

Help Your Patients Overcome Challenges to Accessing CRESEMBA[®] (isavuconazonium sulfate) capsules

After you have made the decision to prescribe CRESEMBA, you can help your patients access CRESEMBA by enrolling them in CRESEMBA Support Solutions.

STEP 1: Complete the CRESEMBA Support Solutions Enrollment Form

Be sure to complete all required fields. Missing or incorrect information can delay enrollment.

PRESCRIBER RESPONSIBILITIES

- A Provide all patient information**
Reminder: Obtain the best time to contact the patient, and inform the patient that either CRESEMBA Support Solutions or the pharmacy will call them.
- B Complete the patient's prescription drug insurance information**
Reminder: The patient's pharmacy card may be different than their medical card, so make sure you are providing the correct prescription insurance information.
- C Request an evaluation of the patient's eligibility for PAP**
Reminder: Check "Yes" to initiate an evaluation to determine whether the patient meets financial eligibility requirements for the CRESEMBA Patient Assistance Program (PAP).
- D Provide the product shipping information**
Reminder: The shipping address is needed to ship CRESEMBA. Please note: Product cannot be shipped to P.O. boxes.
- E Provide prescriber information**
Reminder: Providing a direct phone number for reaching the contact person in your office helps avoid delays.
- F Include all prescription information and diagnosis codes**
Reminder: Please complete the dosing and frequency instructions, the dispensed days supply for the prescription, the number of refills authorized, and the relevant diagnosis codes. It is the responsibility of the prescribing physician to determine the correct diagnosis and applicable billing code for each patient.
- G Complete a prescription for CRESEMBA QUICK START[®] (OPTIONAL)**
Reminder: Filling out this section may help eligible patients who experience insurance coverage delays receive a 1-time, 7-day supply of CRESEMBA at no cost.^a Fill out this section in case your patient needs to be considered for this program.
- H Sign and date where indicated**
Reminder: The prescriber is required to sign and date the form in 2-3 places.

Please use QR code on the back to download the enrollment form.

PATIENT RESPONSIBILITIES

- I Your patient must read the Patient Authorization Statement and provide a printed name, signature, and date to certify that they have read and agree to the Patient Authorization Statement**
Reminder: If a patient is unable to read and/or sign the Patient Authorization Statement, a representative can do so on the patient's behalf. If a representative signs on the patient's behalf, make sure the relationship to the patient is included and the section is signed and dated.

Patients can also certify that they agree to the Patient Authorization Statement by calling CRESEMBA Support Solutions and providing a verbal agreement.

^aTo be eligible for CRESEMBA QUICK START[®], patients must be new to CRESEMBA therapy, must have experienced an insurance-related access delay, and must have been prescribed CRESEMBA for an FDA-approved indication.

STEP 2: Submit the completed CRESEMBA Support Solutions Enrollment Form

DOWNLOAD the enrollment form from CRESEMBA Support Solutions.com or hold your smartphone over this code to download the enrollment form.



Complete and Fax

Complete the enrollment form, include all healthcare provider and patient signatures, and fax to 1-866-317-6235. Missing information can delay enrollment in CRESEMBA Support Solutions.

Contact Us

There are 3 ways to get support from CRESEMBA Support Solutions.



On the Phone

CRESEMBA Support Solutions Call Center
1-800-477-6472
Monday–Friday, 9 AM–8 PM ET



In Person

Access and Reimbursement Manager (ARM)

Each healthcare provider's office has access to an ARM who can provide support for matters related to access and reimbursement.

ARM Name: _____

Phone Number: _____

Email: _____



Online

Visit CRESEMBA Support Solutions.com.