



Simplifying Patient Access for STIMUFEND® (pegfilgrastim-fpgk)

To help patients start and stay on therapy as prescribed, Fresenius Kabi is leveraging CoverMyMeds' trusted technology and solutions to provide access to patient support programs beyond electronic prior authorization for STIMUFEND. CoverMyMeds enables access to the KabiCare Patient Support Program, while providing consistent visibility into the patient journey.

End-To-End Patient Support in One Centralized Platform

The KabiCare Patient Support Program for STIMUFEND® (pegfilgrastim-fpgk) is available within CoverMyMeds.

Located within your CoverMyMeds account, you can access integrated patient support resources following the prescription to start of therapy – helping to consolidate processes and access for patients prescribed STIMUFEND.

With CoverMyMeds, you can electronically:

- » Enroll patients in the KabiCare Patient Support Program
- » Perform benefits verification (BV)
- » Submit prior authorization and receive technical support for formulary exceptions and appeals
- » Access copay assistance*
- » Track patient case status

Operational Highlights



No additional technology required, e.g. EHR integrations or equipment



Leverage all access activities and KabiCare Patient Support Program resources through one centralized location



Auto-populated patient demographic (non-clinical) information you've already provided into responsive forms



CoverMyMeds is staffed with trained case managers available in real-time via phone or live chat

*Eligibility criteria apply. Patients are not eligible for commercial copay assistance if the prescription is eligible to be reimbursed, in whole or in part, by any state or federal healthcare program.

Starting a New Patient on STIMUFEND® (pegfilgrastim-fpgk)

As a central location for patient support resources, CoverMyMeds enables prescribers to enroll a patient using the program enrollment form.

Enrollment within CoverMyMeds

- 1 Log in to, or create your CoverMyMeds account at covermymeds.com. Select **New Request** and enter medication name.
- 2 Select **Start Enrollment** to request patient enrollment in the KabiCare Patient Support Program† and complete indicated **prescription fields** on the enrollment form.
- » You can also select **check benefits, prior authorization** or learn more about **copay assistance resources** from this step.
- 3 Click **Submit** to complete enrollment
- » Select **Cases** on the left to view your patient's case status at any time.

†For supported medications

Access to resources through hub enrollment:

Patients prescribed STIMUFEND® (pegfilgrastim-fpgk) can be enrolled through CoverMyMeds to access the full suite of resources through the KabiCare Patient Support Program, which includes:

- Benefits verification
- Prior authorization and appeal support
- Easy-to-initiate copay assistance and information on financial support[‡]
- Patient Assistance Program (PAP) support is available for uninsured and underinsured patients at no cost[§]
- Referrals to independent assistance foundations^{||}
- Access to Nurse Educators and Bridge to Therapy program, and educational resources for patients[‡]

Visibility into the entire patient journey for your patients is enabled through the connected patient case view. CoverMyMeds is staffed with trained case managers who are available for support and to answer your questions.

[‡] Eligibility criteria apply. Patients are not eligible for commercial copay assistance or Bridge to Therapy program support if the prescription is eligible to be reimbursed, in whole or in part, by any state or federal healthcare program.

[§] For eligible patients

^{||} Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofits' criteria. Fresenius Kabi has no control over these programs.

Questions? We can help.

Live Chat: www.covermymeds.com | **Phone:** 1-833-KABI-CARE (1-833-522-4227)

Monday–Friday, 8 a.m to 8 p.m. ET (excluding holidays)

Demo video, user guide and additional resources: go.covermymeds.com/specialtydemo

Information to have on hand:

The information below is needed to enroll a patient in the KabiCare Patient Support Program for STIMUFEND:

- Patient's demographic Information
- Patient's Primary Medical, Secondary Medical and/or Pharmacy Insurance Information
- Prescription information
- Patient email address and/or phone number

Patient HIPAA Authorization is required for enrollment. If patient authorization is not captured in the office, CoverMyMeds will reach out on your behalf to capture the patient or caregiver's signature.