



PATIENT SUPPORT

FROM



**Your Resource Guide for
Navigating Access Services by Bayer**



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Enrolling patients in Access Services by Bayer™ provides additional support to your patients taking NUBEQA® (darolutamide). For eligible patients, these include:

- Benefit Verifications
- The NUBEQA FREE Trial Program*
- NUBEQA \$0 Co-Pay Program† for commercially insured patients
- Referrals to 501(c)(3) foundations
- Referrals to Bayer US Patient Assistance Foundation
- Field Reimbursement Managers (FRMs) can provide better support to your office

For ease of access and submission, Access Services by Bayer Patient Enrollment Form is available multiple ways:

1. Log into your CoverMyMeds® account (CoverMyMeds.com) with your username/password

- Select “Start New” request in the upper left side
- Enter NUBEQA under “Find Your Medication”
- Enter the patient and provider information
- Scroll down and select “Enrollment Form”
- Complete required fields
- Obtain patient signature and date
 - Include patient’s email and phone number if they are not able to sign in the office. This allows Access Services by Bayer to reach out to the patient for signature
 - Alternatively, go to “Additional Resources” on the left toolbar and print the Patient HIPAA Authorization Form. Ask the patient to sign and date the form. Upload the completed form and attach it to the enrollment submission in CoverMyMeds
- Click “Submit Enrollment Form”

2. Sales Consultant can provide the printed Access Services by Bayer Enrollment Form

- Complete all required fields on the paper Enrollment Form
- Obtain patient signature and date
 - Include patient’s email and phone number if they are not able to sign in the office. This allows Access Services by Bayer to reach out to the patient for signature
- Fax completed Enrollment Form to 1-800-390-1826

3. Visit the NUBEQA HCP website – NUBEQAhcp.com

- Select “Resources”, then “For Your Practice” on the toolbar
- Under “Coverage & Access”, download Patient Services Request Form
- HCP completes the form online, prints the form, and provides it to the patient to sign and date. Once the form is completed, signed, and dated, fax the completed form to Access Services by Bayer at 1-800-390-1826

HIPAA=Health Insurance Portability and Accountability Act.

* The NUBEQA Free Trial Program provides 1 month’s supply of NUBEQA at no cost to patients who meet the program eligibility requirements and agree to the terms and conditions. For full terms and conditions and to enroll patients, please call Access Services by Bayer at 1-800-288-8374.

† Restrictions may apply. For full terms and conditions, please call Access Services by Bayer at 1-800-288-8374. Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible. As a condition precedent of the co-payment support provided under this program, eg, co-pay refunds, participating patients and pharmacies are obligated to inform insurance companies and third-party payers of any benefits they receive and the value of this program, as required by contract or otherwise. Void where prohibited by law, taxed, or restricted. Eligibility and participation are subject to review and may be modified or discontinued at any time.

Tips

- Completing the electronic Access Services by Bayer Enrollment Form on CoverMyMeds.com may result in the quickest turnaround times
- Ensure all information for the patient, insurance, and prescription are correct. Prescription requirements include quantity of tablets and number of tablets per day
 - Prescribers in NY must submit prescriptions on official state prescription blanks in conjunction with the completed form
- Complete all required fields, including patient signature and date
 - Once the patient signs the Enrollment Form, you can save the form to complete and submit to Access Services by Bayer at a later time
 - If the patient is not available to sign while in the office, include the patient's email address and phone number. Access Services by Bayer will contact the patient to obtain their signature and date. The patient will receive a link to sign electronically and submit to Access Services by Bayer
 - If using the paper Enrollment Form, ensure a copy of the paper form is included in the patient's file and have them sign the form during their office visit. Once the form is completed and signed, fax to Access Services by Bayer at 1-800-390-1826
- If the patient is uninsured, check the "No Insurance" circle on Step 2 of the form and complete the Bayer US Patient Assistance Foundation section on the electronic Enrollment Form
 - Appropriate patients will be triaged to Bayer US Patient Assistant Foundation
- If your office is an in-office dispensing site, check the circle to ensure the patient case/referral is sent back to your office

Contact a Bayer representative to learn more

Sample Patient Services Request Enrollment Form

Access Services by Bayer™

Helping Your Patients Get Their Bayer Medications Through Access Services by Bayer™

Instructions for completing the Access Services by Bayer Patient Support Request Form (SRF).

SELECT ALL THAT APPLY:

Benefits Investigation* (complete steps 1-3)

- Check patient's insurance to determine coverage
- Eligible commercial patients auto-enrolled in the \$0 Co-pay Program

NUBEQA® Free Trial Program (complete steps 1, 3, and 4)

- Eligible patients will receive 1 FREE month of NUBEQA® (darolutamide)
- Step 2 is optional but can be completed to find out the patient's insurance coverage

NUBEQA Free Trial Program (complete the prescription section for 1 FREE month of NUBEQA)

- At the end of the NUBEQA Free Trial Program, Access Services by Bayer will contact you for a new prescription.

COMPLETE ALL REQUIRED FIELDS INCLUDING PATIENT SIGNATURES TO AVOID DELAYS IN TREATMENT

Alternate contacts may include family members to whom the patient has given permission to speak with Access Services by Bayer™ on their behalf

Check this circle if the patient does not have health insurance

Please check this circle for In-Office Dispensing. This informs Access Services by Bayer to refer your patient back to your site after completing the Free Trial Program.

Prescribers in NY must submit prescriptions on official state prescription blanks with this form

Missing signatures WILL cause a delay in processing. Signature must be from prescriber in Step 3

Financial information will help determine if your patient is eligible for additional financial assistance

Please note: To complete Step 5, patients will have to initial and sign page 5 of the form

***Results of Benefits Investigation are not a guarantee of coverage and should be verified by dispensing provider.**

For illustrative purposes only.

Download Patient Services Request Form

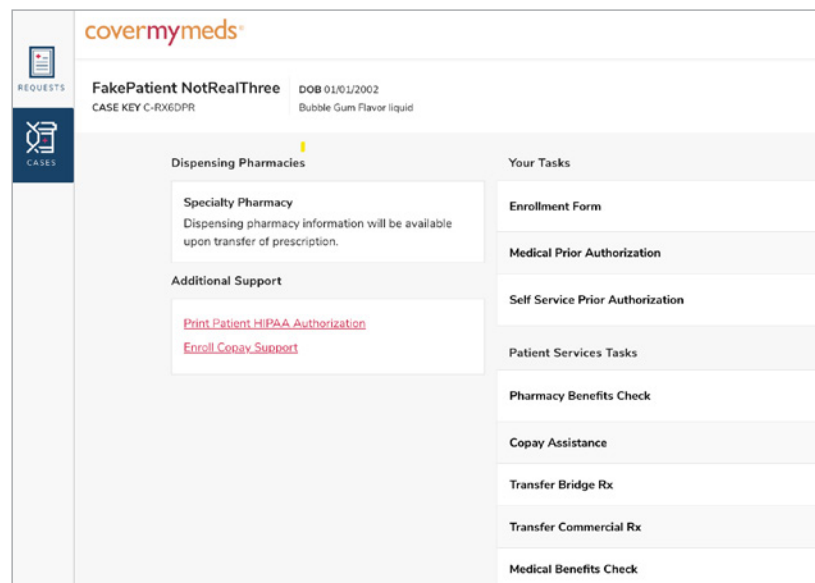
www.NUBEQAhcp.com/resources/for-your-practice

The patient HIPAA Authorization Form was created as an alternate way for offices to obtain a patient's signature for enrollment into Access Services by Bayer. The HIPAA Authorization Form is available via CoverMyMeds.com.

To access:

- Log into CoverMyMeds.com
- Open the patient case by clicking the patient's name in your cases dashboard or prior authorization (PA) dashboard
- Click "Print Patient HIPAA Authorization" under "Additional Support"

See CoverMyMeds dashboard example image below:



- Print the HIPAA Authorization Form
- After patient signs the form, upload to the HIPAA Authorization Form in CoverMyMeds.com OR fax to Access Services by Bayer at 1-800-390-1826

Tips

- This is an alternative way to obtain patient signature and date
- Print a copy of the HIPAA Authorization Form and put it in the patient's chart/medical record folder to obtain a signature during their office visit

Contact a Bayer representative to learn more

Sample Patient HIPAA Authorization



PATIENT HIPAA AUTHORIZATION

I voluntarily provide this authorization for the use and disclosure of my Protected Health Information ("PHI"), as such term is defined by the Health Insurance Portability and Accountability Act of 1996 (as amended, "HIPAA"). I understand that PHI is health information that identifies me or that could reasonably be used to identify me. I authorize my healthcare provider, including my physician and pharmacy, and my health plan, to disclose to Bayer and its contracted agents my name, address, telephone number, health insurance status and coverage and such medical information as may be necessary for me to enroll in Access Services by Bayer™. I understand this disclosure(s) will contain PHI, including information about my current medical condition, treatment, coordination of treatment and receipt of medication. I allow the use and disclosure of my PHI to Bayer its contracted agents for the following purposes:

• To verify my insurance information and coverage • To ensure the accuracy and completeness of the Access Services by Bayer™ Enrollment Form • To help with my insurance coverage questions for Bayer medications • To determine if I qualify for other Bayer patient support programs • To determine my eligibility for other sources of prescription medication financial assistance • To provide education, training, and ongoing support on the use of my Bayer medication • To send me information on Bayer products and services related to my treatment • To send me refill reminders for my Bayer prescription medication and to encourage its appropriate use • To communicate with me, my healthcare providers and health plan about my medical care and treatment • To contact me for market research feedback, sales support purposes, and as necessary to comply with applicable laws • Bayer may contact me for potential adverse event follow-up information

I understand that: • This Authorization will remain in effect until the end of my participation in Access Services by Bayer™ or 5 years, unless subject to applicable law from the date of my signature on this Authorization, whichever occurs later. • I may cancel this Authorization at any time by writing to: Access Services by Bayer, PO BOX 2230, Columbus OH 43216. • If I cancel this Authorization my healthcare provider and health plan will stop sharing my PHI with Bayer and its contracted agents. However, the revocation will not affect prior use or disclosure of my PHI in reliance on this Authorization. • I may opt-out of being contacted for market research feedback, sales support purposes, and still enroll in the patient support program. • That entities that receive my PHI in accordance with this Authorization may not be required by law to keep the information private and that it will no longer be protected by the HIPAA privacy law. It may become available in the public domain. • I do not need to sign this Authorization to receive (i) medical treatment or medication or (ii) coverage, payment, enrollment in or eligibility for benefits from my health plan. However, if I do not sign this Authorization, I may not participate in Access Services by Bayer™ or be eligible for other Bayer patient support programs. • I understand that some of my health care providers, such as my pharmacies, may receive payment from Bayer in return for services that require use or disclosure of my PHI to Bayer and its contracted agents. I have read and understand the terms of this Authorization and have had an opportunity to ask questions about the uses and disclosures of PHI. I understand that I am entitled to receive a signed copy of this Authorization and I can also get a copy by contacting Access Services by Bayer™ at 1-800-288-8374.

Patient name (print)*: _____

Patient date of birth*: ____/____/____

Patient (or legal guardian) signature*: _____

Date of signature*: ____/____/____

If signed by a legal representative: Print Name: _____

Relationship to patient: _____

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For illustrative purposes only.

Download Patient HIPAA Authorization

You must log in to your CoverMyMeds dashboard at CoverMyMeds.com

Benefit verification allows you to check if your patient has insurance coverage or if a prior authorization (PA) is needed for NUBEQA® (darolutamide). Follow the steps below to request a benefit verification on behalf of your patient.

- Log into your CoverMyMeds.com account
- Select "Start New" request in the upper left side
- Enter "NUBEQA" under "Find Your Medication"
- Enter the patient and provider information
- Scroll down and select "Benefits Verification" under "Patient Services Available for NUBEQA"
- Complete the patient, insurance, and medication information fields
- Select "Run Benefits Check." Insurance information will be displayed

Tips

- Benefit verification information will let you know if the patient has an active prescription insurance plan, if NUBEQA® (darolutamide) is covered, and if a PA is required
 - For detailed insurance information, such as patient's out-of-pocket costs, submit an Access Services by Bayer Enrollment Form through [CoverMyMeds.com](https://www.covermymeds.com)
- When the benefit verification shows that a PA is required, Access Services by Bayer will auto-populate the PA request with the patient demographic information you entered from the Benefit Verification Form
- For additional details on your patient's deductible and out-of-pocket costs, you can opt-in to have a full benefit investigation completed by clicking "Request Cost Details" following the benefit verification

Contact a Bayer representative to learn more

When the patient's insurance requires a PA for NUBEQA® (darolutamide), you can complete and submit an electronic PA through CoverMyMeds.com.

To complete a PA:

- Select "Start New" request in the upper left side
- Enter "NUBEQA" under "Find Your Medication"
- Enter the patient information
- Select benefit type
- Enter patient's insurance information
- Scroll down and select "Prior Authorization" under "Patient Services Available for NUBEQA"
- Complete the prescriber and diagnosis information
- Select "Submit PA Form"
 - Once submitted, a confirmation will pop-up on the screen that the request has been sent to the patient's health plan
 - To check the status of the prior authorization for your patient, you can view your cases dashboard

Tips

- It is important to provide complete and accurate information, such as ICD-10-CM diagnosis codes and commonly requested lab values, for every PA to streamline the process and avoid delays
 - For more guidance on the process for submitting PAs:
 - Visit www.NUBEQAhcp.com/resources/for-your-practice to download the Prior Authorization Tips under Tips and Guides
 - Reach out to your Bayer Field Reimbursement Manager (FRM)
- Most PA requests completed and submitted through CoverMyMeds.com may result in an outcome from the payer within 1 business day
- To obtain the most specific PA request form for the patient's insurance plan, with specific questions about NUBEQA, enter the patient's BIN, PCN, and Rx group number from their pharmacy card
 - If the patient's insurance BIN, PCN, and Rx group number are not entered, a general PA form from the payer will be selected. Using a general form may result in additional questions from the payer
- The questions on the PA request form are dictated by the patient's insurance company
- If a PA was initiated and not submitted via CoverMyMeds.com, Access Services by Bayer will contact you to aid and answer your questions
 - If Access Services by Bayer is unable to reach you, a PDF of the general PA request form will be faxed to you for completion

Contact a Bayer representative to learn more

BIN, bank identification number; ICD-10-CM, *International Classification of Diseases, Tenth Revision, Clinical Modification*; PBM, pharmacy benefit administrator; PCN, processor control number.

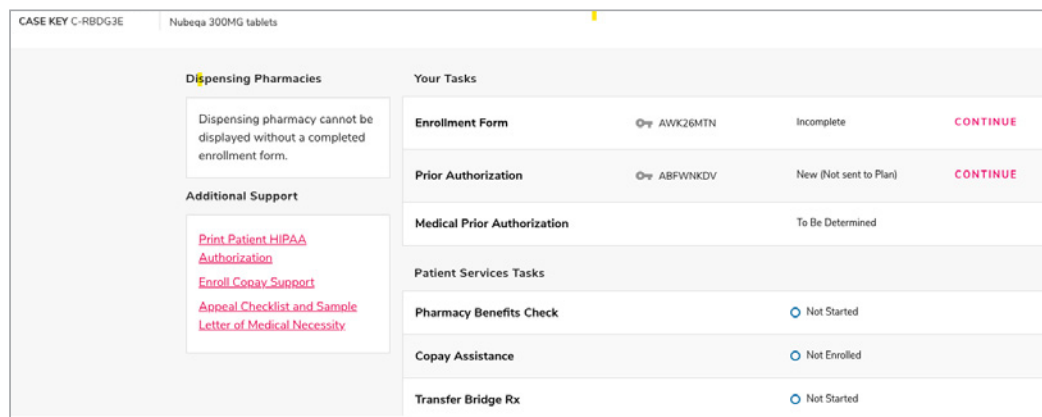
It is possible that a prescription for NUBEQA® (darolutamide) may be rejected or denied as not covered by the patient's health plan. In this case, you are encouraged to complete a Letter of Appeal or a Letter of Medical Necessity.

These letters can be accessed in 2 ways:

1. Through CoverMyMeds.com

- Log into CoverMyMeds.com
- Open the patient case file by clicking the patient's name in your cases dashboard or PA dashboard
- Under "Additional Support" click on the link "Appeal Checklist and Sample Letter of Medical Necessity"

See [CoverMyMeds dashboard example image](#) below:



2. Download templates online at www.NUBEQAhcp.com, under "RESOURCES"

Tips

- These letters are to serve as a template/guide for your use when completing a Letter of Medical Necessity or an Appeal Letter on your office/provider letterhead
- Supporting documentation is vital for the PA request or appeal process. Documentation can vary by insurance plan and may include:
 - Letter of Medical Necessity or Letter of Appeal
 - Copies of the patient's health plan and/or prescription benefit cards
 - Copies of the denial letter, benefits information, and the prescription order or original claim
 - Additional supporting documentation, such as
 - NUBEQA® (darolutamide) Prescribing Information or relevant published clinical studies
 - Relevant lab and/or diagnostic information
 - Patient's recent medical history (6 months to 1 year)
- **Note:** If a PA request is submitted through CoverMyMeds and denied by the plan, an appeal will be started for your patient and shared with you in the CoverMyMeds portal and via a fax. You can also search appeals and letters of medical necessity templates in CoverMyMeds.com to populate an Appeal or Letter of Medical Necessity template. These letters can be sent to the plan by uploading the letters to the case in the CoverMyMeds portal or you can fax the Appeal or Letter of Medical Necessity directly to the plan.
- The patient's benefit information should be verified to ensure that the appeal request is valid
- Appeal processes vary from plan to plan. Plan-specific items may include a deadline for the appeal, a submission fax number or mailing address that is specifically used for appeal or similar requests, how many times an appeal may be submitted, and if the patient or the prescriber is required to submit the appeal
- **View a [Sample Letter of Medical Necessity](#) and a [Sample Appeal Letter](#)**

Contact a Bayer representative to learn more

Sample Letter of Medical Necessity

Sample Letter of Medical Necessity for NUBEQA® (darolutamide)

[DATE]
[HEALTH PLAN NAME]
[HEALTH PLAN CONTACT NAME]
[HEALTH PLAN MAILING ADDRESS]

Patient: [PATIENT FULL NAME]
Subscriber ID: [#XXXXXXXXXX]
[Subscriber Group ID: #XXXXXXXXXXXX]

Re: Request for NUBEQA® (darolutamide)

Dear [NAME OF CONTACT AT PAYER],

I am writing on behalf of my patient, [NAME OF PATIENT], to request that [PAYER COMPANY NAME] approve coverage for NUBEQA. [INDICATION].

This letter documents the medical necessity for use of NUBEQA for my patient and provides information about [NAME OF PATIENT]'s medical history and treatment, relevant test results, and a copy of the NUBEQA Prescribing Information.

[NAME OF PATIENT] is [a/an] [AGE]-year-old [male/female] with a diagnosis of [PATIENT DIAGNOSIS] as of [DATE OF DIAGNOSIS]. [NAME OF PATIENT] has been in my care for [PATIENT DIAGNOSIS] since [DATE]. [Provide a brief discussion of patient's relevant medical history, condition/symptoms, diagnostic test results, and therapy to date, including other treatments attempted and results].

Based on the above information, NUBEQA is indicated and medically necessary for [NAME OF PATIENT]'s treatment. If you have any questions, please contact me at [PHYSICIAN TELEPHONE NUMBER].

Thank you in advance for your immediate attention to this request.

Sincerely,
[PRESCRIBER NAME AND SIGNATURE]

Attachments: [ORIGINAL CLAIM FORM, COPY OF DENIAL OR EXPLANATION OF BENEFITS (IF APPLICABLE), COPY OF PATIENT'S INSURANCE CARD, NUBEQA PRESCRIBING INFORMATION, FDA APPROVAL LETTER, DAROLUTAMIDE PRIMARY PUBLICATION, ETC.]

For illustrative purposes only.

[Download Sample Letter of Medical Necessity](#)

www.NUBEQAhcp.com/resources/for-your-practice

Sample Appeal Letter

Sample Letter of Appeal for NUBEQA® (darolutamide)

[DATE]
[HEALTH PLAN NAME]
[HEALTH PLAN CONTACT NAME]
[HEALTH PLAN MAILING ADDRESS]

Patient: [PATIENT FULL NAME]
Subscriber ID: [#XXXXXXXXXX]
[Subscriber Group ID: #XXXXXXXXXXXX]

Re: Appeal Request for NUBEQA® (darolutamide)

Dear [NAME OF CONTACT AT PAYER],

I am requesting an appeal for the medical necessity of NUBEQA for [NAME OF PATIENT] on [DATES OF SERVICE]. [PAYER COMPANY NAME] denied a claim due to [summarize insurer's stated reason for claim denial].

[INDICATION].

[NAME OF PATIENT] has been diagnosed with [PATIENT DIAGNOSIS] as of [DATE OF DIAGNOSIS], and [PROVIDE PATIENT'S RELEVANT MEDICAL HISTORY, CONDITION/SYMPTOMS, DIAGNOSTIC TEST RESULTS, AND THERAPY TO DATE, INCLUDING OTHER TREATMENTS ATTEMPTED AND RESULTS]. I believe NUBEQA is medically necessary and clinically appropriate for [NAME OF PATIENT].

Thank you in advance for your review and consideration for coverage. If you have any questions or require additional information regarding this patient, please contact me at [PHYSICIAN TELEPHONE NUMBER].

Sincerely,
[PRESCRIBER NAME AND SIGNATURE]

Please find attached: [ORIGINAL CLAIM FORM, COPY OF DENIAL OR EXPLANATION OF BENEFITS (IF APPLICABLE), COPY OF PATIENT'S INSURANCE CARD, NUBEQA PRESCRIBING INFORMATION, FDA APPROVAL LETTER, DAROLUTAMIDE PRIMARY PUBLICATION, ETC.]

For illustrative purposes only.

[Download Appeal Checklist and Sample Letter](#)

www.NUBEQAhcp.com/resources/for-your-practice

Patients new to NUBEQA® (darolutamide) may qualify for the NUBEQA Free Trial Program and receive their first 30-day supply free of charge.* Follow the steps below to enroll patients in the NUBEQA Free Trial Program.

- Complete the electronic Access Services by Bayer Patient Enrollment Form using CoverMyMeds.com
 - In the prescription section of the Patient Enrollment Form, check the circle for “Free Trial” and complete the prescription
 - Prescription requirements include quantity of tablets and number of tablets per day
- Submit the Patient Enrollment Form to Access Services by Bayer using CoverMyMeds.com
- The Access Services by Bayer pharmacy will process the prescription and contact the patient to schedule delivery of their medication
- If electronic completion and submission of a Patient Enrollment Form is not available via your office, you may fax a printed, completed Patient Enrollment Form to Access Services by Bayer to 1-800-390-1826


*The NUBEQA Free Trial Program provides 1 month’s supply of NUBEQA at no cost to patients who meet the program eligibility requirements and agree to the terms and conditions. For full terms and conditions and to enroll patients, please call Access Services by Bayer at 1-800-288-8374.

Tips

- When the Access Services by Bayer pharmacy contacts the patient to schedule delivery of NUBEQA® (darolutamide), they will introduce themselves as calling from RxCrossroads by McKesson, supporting the Access Services by Bayer Program
- Calls from the Access Services by Bayer pharmacy will be from 1-855-828-1227
 - Ask your patient to save this contact name and phone number in their phone
- Free Trial requests submitted after 4:00 PM ET, will be processed the following business day
- Ensuring the prescription is complete and accurate will reduce time to therapy
 - Prescription requirements include quantity of tablets and number of tablets per day
- Please inform your patients that prior to the end of the 30-day free trial, their specialty pharmacy will contact them for their delivery of NUBEQA
- The specialty pharmacy is chosen by the patient's health insurance
- From this point forward, this specialty pharmacy will provide your patient with their monthly delivery of NUBEQA

Contact a Bayer representative to learn more

Sample NUBEQA Specialty Pharmacy Network



NUBEQA®
(darolutamide) 300 mg tablets

Bayer collaborates with specialty pharmacies to bring a higher level of comprehensive, coordinated care to your patients, including:

- A high level of patient support, including 24-hour access to a pharmacist
- Reliable prescription delivery
- Patient follow-up throughout the treatment journey
- Counseling for patients new to therapy
- Confirmation of receipt of medication and patient materials
- The NUBEQA \$0 Co-pay Program for eligible privately insured patients*

NUBEQA® (darolutamide) Specialty Pharmacy Network†

<p>AcariaHealth™ www.acariahealth.com Phone: 1-800-511-5144 Fax: 1-877-541-1503 Hours: Mon-Fri, 8:00 AM–10:00 PM ET; Sat, 9:00 AM–3:00 PM ET</p> <p>Accredo® www.accredo.com Phone: 1-877-732-3431 Fax: 1-888-302-1028 Hours: Mon-Fri, 8:00 AM–11:00 PM ET; Sat, 8:00 AM–5:00 PM ET</p> <p>Walgreens Specialty Pharmacy https://walgreenspecialtyrx.com Phone: 1-866-202-4888 Fax: 1-888-440-6703 Hours: Mon-Fri, 8:00 AM–8:00 PM ET</p> <p>Biologics by McKesson https://biologics.mckesson.com Phone: 1-800-850-4306 Fax: 1-800-823-4506 Hours: Mon-Fri, 8:00 AM–8:00 PM ET</p>	<p>CenterWell Specialty Pharmacy™ www.centerwellpharmacy.com Phone: 1-800-486-2668 Fax: 1-877-405-7940 Hours: Mon-Fri, 8:00 AM–11:00 PM ET; Sat, 8:00 AM–6:30 PM ET</p> <p>CVS® Specialty Pharmacy www.cvspecialty.com Phone: 1-855-539-4712 Fax: 1-888-435-1256 Hours: Mon-Fri, 8:00 AM–8:00 PM ET</p> <p>Onco360 Oncology Pharmacy Solutions www.onco360.com Phone: 1-877-662-6633 Fax: 1-877-662-6355 Hours: Mon-Fri, 8:00 AM–7:00 PM ET</p> <p>Optum Specialty Pharmacy www.specialty.optumrx.com Phone: 1-855-427-4682 Fax: 1-877-342-4596 Hours: Available 24/7</p>
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*Patient must meet eligibility requirements of the NUBEQA \$0 Co-pay Program; for example, only commercially insured patients are eligible. †Patient must inform NUBEQA \$0 Co-pay Program of change in insurance status; (i) it is required that the patient understand, accept and meet the terms of all the NUBEQA \$0 Co-pay Program requirements; (ii) use of the NUBEQA \$0 Co-pay Program must be consistent with and not prohibited by the requirements of the patient's health insurance; (iii) the NUBEQA \$0 Co-pay Program benefit has a maximum amount of \$25,000 per year, per patient; (iv) the NUBEQA \$0 Co-pay Program is for commercially insured patients using NUBEQA for an approved FDA indication; (v) the NUBEQA \$0 Co-pay Program does not cover costs for changes associated with administering NUBEQA or patient visits; (vi) offer valid only for patients treated in the USA, including Puerto Rico, Guam and US Territories; (vii) Bayer reserves the right to determine eligibility, monitor participation, fairly distribute product and may change or end the NUBEQA \$0 Co-pay Program at any time with or without notice; (viii) patient agrees to provide necessary health information to the administration of the NUBEQA \$0 Co-pay Program. For questions about the NUBEQA \$0 Co-pay Program, please call us at 1-800-288-8374. ‡The list of specialty pharmacies on this resource is subject to change.

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For illustrative purposes only.

Download NUBEQA Specialty Pharmacy Network

www.NUBEQAhcp.com/resources/for-your-practice

To help patients afford NUBEQA® (darolutamide), Bayer offers the NUBEQA \$0 Co-Pay Program* and patient referrals to 501(c)(3) foundations.

Two options for patients to enroll in the NUBEQA \$0 Co-Pay Program:

1. Access Services by Bayer, powered by [CoverMyMeds.com](https://www.covermymeds.com)

- Complete the Access Services by Bayer Patient Enrollment Form, with patient signature and date
 - Please provide the patient's email address if they are unable to sign in the office. This allows Access Services by Bayer to reach out to the patient to obtain their signature
- Access Services by Bayer will enroll eligible commercially insured patients and provide the co-pay card information to the specialty pharmacy and to the patient

2. www.NUBEQACoPayProgram.com

- Complete the required fields
- When enrollment is complete, a PDF of the co-pay card will be provided for patients to print and share with their specialty pharmacy

For non-commercial patients who have trouble paying for their NUBEQA medication, Access Services by Bayer will research external 501(c)(3) foundations. If foundation support is available, they will refer patients as appropriate.

*Restrictions may apply. For full terms and conditions, please call Access Services by Bayer at 1-800-288-8374. Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible. As a condition precedent of the co-payment support provided under this program, eg, co-pay refunds, participating patients and pharmacies are obligated to inform insurance companies and third-party payers of any benefits they receive and the value of this program, as required by contract or otherwise. Void where prohibited by law, taxed, or restricted. Eligibility and participation are subject to review and may be modified or discontinued at any time.

Tips

NUBEQA \$0 Co-Pay Program

- Eligible patients enrolled in the NUBEQA \$0 Co-Pay Program will be automatically re-enrolled on January 1st

501(c)(3) foundations

- Patients will need to complete the application for the external 501(c)(3) foundations

[Contact a Bayer representative to learn more](#)

*Restrictions may apply. For full terms and conditions, please call Access Services by Bayer at 1-800-288-8374. Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible. As a condition precedent of the co-payment support provided under this program, eg, co-pay refunds, participating patients and pharmacies are obligated to inform insurance companies and third-party payers of any benefits they receive and the value of this program, as required by contract or otherwise. Void where prohibited by law, taxed, or restricted. Eligibility and participation are subject to review and may be modified or discontinued at any time.


PATIENT
ENROLLMENT


PATIENT HIPAA
AUTHORIZATION/FORM


BENEFIT
VERIFICATION


PRIOR
AUTHORIZATION


PA/MEDICAL
EXCEPTION GUIDE


FREE TRIAL
PROGRAM


PATIENT AFFORDABILITY
RESOURCES



Access Services by Bayer offers support and resources for patients prescribed NUBEQA

ONLINE



www.NUBEQAhcp.com

PHONE



1-800-288-8374

Monday–Friday 8 AM to 8 PM Eastern Time

FAX



1-800-390-1826

[Contact a Bayer representative to learn more](#)

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PP-NUB-US-3260-1 08/24

