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** 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

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.

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

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

Missing signatures **WILL** cause a delay in processing

Access Services by Bayer™ | NUBEQA (darolutamide) | BAYER

PATIENT SUPPORT REQUEST FORM

Phone: 1.800.288.8374
Fax: 1.800.390.1826

PATIENT CHOOSES TO OPT-IN TO*: ○ Benefits Investigation† ○ Free Trial Program ○ $0 Co-pay Program

STEP 1 Patient Information — Required fields (*)

Last Name*: First Name*: Date of Birth*: Gender: ○ M ○ F
Street*: City*: State*: ZIP*:
Home Phone: ( ) OK to Leave a Detailed Message?: ○ Yes ○ No Preferred Language:
Cell: ( ) Preferred Contact Method:
Email:
Alternate Contact's First and Last Name: Relationship: Alternate Contact's Phone: ( )

STEP 2 Patient Insurance Information (send in copy of insurance cards) — ○ **No Insurance**

Patient's Medical Insurance*: Telephone: ( )
Group Number: BIN: PCN: Policy ID Number*:
Subscriber Name: Date of Birth: Relationship to card holder:
Patient's Pharmacy Insurance*: Telephone: ( )
Group Number: BIN: PCN: Policy ID Number*:
Subscriber Name: Date of Birth: Relationship to card holder:
Patient's Secondary Insurance*: Telephone: ( )
Group Number: BIN: PCN: Policy ID Number*:
Subscriber Name: Date of Birth: Relationship to card holder:

STEP 3 Prescriber Information — ○ **In-Office Dispensing**

Site/Facility Name: Prescriber Name*:
Street*: City*: State*: ZIP*:
Telephone*: Fax*:
Office Contact Name: Email: Telephone:
Tax ID #: NPI #:

STEP 4 NUBEQA 1 Month Free Trial Program Prescription (required for NUBEQA Free Trial Program only)

Prescribers in the state of New York: Please submit prescriptions on official state prescription blanks in conjunction with this form.

Dispense*:
○ Nubeqa 300mg tablets Patient Diagnosis/ICD-10-CM Code:
Quantity*: 120 tablets Directions:
Known Allergies: Other medications:

I certify that the above therapy is medically necessary and that the information provided is accurate to the best of my knowledge. I appoint Access Services by Bayer, on my behalf, to convey this prescription to the dispensing pharmacy. I understand that I may not delegate signature authority.

PRESCRIBER SIGN, DATE, AND FAX TO 1.800.390.1826 — Prescriber signature (required)*: Date*: / /

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

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

Access Services by Bayer™

NUBEQA (darolutamide) 300 mg tablets

BAYER

PATIENT SUPPORT REQUEST FORM

Phone: 1.800.288.8374
Fax: 1.800.390.1826

PATIENT CHOOSES TO OPT-IN TO*

○ Benefits Investigation† ○ Free Trial Program ○ $0 Co-pay Program

STEP 1 Patient Information

Required fields (*)

Last Name*:	First Name*:	Date of Birth*:	Gender: ○ M ○ F
Street*:	City*:	State*:	ZIP*:
Home Phone: ( ) Cell: ( ) Email:	OK to Leave a Detailed Message?: ○ Yes ○ No	Preferred Language: Preferred Contact Method:	
Alternate Contact's First and Last Name:	Relationship:	Alternate Contact's Phone: ( )	

STEP 2 Patient Insurance Information (send in copy of insurance cards)

○ **No Insurance**

Patient's Medical Insurance*:			Telephone: ( )
Group Number:	BIN:	PCN:	Policy ID Number*:
Subscriber Name:		Date of Birth:	Relationship to card holder:
Patient's Pharmacy Insurance*:			Telephone: ( )
Group Number:	BIN:	PCN:	Policy ID Number*:
Subscriber Name:		Date of Birth:	Relationship to card holder:
Patient's Secondary Insurance*:			Telephone: ( )
Group Number:	BIN:	PCN:	Policy ID Number*:
Subscriber Name:		Date of Birth:	Relationship to card holder:

STEP 3 Prescriber Information

○ **In-Office Dispensing**

Site/Facility Name:	Prescriber Name*:		
Street*:	City*:	State*:	ZIP*:
Telephone*:	Fax*:		
Office Contact Name:	Email:	Telephone:	
Tax ID #:	NPI #:		

STEP 4 NUBEQA 1 Month Free Trial Program Prescription

(required for NUBEQA Free Trial Program only)

Prescribers in the state of New York: Please submit prescriptions on official state prescription blanks in conjunction with this form.

Dispense*:

○ Nubeqa 300mg tablets

Quantity*: **120 tablets**

Patient Diagnosis/ICD-10-CM Code: ______

Directions: ______

Known Allergies: ______

Other medications: ______

I certify that the above therapy is medically necessary and that the information provided is accurate to the best of my knowledge. I appoint Access Services by Bayer, on my behalf, to convey this prescription to the dispensing pharmacy. I understand that I may not delegate signature authority.

PRESCRIBER SIGN, DATE, AND FAX TO 1.800.390.1826

Prescriber signature (required)*: ______ **Date*:** / /

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

Access Services by Bayer™ NUBEQA (darolutamide) 300 mg tablets BAYER

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

I understand that:

- This Authorization will remain in effect until the end of my participation in Access Services by Bayer™ or 5 years 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 29097, PHOENIX AZ 85038-9097**.
- 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.
- 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 SIGN AND DATE

Patient name (print)*: ____________________

Patient (or legal guardian) signature*: ____________________ **Date*:** ___ / ___ / ___

If signed by a legal representative: Print Name: ____________________

Relationship to patient: ____________________

Access Services by Bayer™

NUBEQA® (darolutamide) 300 mg tablets

BAYER

NUBEQA $0 CO-PAY PROGRAM TERMS AND CONDITIONS

Patient must meet eligibility requirements of the NUBEQA $0 Co-pay Program; for example, only commercially insured patients are eligible: (i) Patient must inform NUBEQA $0 Co-pay Program of change in insurance status; (ii) it is required that the patient understand, accept and meet the terms of all the NUBEQA $0 Co-pay Program requirements; (iii) use of the NUBEQA $0 Co-pay Program must be consistent with and not prohibited by the requirements of the patient's health insurance; (iv) the NUBEQA $0 Co-pay Program benefit has a maximum amount of $25,000 per year, per patient; (v) the NUBEQA $0 Co-pay Program is for commercially insured patients using NUBEQA® (darolutamide) for an approved FDA indication; (vi) the NUBEQA $0 Co-pay Program does not cover costs for changes associated with administering NUBEQA or patient visits; (vii) offer valid only for patients treated in the USA, including Puerto Rico, Guam and US Territories; (viii) 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; (ix) 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 1-647-245-5642.

NUBEQA 1 MONTH FREE TRIAL PROGRAM TERMS AND CONDITIONS

The NUBEQA Free Trial Program (FTP) provides a 1 month supply of NUBEQA at no cost to patients who meet FTP eligibility requirements and who agree to the FTP terms and conditions. (i) FTP is a free trial offer, intended solely to allow new patients to try NUBEQA and to determine with their healthcare provider whether NUBEQA is right for them. There is no obligation to continue use of NUBEQA after the free trial has been completed; (ii) to be eligible, patient must: (1) reside in the United States or Puerto Rico and (2) be a new patient not currently using NUBEQA or who previously received NUBEQA through the FTP; (iii) NUBEQA supplied through the FTP will be dispensed only through a pharmacy designated by Bayer up to the limits above; (iv) product may only be delivered to the patient's home address (no P.O. boxes) or the prescribing healthcare provider's office; (v) it is unlawful for any person to sell, purchase, trade, barter or export NUBEQA supplied through the FTP or make an offer to do so; (vi) NUBEQA supplied through the FTP may not be billed (in whole or part, directly or indirectly) to any patient or third-party payer, including Medicare, Medicaid and commercial insurance plans; (vii) Bayer reserves the right to change or discontinue the FTP at any time without notice; (viii) the FTP is not health insurance; (ix) the FTP is not a discount, rebate, coupon, cost-sharing program or other form of financial assistance and no portion of the value of the FTP product may count as a patient out-of-pocket expense under any health insurance program; (x) NUBEQA supplied free of charge through the FTP is not contingent on continued use of NUBEQA or any other prescriptions or use of Bayer products. To continue a patient on therapy, a separate prescription must be written by the healthcare provider and filled at the patient's specialty pharmacy of choice; (xi) the FTP is void where prohibited by law and where use is prohibited by the patient's insurance provider.

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