# Autelus™ Assist

# AutolusAssist is at your service

AutolusAssist is a convenient way for patients, caregivers, and healthcare providers to find valuable resources and dedicated support throughout the CAR T-cell treatment journey.



### We are here to Assist you

You can count on a dedicated AutolusAssist Case Manager for personalized end-to-end support. They are ready to answer questions you may have about insurance, Autolus CAR T-cell treatment, and support resources throughout the CAR T-cell treatment journey.



Contact AutolusAssist for support 24 hours a day, 7 days a week

Call AutolusAssist at (855) 288-5227 or visit <u>www.AutolusAssist.com</u> for more information.

CAR=chimeric antigen receptor.

### AutolusAssist offers comprehensive patient support services to navigate the Autolus CAR T-cell treatment journey



### **Insurance support**

AutolusAssist can support benefits investigations, prior authorizations, and claims appeals to help patients start on Autolus CAR T-cell therapy.



### Benefits verification support

Verification of health insurance benefits, including coverage and out-of-pocket costs Prior authorization support Assistance with navigating payer's prior authorization requirements



Appeal support Assistance with navigating payer's appeal requirements

**Patient assistance** 

## AutolusAssist offers several support services to help patients and caregivers during the CAR T-cell treatment journey\*:

### Support for uninsured or underinsured patients

Our Patient Assistance Program can help patients who are uninsured or underinsured to access Autolus CAR T-cell therapy at no cost.

### Support for copays and out-of-pocket costs

- Commercial copay assistance can help reduce patient costs associated with Autolus CAR T-cell therapy to \$0 (up to a certain amount)
- · Covers copay, coinsurance, and/or deductibles that commercially insured patients may be responsible for

### Support from independent organizations

Numerous independent, nationwide programs offer a range of services for patients and their families, including emotional and educational support. Visit www.AutolusAssist.com to learn more.

### Support for getting to and from a treatment center

Our transportation, lodging, and meal support program offers resources to help patients travel to and remain nearby their treatment center during key steps in the treatment process.







Patients and HCPs must complete and submit a Patient Support Enrollment Form to assess eligibility for AutolusAssist support services

Call AutolusAssist at (855) 288-5227 or visit <u>www.AutolusAssist.com</u> for more information.

\*Based on certain eligibility criteria. CAR=chimeric antigen receptor.

### It all starts here



To avoid treatment delays, HCPs and Authorized Treatment Centers (ATCs) may work closely with patients to complete the AutolusAssist Patient Support Enrollment Form.

*Note: ATCs may request the Patient Support Enrollment Form by calling AutolusAssist at (855) 288-5227 or emailing AutolusAssist@autolus.com* 

### Patient Form

Autelus
AutolusAssist Patient Support Enrollment Form – Patient Section (cont'd)
Patient Consent to Receive Additional Information
Patient Consent to Receive Additional Information
Patient Authorization for Electronic Income Verification
agency for the purpose of determining financial qualifications for AutolusAssist patient support programs under the Fair Credit Reporting Act.
For questions or for additional support, contact AutolusAssist Patient Support at 1-855-288-5227, Monday through Friday, Sue to Bre PT. Assis

### Key topics covered:

- Patient and caregiver information
- Communication preferences
- Patient consents
- Patient signature

### **Provider Form**

	Autolus
	,
AutolusAssist	Patient Support Enrollment Form – Healthcare
Provider Sect	ion (cont'd)
Provider Declaration	
By signing this form, I cee	
I certify that the prescribit support programs, includ	A rel
Assistance Program ("tre	Autelu
Autolus. I certify that I will insurance coverage, or fi	AutolusAssist Patient Support Enrollment Form - Healthcare
to determine eligibility for	
AutolusAssist can contact information to ensure sec	Provider Section
Dy checking this box.	Patient Information
support enrollment pr	First Name, Middle Initial, Last Name Date of Birth (MMICD/YYYY)
With respect to Transport	
<ul> <li>My authorized treatment</li> </ul>	Product Name: Primary Diagnosis/ICD-10-CM Code
<ul> <li>The patient's insurance to the authorized treatment</li> </ul>	
My authorized treatmen	Services Requested for This Patient
With respect to the Patier	Check all that apply:
My sufficized treatmen	Request Transportation, Lodging, and Meal Support: Please screen patient for Transportation, Lodging, and Meal Support.
coverage for the Autola	Request of insurance coverage check: authorized treatment center has NOT determined if Autolus CAR T cell therapy is covered by the patient's insurance and would like AutolusAssist support to provide benefit verification, prior authorization
If the patient is eligible a     Medicare A Medicare E	support, cell therapy and/or ongoing coverage checks.
CAR T cell therapy	Request Patient Assistance Program support: Patient does not have insurance or does not have coverage for the Autoi
With respect to Commerc	CAR T cell therapy and would like Autolus/kasist to determine eligibility for the Patient Assistance Program ("tree goods Request Commercial Cooxy Assistance: Patient has insurance but would like cooxy assistance.
Dy checking this box,	To support commercial copay Assistance: Patient has insurance but would use copay assistance. To support coverage continuity, AutolusAssist will verify active insurance throughout the manufacturing process for all error
any copay assistance government-funded in	patients and notify your authorized treatment center if any changes are detected.
Licensed Drovider or Aut	Primary Insurance Information Secondary Insurance Information
Comme Provole of Pas	Primary Insurance Secondary Insurance
Print Name	Subscriber Name
Print Name	Date of Birth (MMDDYYYY)
	Phone Number Phone Number
	Member ID Member ID
	Group Group
	Complete this section or include a copy of the front and back of the patient's primary insurance card and seconds
For questions or for	insurance card, if applicable:
Patient Support at 1	Provider Information Autorized Treating Providen Treating Providen
	NPI Number State License Number Medicaid Number
	Primary Contact Name
	Phone Number Fax Number Email
	For questions or for additional support, contact AutolusAssist

### Key topics covered:

- Support services requested for patient
- Patient insurance information
- Prescriber information
- Provider signature

### The Patient Enrollment Form can be submitted in several ways:



1-855-522-2886

### Mail



AutolusAssist Patient Support Program

PO Box 10361 Glendale, AZ 85318

### **Electronically (e-signature)**



Through Docusign (at the treatment center or remotely)

# AutolusAssist is here to help answer questions patients and caregivers may have about the Autolus CAR T-cell treatment journey.

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