



**CoverOne**<sup>®</sup>

Dedicated support for  
**BAVENCIO**<sup>®</sup> (avelumab) patients

[CoverOne.com](https://www.coverone.com)

**Phone:** 1-844-826-8371 | **Fax:** 1-800-214-7295 | **Monday–Friday:** 8:00 AM–8:00 PM ET

— all images shown in this guide are actor portrayals —

## CoverOne is here to support

CoverOne is a patient support program offering comprehensive services to BAVENCIO® (avelumab) patients, including:

- Access and Coverage Support
- Financial Assistance Programs
- Nursing Support

To learn more, please call 1-844-8COVER1 (1-844-826-8371) or visit [CoverOne.com](https://CoverOne.com). CoverOne specialists are available to assist patients and their care teams with any questions.

## Access and Coverage Support

CoverOne specialists help patients and their care teams understand how BAVENCIO® (avelumab) may be covered under the patient's individual insurance plan.

Support includes:

- **Verifying insurance benefits** to determine coverage and help patients understand potential out-of-pocket costs for BAVENCIO
- **Helping to support the prior authorization process** to facilitate timely access to treatment
- **Navigating the appeals process** with patients and their healthcare team if coverage is denied

To request a benefits verification or assistance, patients are encouraged to work with their healthcare provider to complete the CoverOne Enrollment Form.

### FOR HEALTHCARE PROVIDERS:

For detailed billing and coding information (e.g., HCPCS, CPT®, ICD-10-CM, NDC) related to BAVENCIO, please visit [CoverOne.com](https://CoverOne.com).

## Financial Assistance Programs

CoverOne offers a range of financial support options to help eligible patients access BAVENCIO® (avelumab).

### CoverOne Co-Pay Assistance Program\*

as little as

\$0

co-pay

for eligible patients  
with commercial  
insurance

CoverOne®

Eligible patients with private commercial insurance may pay as little as **\$0** for each prescription, up to a maximum of **\$30,000** per year.

- To apply, patients should work with their healthcare provider to submit a CoverOne Enrollment Form.

\*Government-insured patients (e.g., Medicare, Medicaid) are not eligible. Eligibility and terms apply. See full program Terms and Conditions at [CoverOne.com](https://www.coverone.com).



### CoverOne Patient Assistance Program (PAP)<sup>†</sup>

Patients without insurance or coverage for BAVENCIO® (avelumab) may qualify to receive their medication at no cost.

To apply for PAP, patients should:

- Complete the CoverOne Enrollment Form with their healthcare provider
- Provide the required financial information
- Submit all information **before treatment begins**, as assistance cannot be applied to treatment already received

<sup>†</sup>To qualify for the Patient Assistance Program, patients must meet certain financial, coverage (e.g., uninsured), and residency criteria.

# Nursing Support

CoverOne nurses are available to support patients throughout their **BAVENCIO® (avelumab)** treatment journey.



They can:

- ✓ Provide helpful information about BAVENCIO and the condition it treats
- ✓ Answer patient questions and offer ongoing support
- ✓ Share resources available through advocacy organizations

To request nursing support, patients are encouraged to work with their healthcare provider to complete the CoverOne Enrollment Form.

Patients may also request a Patient Support Kit with educational materials by visiting [BAVENCIO.com](https://www.bavencio.com) and going to the Resources section.

Supplemental nursing support services are available for patients enrolled in CoverOne and are not intended to replace discussions with their healthcare provider about their health or healthcare decisions. Patients should always speak with their healthcare provider if they experience any side effects or have questions about their treatment.

## ENROLL

### Get started with CoverOne today.

Patients and their healthcare provider can complete CoverOne enrollment together in a few simple steps.

- 1 Visit [CoverOne.com](https://www.coverone.com) to download and print the BAVENCIO® (avelumab) Enrollment Form
- 2 Complete all required fields and obtain necessary signatures
- 3 Submit the form in one of two ways:  
 Fax: **1-800-214-7295**  
 Email: [CoverOne@emdserono.com](mailto:CoverOne@emdserono.com)

A CoverOne specialist will follow up within 1-2 business days to discuss next steps.

For questions about enrollment, call 1-844-8COVER1 (**1-844-826-8371**).

# CoverOne®



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EMD Serono, Inc. does not guarantee coverage and/or reimbursement for BAVENCIO. Coverage, coding, and reimbursement policies vary significantly by payer, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. Patients and healthcare professionals should always verify coverage, coding, and reimbursement guidelines on a payer and patient-specific basis.

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**EMD  
SERONO**

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