



GETTING STARTED WITH SEROSTIM®

Your guide to easy enrollment in the Patient AXIS Center®

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

- A dedicated case manager
- Patient copay and financial assistance programs
- Injection training*
- Help with product-specific questions
- Assistance with Prior Authorizations and appeals

ENROLLMENT IS FAST AND EASY!

*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:

What you'll need to enroll a patient in the Patient AXIS Center® via 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 you will need to submit 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, including weight loss history
- Current symptoms
- Prior treatments (tried, failed, excluded due to appropriateness)
- Insurance information*

STEP 3:

Navigate a Prior Authorization determination (see details on page 6)

STEP 4:

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

To avoid Prior Authorization delays or denials in the patient's access to Serostim®, please make sure:

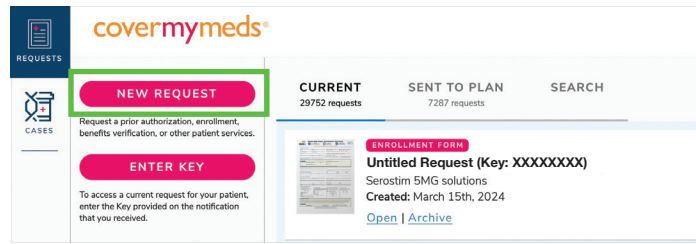
- Insurance information is correct and complete (include both pharmacy and medical insurance information)
- Payor-specific medical/clinical documentation is complete
- The Prior Authorization request is signed by a physician
- The Prior Authorization request is submitted in a timely manner

*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.

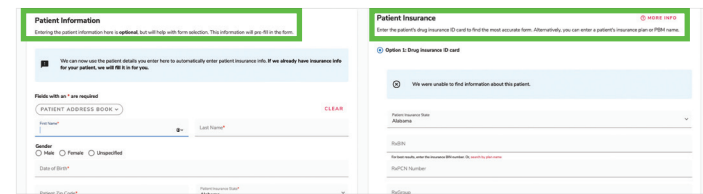
STEP 1:

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**

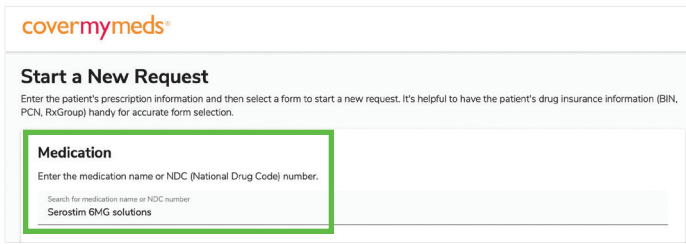


Complete sections for **PATIENT INFORMATION** and **PATIENT INSURANCE**

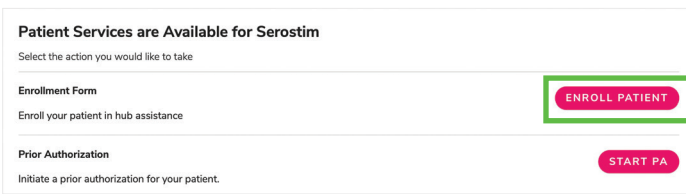
HERE'S A TIP! The information you fill out now will auto-populate other necessary forms and save time later.

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

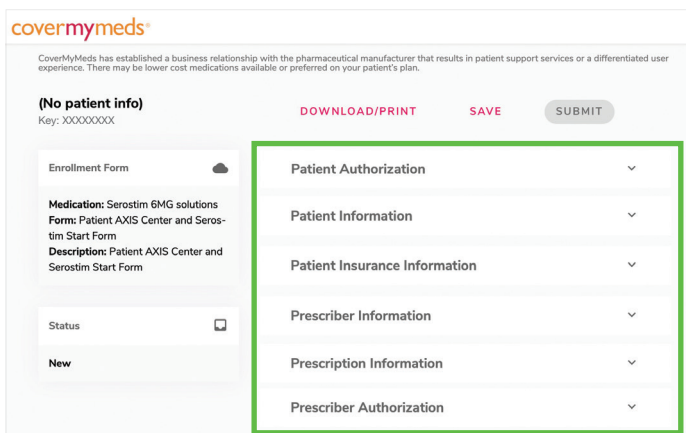
Remember to fill in the patient's email address so they can sign the consent form digitally.



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)



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

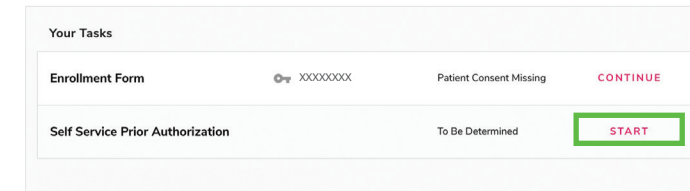


Fill in required information for each section of the **ENROLLMENT FORM**

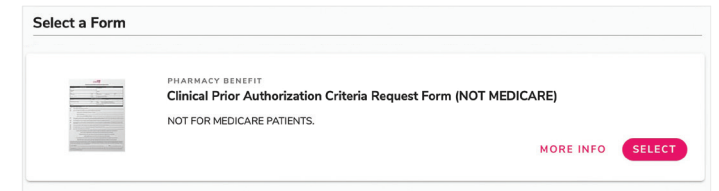
STEP 2:

Request Prior Authorization

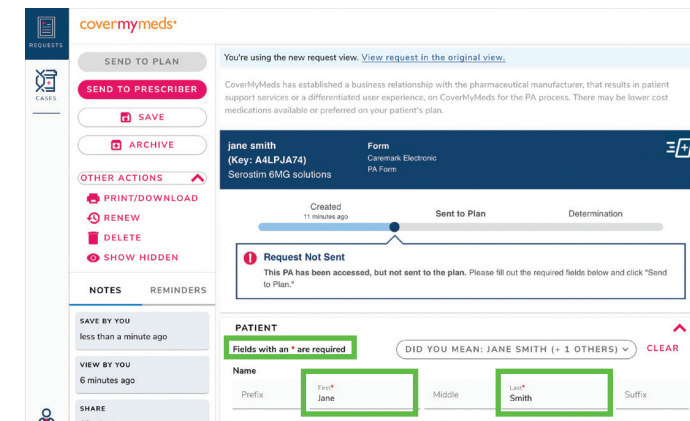
Most insurance plans will require a Prior Authorization request for Serostim®. You can start the Prior Authorization request after you submit the enrollment form.



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.

Most Common Denial Reasons:

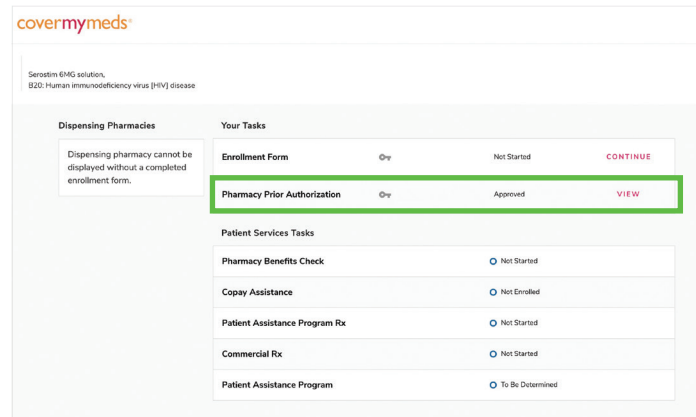
- Missing documentation
- Patient weight loss due to other treatable conditions
- Targets or goals have been achieved (continuation)
- Patient has not tried/failed formulary alternatives
- Diagnosis-related denial
- Incorrect diagnosis codes. (Correct codes for Serostim®'s approved indication are: R64, B20, and B22.2)

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:

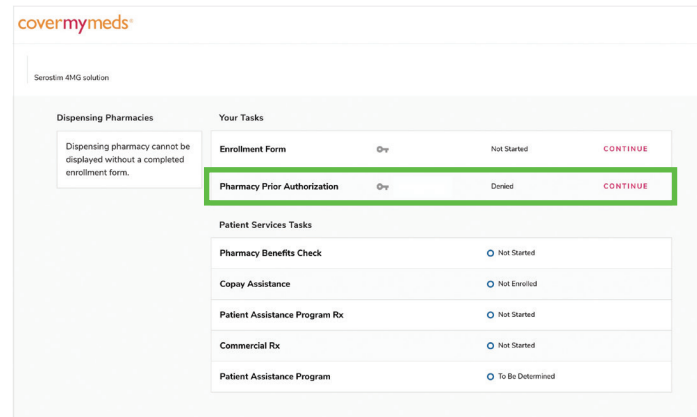
Navigate a Prior Authorization Determination

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 injection training, one of the Patient AXIS Center® nurses will coordinate 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 start completing the payor-specific appeal form. Your case manager is available to answer any questions you may have
- The case manager will notify the patient of the Prior Authorization outcome and options for an appeal

STEP 4:

Appeal a Prior Authorization Denial, *only if necessary*

Each insurer and level of appeal may have different requirements. We recommend that you review the denial notification along with the payor-specific guidelines and required additional forms to determine what to include in your patient's appeal package.

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],

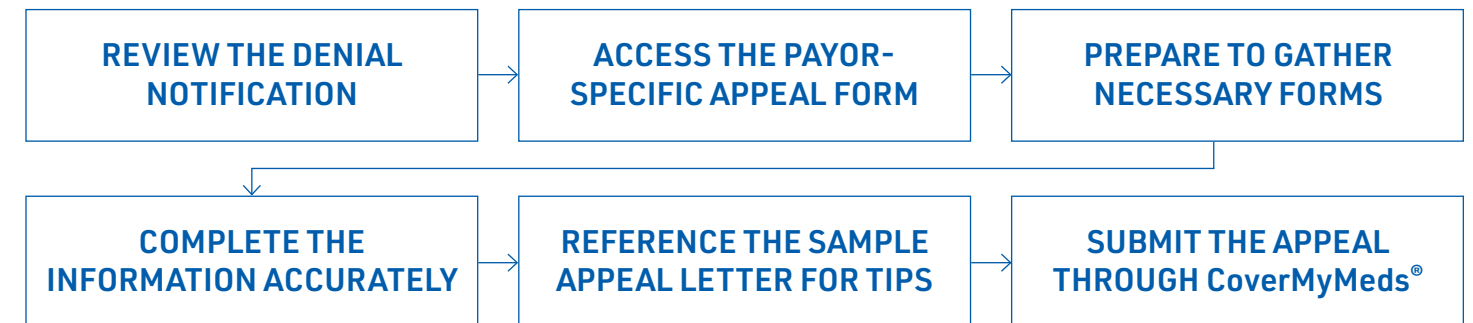
I am writing to request reconsideration of your denial of Serostim® (somatropin) for injection treatment for my patient, [Patient Name]. For your convenience, I have attached documentation supporting my request for reversal of this denial:

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

General Guidelines for Appeal:



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®.*



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.

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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