



**PATIENT
SUPPORT**

FROM



**Your Resource Guide for
Navigating Access Services by Bayer**



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Enrolling patients in Access Services by Bayer™ provides additional support to your patients taking Kovaltry or Jivi. For eligible patients, these include:

- Benefit Verifications
- The Kovaltry or Jivi FREE Trial Program*†
- Kovaltry or Jivi \$0 Co-Pay Program‡,§ for commercially insured patients
- Referrals to 501(c)(3) foundations
- Referrals to Bayer US Patient Assistance Foundation

For ease of access and submission, Access Services by Bayer Patient Enrollment Form is available in multiple ways:

1. Log into your CoverMyMeds® account (CoverMyMeds.com) with your username/password

- Select "Start New" request in the upper left side
- Enter "Kovaltry" or "Jivi" under "Find Your Medication"
- Enter the patient and provider information
- Scroll down and select "Enrollment Form"
- Complete required fields
- Obtain patient signature and date
 - Include patient's email and phone number if they are not able to sign in the office. This allows Access Services by Bayer to reach out to the patient for signature
 - Alternatively, go to "Additional Resources" on the left toolbar and print the Patient HIPAA Authorization Form. Ask the patient to sign and date the form. Upload the completed form and attach it to the enrollment submission in CoverMyMeds
- Click "Submit Enrollment Form"

2. Sales Consultant can provide the printed Access Services by Bayer Enrollment Form

- Complete all required fields on the paper Enrollment Form
- Obtain patient signature and date
 - Include patient's email and phone number if they are not able to sign in the office. This allows Access Services by Bayer to reach out to the patient for signature
- Fax completed Enrollment Form to 1-800-390-1826

3. Visit the Jivi HCP website – JiviHCP.com or visit the Kovaltry HCP website – KovaltryHCP.com

- Select "Co-Pay & Support Programs" on the toolbar
- Download Patient Services Support Request Form
- HCP completes the form online, prints the form, and provides it to the patient to sign and date. Once the form is completed, signed, and dated, fax the completed form to Access Services by Bayer at 1-800-390-1826

HCP, health care professional; HIPAA, Health Insurance Portability and Accountability Act.

* Participation in the Jivi Free Trial Program is limited to 1 time only per product (patients currently using Jivi are not eligible for a Free Trial of their current product). The Free Trial Program includes 1 month supply up to a maximum of 40,000 IU. The Free Trial Program for Jivi is available to patients 7 years of age and older. Bayer reserves the right to rescind, revoke, or amend this offer without notice at any time.

† The medication provided through this program is at no cost to the patient and is not contingent on future use of this medication. Reselling or billing any third party for free product provided by this program is prohibited by law.

‡ Co-pay program support is available for up to 1 year. Can include any out-of-pocket prescription costs, such as co-pay and co-insurance. Up to \$20,000 in co-pay assistance available per year. Eligible patients will be auto-enrolled every January.

§ Patients who are enrolled in any type of government insurance are not eligible. Bayer reserves the right to rescind, revoke, or amend this offer without notice at any time.

For full terms and conditions and to enroll patients, please call Access Services by Bayer at 1-800-288-8374.



Tips

- Completing the electronic Access Services by Bayer Enrollment Form on CoverMyMeds.com may result in the quickest turnaround times
- Ensure all information for the patient, insurance, and prescription are correct. Prescription requirements include quantity of tablets and number of tablets per day
 - Prescribers in NY must submit prescriptions on official state prescription blanks in conjunction with the completed form
- Complete all required fields, including patient signature and date
 - Once the patient signs the Enrollment Form, you can save the form to complete and submit to Access Services by Bayer at a later time
 - If the patient is not available to sign while in the office, include the patient's email address and phone number. Access Services by Bayer will contact the patient to obtain their signature and date. The patient will receive a link to sign electronically and submit to Access Services by Bayer
 - If using the paper Enrollment Form, ensure a copy of the paper form is included in the patient's file and have them sign the form during their office visit. Once the form is completed and signed, fax to Access Services by Bayer at 1-800-390-1826
- If the patient is uninsured, check the "No Insurance" circle in Step 2 of the form and complete the Bayer US Patient Assistance Foundation section on the electronic Enrollment Form
 - Appropriate patients will be triaged to Bayer US Patient Assistance Foundation
- If your office is an in-office dispensing site, check the circle to ensure the patient case/referral is sent back to your office

Contact a Bayer representative to learn more

Sample Patient Services Request Enrollment Form

Access Services™ by Bayer™

Helping Your Patients Get Their Bayer Medications Through Access Services by Bayer™

Instructions for completing the Access Services by Bayer Patient Support Request Form (SRF).

SELECT ALL THAT APPLY:

Benefits Investigation* (complete steps 1-3)

- Check patient's insurance to determine coverage
- Eligible patient's auto-enrolled in the \$0 Co-pay Program
- Eligible patient's auto-enrolled in the Patient Loyalty Program

Free Trial Offer (complete steps 1,3 and 4)

- Eligible patient's receive a 1 month supply
- Step 2 is optional but can be completed to find out the patient's insurance coverage

To streamline the benefits investigation process, select how your site will bill the patient's insurance.

Missing signatures WILL cause a delay in processing. Signatures must be from prescriber in Step 3.

Phone: 1.800.288.8274
Fax: 1.800.395.1826

PATIENT SUPPORT REQUEST FORM

PATIENT CHOICES TO OPT-IN TO:

☐ Benefits Investigation* ☐ Free Trial Offer ☐ \$0 Co-pay Program for Commercially Insured ☐ Patient Loyalty Program

STEP 1 Patient Information

Last Name* _____ First Name* _____ Date of Birth* _____

Street* _____ City* _____ State* _____ ZIP* _____

Home Phone () _____ Cell () _____

☐ I am a Live-in ☐ Yes ☐ No ☐ Preferred Language _____

☐ Deaf/Blind Message* _____ ☐ Preferred Contact Method _____

Alternate Contact's First and Last Name _____ Relationship _____ Alternate Contact's Phone () _____

Required fields (*)

STEP 2 Patient Insurance Information (send in copy of insurance card) ☐ **No Insurance**

Patient's Medical Insurance* _____ Telephone () _____

Group Number: _____ BIN: _____ PCIN: _____ Policy ID Number* _____

Subscriber Name: _____ Date of Birth: _____ Relationship to card holder: _____

Patient's Pharmacy Insurance* _____ Telephone () _____

Group Number: _____ BIN: _____ PCIN: _____ Policy ID Number* _____

Subscriber Name: _____ Date of Birth: _____ Relationship to card holder: _____

Patient's Secondary Insurance* _____ Telephone () _____

Group Number: _____ BIN: _____ PCIN: _____ Policy ID Number* _____

Subscriber Name: _____ Date of Birth: _____ Relationship to card holder: _____

STEP 3 Prescriber Information ☐ **In-Office Dispensing**

Site/Facility Name: _____ Prescriber Name* _____ Telephone () _____

Street* _____ City* _____ State* _____ ZIP* _____

Telephone* _____ Fax* _____

Office Contact Name: _____ Telephone: _____

Tax ID # _____ NPI # _____

STEP 4 Prescription

Free Trial Offer (1 month supply) and Co-insurance with 50% off

Treatment* (for IV use only):

☐ Jivi ☐ KVALITY ☐ KVALITY

Dose per infusion: _____ (2) 10-15% _____

Total number of infusions (up to 1 monthly): _____

Directions: _____

Prescribers in the State of New York: Please submit prescriptions to official case prescribers. Bins are completed with 50% off.

Legality Program ☐ **Treatment* (for IV use only):**

☐ Jivi ☐ KVALITY ☐ KVALITY

Dose per infusion: _____ (2) 10-15% _____

Total number of infusions (up to 1 monthly): _____

Directions: _____

Other Medications: _____

I certify that the above therapy is medically necessary and that the information provided is accurate to the best of my knowledge. I request Access Services by Bayer on my behalf to cover the prescription to the dispensing pharmacy. I understand that my signature and signature authority.

PREScriBER SIGN, DATE, AND FAX TO: 1.800.395.1826 _____ **Prescriber signature (required)*** _____ **Date*** _____ / _____ / _____

*Results of Benefit Investigation are not a guarantee of coverage and should be verified by dispensing provider.

COMPLETE ALL REQUIRED FIELDS INCLUDING PATIENT SIGNATURES TO AVOID DELAYS IN TREATMENT

Alternate contacts may include family members to whom the patient has given permission to speak with Access Services by Bayer™ on their behalf.

Check this circle if the patient does not have health insurance

Please check this circle for In-Office Dispensing. This informs Access Services by Bayer to refer your patient back to your site after completing the Free Trial Offer.

Prescribers in NY must submit prescriptions on official state prescription blanks with this form

To report any adverse events, product technical complaints, or medication errors associated with the use of Jivi or Kovality, contact: Bayer at 1-888-842-2937, or send the information to DrugSafety.GPV.US@bayer.com.

Please click to see full Prescribing information for [Jivi](#) and Prescribing information for [Kovality](#).

*Results of Benefit Investigation are not a guarantee of coverage and should be verified by dispensing provider.

For illustrative purposes only.

Download Patient Services Request Form



The patient HIPAA Authorization Form was created as an alternate way for offices to obtain a patient's signature for enrollment into Access Services by Bayer. The HIPAA Authorization Form is available via CoverMyMeds.com.

To access:

- Log into CoverMyMeds.com
- Open the patient case by clicking the patient's name in your cases dashboard or prior authorization (PA) dashboard
- Click "Print Patient HIPAA Authorization" under "Additional Support"

See CoverMyMeds dashboard example image below:

The screenshot shows the CoverMyMeds dashboard for a patient case. The header includes the CoverMyMeds logo and patient information: "FakePatient NotRealThree", "CASE KEY C-RX6DPR", and "DOB 01/01/2002". The main content area is divided into two columns. The left column contains "Dispensing Pharmacies" (Specialty Pharmacy) and "Additional Support" (with links for "Print Patient HIPAA Authorization" and "Enroll Copay Support"). The right column contains "Your Tasks" (Enrollment Form, Medical Prior Authorization, Self Service Prior Authorization) and "Patient Services Tasks" (Pharmacy Benefits Check, Copay Assistance, Transfer Bridge Rx, Transfer Commercial Rx, Medical Benefits Check).

- Print the HIPAA Authorization Form
- After patient signs the form, upload to the HIPAA Authorization Form in CoverMyMeds.com OR fax to Access Services by Bayer at 1-800-390-1826

HIPAA, Health Insurance Portability and Accountability Act.

Tips

- This is an alternative way to obtain patient signature and date
- Print a copy of the HIPAA Authorization Form and put it in the patient's chart/medical record folder to obtain a signature during their office visit

Contact a Bayer representative to learn more

Sample Patient HIPAA Authorization



PATIENT HIPAA AUTHORIZATION

I voluntarily provide this authorization for the use and disclosure of my Protected Health Information ("PHI"), as such term is defined by the Health Insurance Portability and Accountability Act of 1996 (as amended, "HIPAA"). I understand that PHI is health information that identifies me or that could reasonably be used to identify me. I authorize my healthcare provider, including my physician and pharmacy, and my health plan, to disclose to Bayer and its contracted agents my name, address, telephone number, health insurance status and coverage and such medical information as may be necessary for me to enroll in Access Services by Bayer™. I understand this disclosure(s) will contain PHI, including information about my current medical condition, treatment, coordination of treatment and receipt of medication. I allow the use and disclosure of my PHI to Bayer its contracted agents for the following purposes:

• To verify my insurance information and coverage • To ensure the accuracy and completeness of the Access Services by Bayer™ Enrollment Form • To help with my insurance coverage questions for Bayer medications • To determine if I qualify for other Bayer patient support programs • To determine my eligibility for other sources of prescription medication financial assistance • To provide education, training, and ongoing support on the use of my Bayer medication • To send me information on Bayer products and services related to my treatment • To send me refill reminders for my Bayer prescription medication and to encourage its appropriate use • To communicate with me, my healthcare providers and health plan about my medical care and treatment • To contact me for market research, feedback, sales support purposes, and as necessary to comply with applicable laws • Bayer may contact me for potential adverse event follow-up information

I understand that: • This Authorization will remain in effect until the end of my participation in Access Services by Bayer™ or 5 years, unless subject to applicable law from the date of my signature on this Authorization, whichever occurs later. • I may cancel this Authorization at any time by writing to: Access Services by Bayer, PO BOX 2230, Columbus OH 43216. • If I cancel this Authorization my healthcare provider and health plan will stop sharing my PHI with Bayer and its contracted agents. However, the revocation will not affect prior use or disclosure of my PHI in reliance on this Authorization. • I may opt-out of being contacted for market research, feedback, sales support purposes, and still enroll in the patient support program. • That entities that receive my PHI in accordance with this Authorization may not be required by law to keep the information private and that it will no longer be protected by the HIPAA privacy law. It may become available in the public domain. • I do not need to sign this Authorization to receive (i) medical treatment or medication or (ii) coverage, payment, enrollment in or eligibility for benefits from my health plan. However, if I do not sign this Authorization, I may not participate in Access Services by Bayer™ or be eligible for other Bayer patient support programs. • I understand that some of my health care providers, such as my pharmacies, may receive payment from Bayer in return for services that require use or disclosure of my PHI to Bayer and its contracted agents. I have read and understand the terms of this Authorization and have had an opportunity to ask questions about the uses and disclosures of PHI. I understand that I am entitled to receive a signed copy of this Authorization and I can also get a copy by contacting Access Services by Bayer™ at 1-800-288-8374.

Patient name (print)*: _____

Patient date of birth*: ____/____/____

Patient (or legal guardian) signature*: _____

Date of signature*: ____/____/____

If signed by a legal representative: Print Name: _____

Relationship to patient: _____

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For illustrative purposes only.

Download Patient HIPAA Authorization

You must log in to your CoverMyMeds dashboard at CoverMyMeds.com

HIPAA, Health Insurance Portability and Accountability Act.

Benefit verification allows you to check if your patient has insurance coverage or if a prior authorization (PA) is needed for Kovaltry or Jivi. Follow the steps below to request a benefit verification on behalf of your patient.

- Log into your CoverMyMeds.com account
- Select "Start New" request in the upper left side
- Enter "Kovaltry" or "Jivi" under "Find Your Medication"
- Enter the patient and provider information
- Scroll down and select "Benefits Verification" under "Patient Services Available for Kovaltry or Jivi"
- Complete the patient, insurance, and medication information fields
- Select "Run Benefits Check". Insurance information will be displayed

Tips

- Benefit verification information will let you know if the patient has an active prescription insurance plan, if Kovaltry or Jivi is covered, and if a PA is required
 - For detailed insurance information, such as patient's out-of-pocket costs, submit an Access Services by Bayer Enrollment Form through CoverMyMeds.com
- When the benefit verification shows that a PA is required, Access Services by Bayer will auto-populate the PA request with the patient demographic information you entered from the Benefit Verification Form
- For additional details on your patient's deductible and out-of-pocket costs, you can opt-in to have a full benefit investigation completed by clicking "Request Cost Details" following the benefit verification

Contact a Bayer representative to learn more

PA, prior authorization.

When the patient's insurance requires a PA for Kovaltry or Jivi, you can complete and submit an electronic PA through CoverMyMeds.com.

To complete a PA:

- Select "Start New" request in the upper left side
- Enter "Kovaltry" or "Jivi" under "Find Your Medication"
- Enter the patient information
- Select benefit type
- Enter patient's insurance information
- Scroll down and select "Prior Authorization" under "Patient Services Available for Kovaltry or Jivi"
- Complete the prescriber and diagnosis information
- Select "Submit PA Form"
 - Once submitted, a confirmation will pop-up on the screen that the request has been sent to the patient's health plan
 - To check the status of the prior authorization for your patient, you can view your cases dashboard

PA, prior authorization.

Tips

- It is important to provide complete and accurate information, such as ICD-10-CM diagnosis codes and commonly requested lab values, for every PA to streamline the process and avoid delays
 - Visit www.jivihcp.com/en/ordering-jivi or www.kovaltryhcp.com/ordering-information for more guidance on the process for submitting PAs for Jivi or Kovaltry
- Most PA requests completed and submitted through CoverMyMeds.com may result in an outcome from the payer within 1 business day
- To obtain the most specific PA request form for the patient's insurance plan, with specific questions about Kovaltry or Jivi, enter the patient's BIN, PCN, and Rx group number from their pharmacy card
 - If the patient's insurance BIN, PCN, and Rx group number are not entered, a general PA form from the payer will be selected. Using a general form may result in additional questions from the payer
- The questions on the PA request form are dictated by the patient's insurance company
- If a PA was initiated and not submitted via CoverMyMeds.com, Access Services by Bayer will contact you to aid and answer your questions
 - If Access Services by Bayer is unable to reach you, a PDF of the general PA request form will be faxed to you for completion

Contact a Bayer representative to learn more

BIN, bank identification number; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; PA, prior authorization; PCN, processor control number.

It is possible that a prescription for Kovaltry or Jivi may be rejected or denied as not covered by the patient's health plan. In this case, you are encouraged to complete a Letter of Appeal or a Letter of Medical Necessity.

These letters can be accessed through CoverMyMeds.com:

- Log into CoverMyMeds.com
- Open the patient case file by clicking the patient's name in your cases dashboard or PA dashboard
- Under "Additional Support" click on the link "Appeal Checklist and Sample Letter of Medical Necessity"

See CoverMyMeds dashboard example image below:

covermymeds®

Galahad Test 2 | DOB 01/02/1985
CASE KEY C-BPYMF4 | Kovaltry 1000UNIT solution

Dispensing Pharmacies

Dispensing pharmacy cannot be displayed without a completed enrollment form.

Additional Support

[Print Patient HIPAA Authorization](#)
[Enroll Copay Support](#)

Your Tasks			
Enrollment Form	AA4H32TX	Incomplete	CONTINUE
Medical Prior Authorization		To Be Determined	
Self Service Prior Authorization		To Be Determined	START

Patient Services Tasks

Medical Benefits Check	☐ Not Started
Pharmacy Benefits Check	☐ Not Started
Copay Assistance	☐ Not Enrolled
Transfer Bridge Rx	☐ Not Started
Transfer Commercial Rx	☐ Not Started
Transfer Free Trial Rx	☐ Not Started

4 FAQs

PA, prior authorization.

Patients new to Kovaltry or Jivi may qualify for the Kovaltry or Jivi Free Trial Program and receive their first 30-day supply free of charge.*† Follow the steps below to enroll patients in the Kovaltry or Jivi Free Trial Program.

- Complete the electronic Access Services by Bayer Patient Enrollment Form using CoverMyMeds.com
 - In the prescription section of the Patient Enrollment Form, check the circle for “Free Trial” and complete the prescription
- Submit the Patient Enrollment Form to Access Services by Bayer using CoverMyMeds.com
- The Access Services by Bayer pharmacy will process the prescription and contact the patient to schedule delivery of their medication
- If electronic completion and submission of a Patient Enrollment Form is not available via your office, you may fax a printed, completed Patient Enrollment Form to Access Services by Bayer to 1-800-390-1826

* Participation in the Jivi Free Trial Program is limited to 1 time only per product (patients currently using Jivi are not eligible for a Free Trial of their current product). The Free Trial Program includes 1 month supply up to a maximum of 40,000 IU. The Free Trial Program for Jivi is available to patients 7 years of age and older. Bayer reserves the right to rescind, revoke, or amend this offer without notice at any time.

† The medication provided through this program is at no cost to the patient and is not contingent on future use of this medication. Reselling or billing any third party for free product provided by this program is prohibited by law.

For full terms and conditions and to enroll patients, please call Access Services by Bayer at 1-800-288-8374.

Tips

- When the Access Services by Bayer pharmacy contacts the patient to schedule delivery of Kovaltry or Jivi, they will introduce themselves as calling from RxCrossroads by McKesson, supporting the Access Services by Bayer Program
- Calls from the Access Services by Bayer pharmacy will be from 1-855-828-1227
 - Ask your patient to save this contact name and phone number in their phone
- Free Trial requests submitted after 4:00 PM ET, will be processed the following business day
- Ensuring the prescription is complete and accurate will reduce time to therapy
- Please inform your patients that prior to the end of the 30-day free trial, their specialty pharmacy will contact them for their delivery of Kovaltry or Jivi
- The specialty pharmacy is chosen by the patient's health insurance
- From this point forward, this specialty pharmacy will provide your patient with their monthly delivery of Kovaltry or Jivi

To help patients afford Kovaltry or Jivi, Bayer offers the Kovaltry or Jivi \$0 Co-Pay Program*[†] and patient referrals to 501(c)(3) foundations.

Two options for patients to enroll in the Kovaltry or Jivi \$0 Co-Pay Program:

1. Access Services by Bayer, powered by CoverMyMeds.com

- Complete the Access Services by Bayer Patient Enrollment Form, with patient signature and date
 - Please provide the patient's email address if they are unable to sign in the office. This allows Access Services by Bayer to reach out to the patient to obtain their signature
- Access Services by Bayer will enroll eligible commercially insured patients and provide the co-pay card information to the specialty pharmacy and to the patient

2. www.copaysupport.bayer.com

- Complete the required fields
- When enrollment is complete, a PDF of the co-pay card will be provided for patients to print and share with their specialty pharmacy

For non-commercial patients who have trouble paying for their Kovaltry or Jivi medication, Access Services by Bayer will research external 501(c)(3) foundations. If foundation support is available, they will refer patients as appropriate.

* Co-pay program support is available for up to 1 year. Can include any out-of-pocket prescription costs, such as co-pay and co-insurance. Up to \$20,000 in co-pay assistance available per year. Eligible patients will be auto-enrolled every January.

[†] Patients who are enrolled in any type of government insurance are not eligible. Bayer reserves the right to rescind, revoke, or amend this offer without notice at any time.

For full terms and conditions and to enroll patients, please call Access Services by Bayer at 1-800-288-8374.

Tips

Kovaltry or Jivi \$0 Co-Pay Program*†

- Eligible patients enrolled in the Kovaltry or Jivi \$0 Co-Pay Program will be automatically re-enrolled on January 1st

501(c)(3) foundations

- Patients will need to complete the application for the external 501(c)(3) foundations

[Contact a Bayer representative to learn more](#)

* Co-pay program support is available for up to 1 year. Can include any out-of-pocket prescription costs, such as co-pay and co-insurance. Up to \$20,000 in co-pay assistance available per year. Eligible patients will be auto-enrolled every January.

† Patients who are enrolled in any type of government insurance are not eligible. Bayer reserves the right to rescind, revoke, or amend this offer without notice at any time.

For full terms and conditions and to enroll patients, please call Access Services by Bayer at 1-800-288-8374.



Access Services by Bayer offers support and resources for patients prescribed Kovaltry or Jivi

ONLINE



www.KovaltryHCP.com or www.JiviHCP.com

PHONE



1-800-288-8374

[Monday–Friday 8 AM to 8 PM Eastern Time]

FAX



1-800-390-1826

Contact a Bayer representative to learn more

Information provided in this resource is for informational purposes only and does not guarantee that codes will be appropriate or that coverage and reimbursement will result. Customers should consult with their payers for all relevant coverage, coding, and reimbursement requirements. It is the sole responsibility of the provider to select proper codes and ensure the accuracy of all claims used in seeking reimbursement. Neither this resource nor Access Services by Bayer is intended as legal advice or as a substitute for a provider's independent professional judgment.



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PP-PF-HEM-US-1210-1 06/25

