



# Verastem Lab Assist

## Enrollment Form

Please complete, sign, and fax to 1-833-264-8372

### Program Overview

Verastem Lab Assist is a limited program intended to provide financial and other assistance to eligible COPIKTRA patients that require blood testing, if ordered by a healthcare provider. This may allow patients to remain at home to help mitigate the risk of COVID-19 exposure during this pandemic. The program can provide up to \$300 per visit (not to exceed \$1,200) to reimburse the patient directly for a Home Health Agency or Lab Service, selected by the provider and patient, to draw the required blood work at the patient's home. The Verastem Cares Oncology Nurse Advocates can also assist patients in identifying Home Health Agencies or Lab Services. This program will be available through August, 2020.

Please complete, sign, and fax this form to the Verastem Lab Assist Program at 1-833-264-8372.

### Patient Information

Name (First MI Last): \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

Gender:  Male  Female  Other Address: \_\_\_\_\_

Patient Email: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

### Insurance Information

Is Patient Insured?  No  Yes Primary Insurance: \_\_\_\_\_ Insurance Telephone: \_\_\_\_\_

Policy ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Rx BIN #: \_\_\_\_\_ Rx PCN #: \_\_\_\_\_

Policyholder Name (First Last): \_\_\_\_\_ Policyholder Relationship to Patient: \_\_\_\_\_

### Prescriber Information

Prescriber's Name (First Last) \_\_\_\_\_ Specialty \_\_\_\_\_

Practice Name \_\_\_\_\_ Office Contact \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ NPI# \_\_\_\_\_

Additional Office Contact Name: \_\_\_\_\_

### Lab Orders

Requested Labs (document here or attach request form): \_\_\_\_\_

Sign and Date Here

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

### Terms and Eligibility

- Verastem will reimburse patients under this program for services not covered by a 3rd party insurance up to \$300.00 (but not to exceed \$1,200).
- This program is not intended to interfere with the doctor/patient relationship. All treatment decisions are at the full discretion and direction of the treating provider, including any lab service orders and/or any selection of Home Health Agencies or Lab Services.
- Neither prescriber, prescriber's institution, pharmacy, pharmacist, or any other person, including the patient, may seek payment or accept reimbursement from any patient, third-party payer, including any state or federal entity or private or other insurance plan, or other person or entity for lab work reimbursed under this program.
- Patient must be uninsured or underinsured for home health services, determined by a benefits investigation completed by Verastem Cares.
- The Lab Assist Program only covers lab monitoring required in the FDA-approved COPIKTRA label.
- Patient must submit an Explanation of Benefits (EOB) for reimbursement under this program. Submit to Verastem Cares by fax at 1-833-264-8372 or email at Pharmacord@VerastemCares.com.
- There is no obligation to continue use of COPIKTRA while using the Lab Assist Program.
- Patient must be a resident of the United States or US Territories and prescribed COPIKTRA for use within the FDA-approved label (on-label use).
- Verastem reserves the right to change or discontinue this program at any time without notice.
- Services may be limited in certain regions due to the COVID-19 pandemic.
- The Verastem Lab Assist Program will only be available until August 31, 2020.
- Additional eligibility requirements may apply.

Prescriber: In my medical judgment, the request for lab work for this patient is clinically appropriate for the patient named above and it is consistent with the FDA guidance. This lab work is specifically for the patient named above. I certify that I understand and agree to comply with all my obligations as they relate the above referenced Program Eligibility and Terms and Conditions.

Sign and Date Here

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For assistance or additional information, contact Verastem Cares at 1-833-570-CARE (2273) Monday – Friday, 8AM – 8PM ET

