Serostim® 4 mg 5 mg 6 mg
(somatropin) for injection

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!

PATIENT AXIS CENTER®

† 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.

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

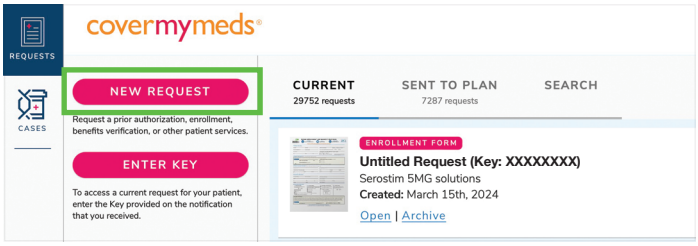
*It is important to note that supplying information in your request does not guarantee coverage, and this information is not intended to substitute or influence the physician's independent medical judgment.

STEP 1:

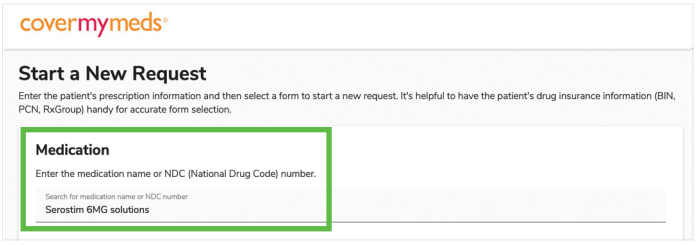
Enroll in the Patient AXIS Center® via CoverMyMeds.com

Please fill in all fields marked Required

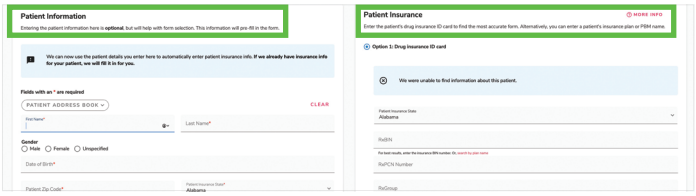
This information is mandatory and must be entered correctly to complete enrollment.



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



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)



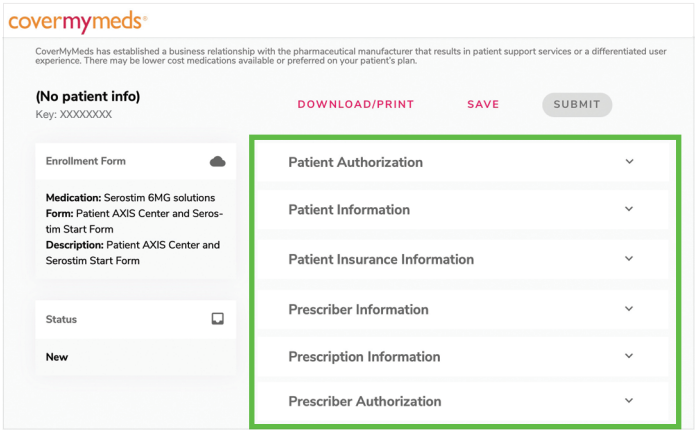
Complete sections for **PATIENT INFORMATION** and **PATIENT INSURANCE**

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

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

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.

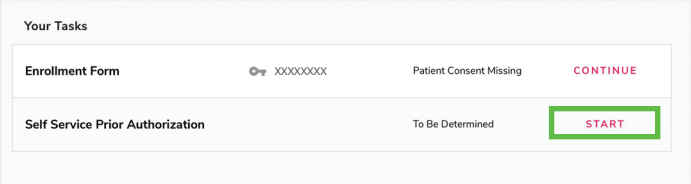


Fill in required information for each section of the **ENROLLMENT FORM**

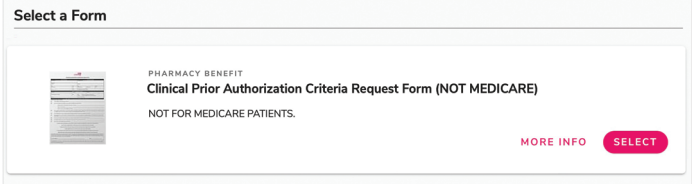
STEP 2:

Request Prior Authorization

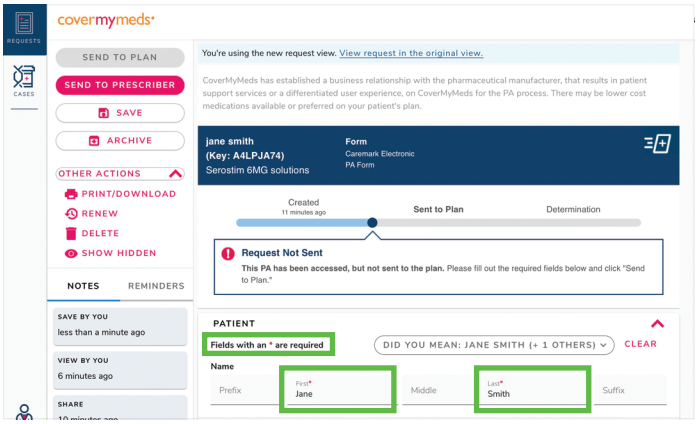
Most insurance plans will require a Prior Authorization request for Serostim®.
You can start the Prior Authorization request after you submit the enrollment form.



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:

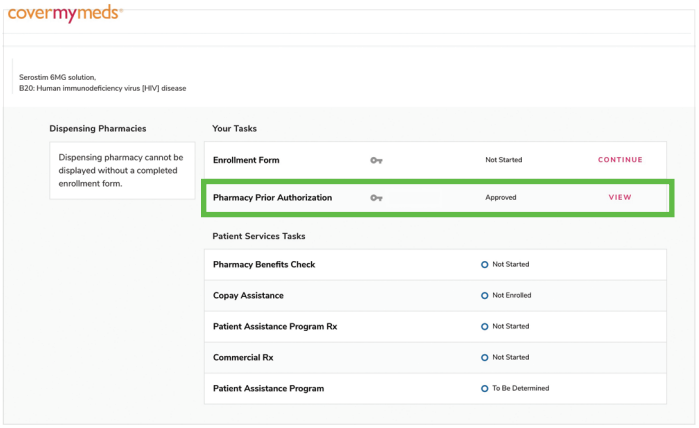
- Diagnosis details are clear
- Required clinical documentation is included
- Symptoms are not due to other underlying medical conditions
- Patient has tried/failed formulary alternatives
- Continuation requests reflect current treatment goals
- Correct diagnosis codes are used (R64, B20, E88.A)

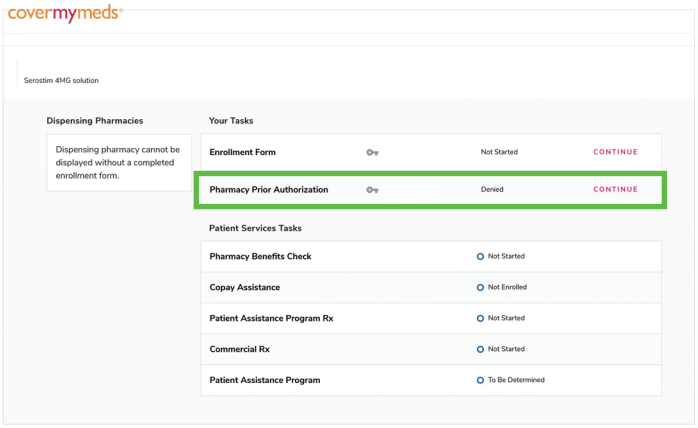
Incorrect or incomplete insurance information often leads to denial of Prior Authorization requests.
If you have questions about insurance, reach out to your case manager.

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.





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®.*

*For informational purposes only. Sample should only be used as a guide.

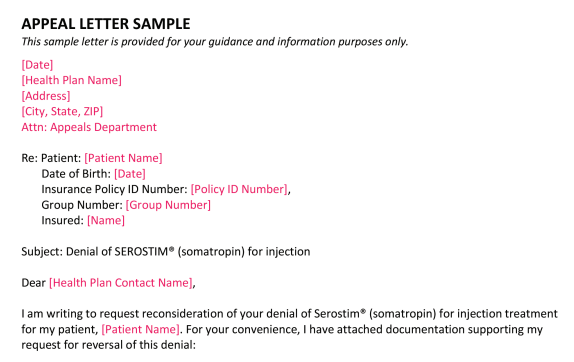
STEP 4:

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:

REVIEW THE DENIAL NOTIFICATION → **ACCESS THE PAYOR-SPECIFIC APPEAL FORM** → **GATHER ALL REQUIRED DOCUMENTATION**

COMPLETE ALL FIELDS ACCURATELY ← **REFERENCE THE SAMPLE APPEAL LETTER FOR TIPS** ← **SUBMIT THE APPEAL THROUGH CoverMyMeds®**

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

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

EMD SERONO

PATIENT AXIS CENTER®

CoverMyMeds is a registered trademark of CoverMyMeds LLC. All rights reserved.

© 2025 Merck KGaA, Darmstadt, Germany or its affiliates. All rights reserved. EMD Serono is the Healthcare business of Merck KGaA, Darmstadt, Germany in the U.S. and Canada. Serostim and the AXIS Center are registered trademarks of Merck KGaA, Darmstadt, Germany or its affiliates.
US-SER-00449 12/25