



Introducing COSELA Cares™

*Patient Support
Program*



PHARMACOSMOS
THERAPEUTICS

Your Resource for Access and Affordability Solutions

COSELA[®]
trilaciclib for injection
300 mg

COSELA Cares offers a suite of solutions to help you address access and reimbursement hurdles:



Benefits verification to confirm patient coverage and out-of-pocket responsibilities



Providing resources that connect eligible patients, regardless of insurance type, to appropriate support options for high deductibles, copays, or coinsurance^a



Payor-specific guidance for prior authorizations and appeals



Help eligible patients who meet program criteria access COSELA treatment and support resources



Assistance navigating insurance-related delays or coverage denials

After completing the COSELA Cares Enrollment Form, a dedicated Case Manager from the COSELA Cares Hub can offer one-on-one support to help streamline the process of getting your eligible patients started on therapy.

In addition, your local Field Reimbursement Manager is available to answer questions regarding coverage, prior authorization, appeals, copay support, and more.

If you are interested in getting your patient enrolled in the COSELA Cares Copay Program, visit [COSELAcopay.com](https://www.coselacopay.com)

^aCOSELA Cares provides informational support only and does not submit claims or perform administrative services on behalf of providers. Program participation does not guarantee insurance coverage, product access, or reimbursement. Eligibility and restrictions apply.

Simple COSELA Cares™ Enrollment Process

Complete and submit the form to enroll patients in COSELA Cares.



Download the enrollment form at
www.cosela.com/patient-support



Fax or email the completed form to
1-833-329-4121



Submitting the completed form will initiate a benefits investigation that includes coverage status, prior authorization requirements, and patient out-of-pocket treatment costs. This information will be provided to your practice

The image shows a sample of the COSELA CARES™ Enrollment Form for COSELA® (Individuals). The form is divided into several sections: PATIENT INFORMATION (REQUIRED FIELDS), PRESCRIBER/FACILITY SETTING (REQUIRED FIELDS), and INSURANCE INFORMATION. Each section contains various fields for data entry, such as patient name, address, phone numbers, and insurance details. The form also includes checkboxes for insurance types and a section for the prescriber's name and contact information. At the bottom, there is a logo for COSELA and contact information for the enrollment center.

Resources to assist with coverage and reimbursement

Download these helpful resources at www.cosela.com/patient-support



Coding and Billing Guide



Letter of Medical
Necessity Template



Appeals
Letter Template





Call us with questions at **1-833-418-6663**,
or email us at **enroll@COSELAcares.com**



Fax completed enrollment form
to **1-833-329-4121**



SCAN HERE to visit
www.cosela.com/patient-support
for additional information

PHARMACOSMOS
THERAPEUTICS

COSELA® and COSELA Cares™ are trademarks of Pharmacosmos Holding A/S.
© 2025 Pharmacosmos Therapeutics Inc. (a Pharmacosmos Group company).
All rights reserved. US-TCB-2400119 V4 12/25

COSELA®
trilaciclib for injection
300 mg