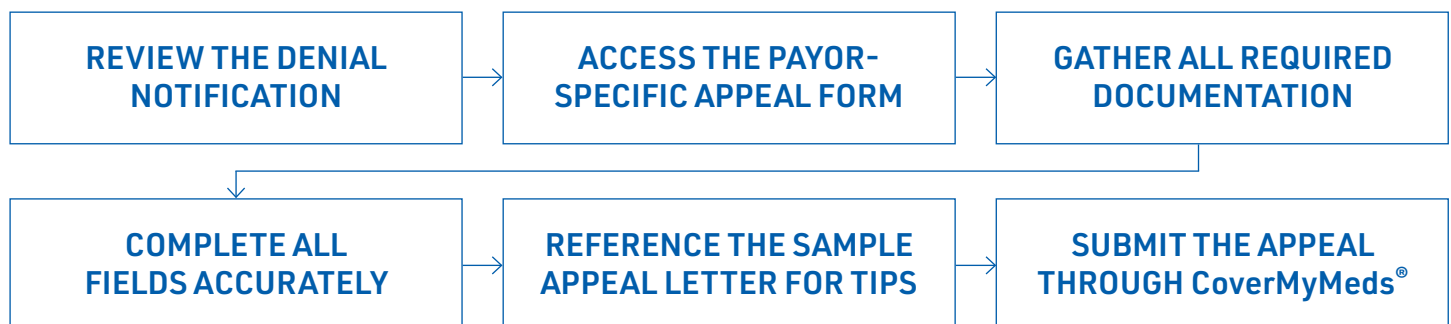
I am writing to request reconsideration of your denial of Serostim® (somatropin) for injection treatment for my patient, [Patient Name]. For your convenience, I have attached documentation supporting my request for reversal of this denial:

Important Information Required for Appeal:

Note that additional details may be needed

- Diagnosis, current symptoms, detailed patient history
- Details of tried and failed prior treatments
- Requested dosage strength of Serostim®
- Prescriber information
- Explanation of why formulary drugs are not appropriate
- Chart documentation; Letter of Medical Necessity

Guidelines for Submitting an Appeal:



Contact your case manager for support and guidance.
For more information, call the Patient AXIS Center® at
1-877-714-AXIS (2947) or visit
www.SerostimPatientSupport.com

It's easy to enroll your patients in the Patient AXIS Center® today!

Support through every step of Serostim® access and treatment


Serostim®
(somatropin) for injection

BIN: 610020
GROUP: 99990964
ID: 01234567891
This is not an insurance program.

With this card, eligible patients will have a

\$0 COPAY*

*\$0 on initial and subsequent fills, not to exceed \$25,000 annually

! This card must be activated before use by calling 1-855-488-0753

Subject to eligibility criteria. Offer is not valid for prescriptions that may be covered by any federal or state healthcare programs including: Medicare, Medicaid, TRICARE, Department of Defense, Veterans Administration, or pharmaceutical assistance programs.

DID YOU KNOW?

The Patient AXIS Center® case manager will enroll your eligible patients in our Copay Assistance Program.



Scan the QR code or visit www.SerostimPatientSupport.com for more information about patient enrollment, the Serostim® Copay Assistance Program, and other valuable support services.

Please see accompanying full Prescribing Information in the pocket.

For eligible commercially or privately insured patients.

Can decrease or potentially eliminate out-of-pocket costs.

Card can be used at all pharmacies in the Serostim® Secured Distribution Pharmacy Network.

For a list of pharmacies, visit www.Serostim.com/PharmacyList



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