

## YOUR GUIDE TO

# stemline arc<sup>®</sup>

access | reimbursement support | connection

### **a**ccess

Support for benefits investigation and verification, information on alternate support, and co-pay support for eligible patients\*

### **r**eimbursement support

Information regarding prior authorization, template letter of medical necessity, appeals of denied claims, and coding & billing support

### **C**onnection

ARC Patient Advocates provide an overview of support services, confirm ELZONRIS coverage and financial assistance, and share helpful resources<sup>†</sup>

\*In order to be eligible for the Stemline Commercial Co-Pay Program, the patient must not have government-funded health insurance (eg, Medicare, Medicaid, or any other federal or state program), must be taking **ELZONRIS<sup>®</sup> (tagraxofusp-erzs) Injection for Intravenous (IV) Use** for an FDA-approved indication, and must confirm that they meet all of the eligibility criteria and agree to the rules set forth in the terms and conditions for the program. Patients and healthcare providers are responsible for completing and submitting enrollment forms and coverage or reimbursement documentation. Stemline Therapeutics, Inc. makes no representation or guarantee concerning coverage or reimbursement of any service or item.

<sup>†</sup>ARC Patient Advocates are available to provide resource information and answer questions about financial assistance, insurance benefits, and coverage for ELZONRIS. This supplemental support is not intended to replace discussions between patients and their healthcare providers.



Please see accompanying full Prescribing Information, including Boxed WARNING.

## access

Help eligible patients receive the support they need with access to a variety of assistance programs.



### Stemline Commercial Co-Pay Program\*

- Eligible patients may pay as little as \$0 for ELZONRIS Injection for IV Use
- Activation is simple: download and fax in the completed enrollment form and Stemline ARC representatives will call you or the patient to get started

Please see page 5 for the full terms and conditions.



### Stemline Patient Assistance Program†

- The Stemline Patient Assistance Program provides ELZONRIS Injection for IV Use to eligible patients who are under- or uninsured. Patients must meet certain criteria to qualify. Call 1-833-4-STEMLINE (1-833-478-3654) for more information



### Independent Third-Party Foundations‡

- Stemline ARC can provide information about independent third-party foundations for eligible patients

ELZONRIS Injection for IV Use is available through specialty distributors§

DISTRIBUTOR	PHONE	FAX	EMAIL	WEBSITE
McKesson Plasma and Biologics	1-877-625-2566	1-888-752-7626	mpborders@mckesson.com	connect.mckesson.com
Cardinal Health	1-877-453-3972 1-855-855-0708	1-877-274-9897 1-614-553-6301	gmb-spd-csorderentry@cardinalhealth.com	cardinalhealth.com/en/services/acute/logistics-solutions-acute/distribution/specialty-distribution
ASD Healthcare	1-800-746-6273	1-800-547-9413	asd.customerservice@asdhealthcare.com	asdhealthcare.com

\*Patients must meet eligibility criteria. In order to be eligible for the Stemline Commercial Co-Pay Program, the patient must not have government-funded health insurance (eg, Medicare, Medicaid, or any other federal or state program), must be taking ELZONRIS Injection for IV Use for an FDA-approved indication, and must confirm that they meet all of the eligibility criteria and agree to the rules set forth in the terms and conditions for the program. Patients and healthcare providers are responsible for completing and submitting enrollment forms and coverage or reimbursement documentation. Stemline Therapeutics, Inc. makes no representation or guarantee concerning coverage or reimbursement of any service or item.

†To be eligible for this program, insured patients must have exhausted all other forms of patient assistance and meet financial criteria. Insured and uninsured patients must also meet certain eligibility criteria.

‡Stemline Therapeutics, Inc. does not influence or control the operations or eligibility criteria of any independent charitable assistance foundation and cannot guarantee assistance after information has been provided by Stemline ARC. The information is provided as a resource to patients. The foundations that we discuss with patients are not exhaustive or indicative of Stemline Therapeutics, Inc.'s endorsement or financial support. There may be other foundations to support the patient's disease state.

§Stemline Therapeutics, Inc. does not influence or advocate for the use of any one distributor and makes no representation or guarantee of services or coverage of any product.

## reimbursement support

Stemline ARC is here to help patients, hospitals, and offices alike, including:

Hospital and office access/procurement support	Benefits investigation and verification, financial needs assessment, triage to assistance programs
Billing and coding guidance, including HCPCS, NDCs, and ICD-10-CM codes	Independent third-party foundations for eligible patients
Support for prior authorization, medical exceptions, appeals of denied claims	

PRODUCT INFORMATION	DESCRIPTION
NDC number	72187-0401-1
Dimensions	2.25 in. × 2 in.
Quantity	1 vial/box
Storage specifics	Store in freezer between –25°C and –15°C (–13°F and 5°F). Protect ELZONRIS Injection for IV Use from light by storing in original package until time of use. Thaw vials at room temperature between 15°C and 25°C (59°F and 77°F) prior to preparation. Do not refreeze vial once thawed. Do not use beyond expiration date on container.

For questions or more information about Stemline ARC, call 1-833-4-STEMLINE (1-833-478-3654) from 9:00 AM to 6:00 PM EST, Monday through Friday.

## Connection

### Stemline ARC connects your patients to comprehensive benefit and resource support throughout their treatment journey

ARC Patient Advocates provide an overview of support services, confirm ELZONRIS coverage and financial assistance, share helpful resources, and are available to answer questions throughout your patients' treatment journey.\*



ARC Patient Advocates provide your patients with a single point of contact

#### Here are some of the questions ARC Patient Advocates can help answer for your patients:

- How can I get financial assistance during my treatment?
- How can I get help with transportation or meals?
- How can I get coverage for ELZONRIS?
- How do I handle getting reimbursed by insurance?
- Where can I learn more about BPDCN?
- Where can I find mental health support?
- Where can I find patient, family, or caregiver support groups?
- What kind of resources can I find online?

\*ARC Patient Advocates are available to provide resource information and answer questions about financial assistance, insurance benefits, and coverage for ELZONRIS. This supplemental support is not intended to replace discussions between patients and their healthcare providers.

For questions or more information about Stemline ARC, call 1-833-4-STEMLINE (1-833-478-3654) from 9:00 AM to 6:00 PM EST, Monday through Friday.

## Stemline Commercial Co-Pay Program Terms and Conditions

By using the Stemline Commercial Co-Pay Program, the patient acknowledges and confirms that, at the time of usage, (s)he is currently eligible and meets the criteria set forth in the terms and conditions described. The Stemline Commercial Co-Pay Program is valid ONLY for patients with commercial (private or nongovernmental) insurance who are taking the medication for an FDA-approved indication. Patients using Medicare, Medicaid, or any other federal or state government-funded program to pay for their medications are not eligible. Patients who start utilizing their government coverage during their enrollment period will no longer be eligible for the program. Patients may pay as little as \$0 per month and Stemline Therapeutics, Inc. will pay the remaining out-of-pocket cost up to a maximum of \$25,000 per calendar year. Any costs exceeding the maximum of \$25,000 are the responsibility of the patient. This Commercial Co-Pay Program is not health insurance or a benefit plan. Distribution or use of the Stemline Commercial Co-Pay Program does not obligate use or continuing use of any specific product or provider. Patient or guardian is responsible for reporting the receipt of all Commercial Co-Pay Program benefits or reimbursement received to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Commercial Co-Pay Program, as may be required. The Commercial Co-Pay Program is not valid for medications the patient receives for free or that are eligible to be reimbursed by private insurance plans or other healthcare or pharmaceutical assistance programs that reimburse the patient in part or for the entire cost of his/her Stemline medication. Patient, guardian, pharmacist, prescriber, and any other person using the Commercial Co-Pay Program agree not to seek reimbursement for all or any part of the benefit received by the recipient through the offer.

The Stemline Commercial Co-Pay Program will be accepted by participating pharmacies, physician offices, or hospitals. To qualify for the benefits of this Commercial Co-Pay Program, the patient may be required to pay out-of-pocket expenses for each treatment. This Commercial Co-Pay Program is only available with a valid prescription and cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. Use of this Commercial Co-Pay Program must be consistent with all relevant health insurance requirements and payer agreements. Participating patients, pharmacies, physician offices, and hospitals are obligated to inform third-party payers about the use of the Commercial Co-Pay Program as provided for under the applicable insurance or as otherwise required by contract or law. ELZONRIS Injection for IV Use provided by the Commercial Co-Pay Program may not be sold, purchased, traded, or offered for sale, purchase, or trade. Program eligibility period is contingent upon the patient's ability to meet and maintain all requirements as set forth by the program. Stemline Therapeutics, Inc. may periodically verify eligibility and will terminate patients without obligation to pay claims if change to status is detected. This program is not valid where prohibited by law and shall follow state restrictions in relation to AB-rated generic equivalents where applicable (eg, MA, CA). The patient must be 18 years or older to receive Commercial Co-Pay Program assistance. This Commercial Co-Pay Program is (1) void if reproduced; (2) void where prohibited by law; (3) only valid in the United States and Puerto Rico; and (4) only valid for FDA-approved on-label indications of Stemline products. Healthcare providers may not advertise or otherwise use the program as a means of promoting their services or Stemline Therapeutics, Inc. products to patients. Stemline Therapeutics, Inc. reserves the right to rescind, revoke, amend, or terminate the program without notice at any time.

## Stemline ARC Enrollment in 4 Simple Steps

Follow these simple steps to enroll your patients in **Stemline ARC**, a support program to help eligible patients access and receive treatment with ELZONRIS Injection for IV Use.



Fill out the enrollment form provided to you by a Stemline representative or download the form at [ELZONRIS.com/hcp/stemline-arc-summary](http://ELZONRIS.com/hcp/stemline-arc-summary).



Together with your patient, sign and date **Stemline ARC** enrollment form authorizations, certifications, and consent fields.



Work with your patient to confirm and provide all required documentation for benefits investigation, verification, or Stemline Patient Assistance Program support.



Fax completed application and required documentation to **1-833-329-7836**.\*

## Enrollment Reminders

Before faxing your application, please use the checklist below to ensure all of the required documentation is included:

- Obtain patient certifications and authorizations**
- Be sure to include the healthcare provider's state license number**
- If the patient is requesting financial assistance or Stemline Patient Assistance Program help, please include the patient's most recent W2, 1099, or other proof of income**
- Attach a copy of both sides of all patient insurance cards**

\*Applications and required documentation may also be mailed to:

Stemline ARC  
PO Box 220293  
Charlotte, NC 28222

For questions or more information about Stemline ARC, call 1-833-4-STEMLINE (1-833-478-3654) from 9:00 AM to 6:00 PM EST, Monday through Friday.

## Enrollment Form

STEP 1: PATIENT INFORMATION			
<b>PATIENT INFORMATION (*Required fields)</b>			
Name (First/MI/Last)*	Patient DOB (mm/dd/yyyy)*	Sex* <input type="radio"/> Male <input type="radio"/> Female	
Street Address*	State*		City*
ZIP Code*	Email Address		
Primary Phone #* <input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work	Secondary Phone # <input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work		
Best Time to Contact <input type="radio"/> Morning <input type="radio"/> Afternoon <input type="radio"/> Evening	Preferred Language (if not English)		
Alternate Contact Name/Relationship to Patient	Alternate Contact Phone # <input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work		
<b>Patient Authorizations</b>			
<input type="checkbox"/> I give permission to <b>Stemline ARC</b> to communicate directly with my alternate contact on my behalf.			
STEP 2: INSURANCE INFORMATION			
<b>INSURANCE INFORMATION: If patient is uninsured, please skip to step 3 (*Required fields)</b>			
Primary Insurance*	Policy ID #*	GRP ID #	
Insurer's Phone #	Policyholder Same as Patient? <input type="radio"/> Yes <input type="radio"/> No Relationship to Patient:		
Policyholder Name*	Policyholder DOB (mm/dd/yyyy)*		
Secondary Insurance	Policy ID #*	GRP ID #	
Insurer's Phone #	Policyholder Same as Patient? <input type="radio"/> Yes <input type="radio"/> No Relationship to Patient:		
Policyholder Name*	Policyholder DOB (mm/dd/yyyy)*		
<b>Attach a copy of both sides of all patient insurance cards.</b>			
STEP 3: PRESCRIBER INFORMATION			
<b>PRESCRIBER INFORMATION (*Required fields)</b>			
Prescriber Name*	State Where Licensed*	State License #*	
Prescriber Type	NPI #*	Tax ID #*	DEA #*
Facility Name	Facility Type* <input type="radio"/> Hospital Inpatient <input type="radio"/> Hospital Outpatient <input type="radio"/> Freestanding Clinic/Physician Office		
Facility Address**	City*	State*	ZIP Code*
Primary Contact Name	Title/Role		Primary Email
Primary Phone #	Primary Fax #	Primary Email	
<small>*The first cycle of ELZONRIS Injection for IV Use must be infused in an inpatient facility. **Product must be shipped to the signing prescriber's office or hospital address authorized by the prescriber and not to a third party.</small>			
STEP 4: PREFERRED DISTRIBUTION			
<b>SPECIALTY DISTRIBUTOR</b>			
<input type="radio"/> ASD <input type="radio"/> Cardinal <input type="radio"/> McKesson			
STEP 5: PRESCRIPTION INFORMATION			
Primary Diagnosis Code (ICD-10)			
Primary Diagnosis Description			
<b>MEDICATION AND CODING INFORMATION*</b>			
<b>BILLING DESCRIPTION</b>		<b>HCPCS CODE</b>	
ELZONRIS Injection, tagraxofusp-erzs, 10 mcg		J9269	
<b>DOSAGE AND ADMINISTRATION</b>			
Administer ELZONRIS at 12 mcg/kg intravenously over 15 minutes once daily on days 1-5 of a 21-day cycle.			
Patient Weight: (lb/kg)	Specify the Number of Vials Requested:		
<b>NOTE: Each single-use vial contains 1,000 mcg/mL. An 83-kg (183-lb) patient would receive 1 entire vial per day.</b>			
<small>*It is the physician's responsibility to ensure accurate coding and billing.</small>			
For questions or more information, please call 1-833-4-STEMLINE (1-833-478-3654) from 9:00 AM to 6:00 PM EST, Monday through Friday, or visit <a href="http://ELZONRIS.com/hcp/stemline-arc-summary">ELZONRIS.com/hcp/stemline-arc-summary</a> . Fax completed enrollment form to 1-833-329-7836.			
1 of 3		Please see accompanying full Prescribing Information, including Boxed WARNING.	

Visit [ELZONRIS.com/hcp/stemline-arc-summary](https://ELZONRIS.com/hcp/stemline-arc-summary)  
for more information

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