Triptodur®
(triptorelin)
for extended release injectable suspension

PATIENT ENROLLMENT FORM

Customer Service: (833) 401-2273 | **Fax completed form to:** (855) 246-3986
Visit us: www.Triptodur.com

*Indicates required field

Please attach insurance card image.

REQUESTED INVESTIGATION (Select one option ONLY)

☐ **Pharmacy Dispense:** Run Insurance Benefits Investigation and dispense TRIPTODUR through Specialty Pharmacy

☐ **Direct Purchase:** Run Insurance Benefits Investigation and dispense direct through Hospital Pharmacy

PATIENT INFORMATION

*Patient Name (Last, First):

*Date of Birth: *Gender: M ☐ F ☐

*Address:

*City: *State: *Zip

*Caregiver Name (Last, First):

Caregiver Email:

*Caregiver Phone: Secondary Number:

PRESCRIPTION SHIPMENT INFORMATION

TRIPTODUR should only be administered by a healthcare provider. Patient/Caregiver is responsible for bringing TRIPTODUR to their scheduled injection appointment.

☐ Patient Home ☐ Physician Office ☐ Other:

Shipping Contact Name:

Shipping Address (if different from above):

City:

State:

Zip:

PRESCRIPTION INFORMATION

Drug: **TRIPTODUR (triptorelin) 22.5 mg** Date:

Quantity: **1 Kit (22.5mg/2mL Injectable)** Refills:

Directions: **Inject 22.5mg intra-muscularly every 24 weeks**

Please attach insurance card images or clinical documents (optional)

Diagnosis Code(s):

Next date of therapy (if applicable):

Date(s) of prior treatments:

Product(s) used:
☐ **Lupron Depot-Ped 1mo** ☐ **Supprelin LA**
☐ **Lupron Depot-Ped 3mo** ☐ **Fensolvi**
☐ **Lupron Depot-Ped 6mo**

Patient Naive to GnRH therapy: ☐ Yes ☐ No

PHARMACY INSURANCE INFORMATION

*Insurance Name: Pharmacy Help Desk #:

Policyholder Name: *Relationship to Patient:

*Member ID #: *Group ID #:

*Rx BIN #: *PCN #:

MEDICAL INSURANCE INFORMATION

*Primary Insurance: *Phone:

*Member ID: *Group ID:

Secondary Insurance: Phone:

Member ID: Group ID:

Prescriber: ☐ In Network ☐ Out of Network

PRESCRIBER INFORMATION

*Prescriber Name (Last, First):

*NPI:

*Prescriber Phone: *Fax:

*Address:

*City *State: *Zip:

Email:

*Tax ID: *Medicaid Provider ID:

PRESCRIBER OFFICE CONTACT INFORMATION

*Office Contact Name (Last, First):

*Email: *Phone:

PROVIDER ATTESTATION

By my signature below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that PANTHERx Rare reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through this Program. Finally, I authorize PANTHERx Rare as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. I allow PANTHERx Rare to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

***Prescriber's Signature**

(Dispense As Written)

***Date of Signature**

Please see Important Safety Information on the next page.

MORE

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PATIENT AUTHORIZATION

Authorization for Use and Disclosure of Protected Health Information

I authorize Azurity Pharmaceuticals, companies working with Azurity Pharmaceuticals, my healthcare provider and pharmacy to use and disclose to Azurity Pharmaceuticals, and companies working with Azurity Pharmaceuticals, my Protected Health Information ("PHI"), such as information provided on the TRIPTODUR Patient Enrollment Form, my prescription, insurance, and medical therapy information. I authorize the disclosure of my PHI to specific individuals who are identified on the TRIPTODUR Patient Enrollment Form. I understand that the companies working with Azurity Pharmaceuticals, including my pharmacy, may receive payment for the use and disclosure of my PHI. I understand that I do not have to agree to the use and disclosure of my PHI in order to receive TRIPTODUR. While my PHI will be protected and used and disclosed only for the intended purposes, I understand that once it is disclosed, it may be re-disclosed by the recipient(s). After such a disclosure, the information may no longer be protected by the terms of this authorization against further re-disclosure. I understand that I may revoke this authorization to use or disclose my PHI by contacting a PANTHERx Rare representative by telephone (833-401-2273) or by mailing a letter to Azurity Pharmaceuticals, Inc. 8 Cabot Road, Suite 2000 Woburn, MA 01801 Attn: Legal Department.

By signing below, I authorize the use and disclosure of my Protected Health Information as explained above. If you are signing this Authorization as a personal representative of the person to receive TRIPTODUR, please state your relationship (e.g., "mother," "father," "Legal Guardian").

*Print Patient Name:

*Print Name of Caregiver:

*Relationship to Patient:

***Caregiver's Signature:**

***Date of Signature:**

IMPORTANT SAFETY INFORMATION FOR TRIPTODUR (triptorelin)

INDICATION

TRIPTODUR is indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty (CPP).

IMPORTANT SAFETY INFORMATION

Contraindications

TRIPTODUR is contraindicated in:

- Individuals with a known hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH.
- Women who are or may become pregnant. Expected hormonal changes that occur with TRIPTODUR treatment increase the risk for pregnancy loss and fetal harm when administered to a pregnant woman. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be advised of the potential risk to the fetus.

Warnings and Precautions

Initial Rise of Gonadotropins and Sex Steroid Levels — During the early phase of therapy, gonadotropins and sex steroids rise above baseline because of the initial stimulatory effect of the drug. Therefore, a transient increase in clinical signs and symptoms of puberty, including vaginal bleeding, may be observed during the first weeks of therapy or after subsequent doses.

Psychiatric Events — Psychiatric events have been reported in patients taking GnRH agonists. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms during treatment with TRIPTODUR.

Convulsions — Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including triptorelin. These included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above.

Pseudotumor Cerebri (idiopathic intracranial hypertension) — has been reported in pediatric patients receiving GnRH agonists, including triptorelin. Monitor patients for signs and symptoms of pseudotumor cerebri, including headache, papilledema, blurred vision, diplopia, loss of vision, pain behind the eye or pain with eye movement, tinnitus, dizziness, and nausea.

Adverse Reactions

In clinical trials for TRIPTODUR, the most common adverse reactions (≥4.5%) are injection site reactions, menstrual (vaginal) bleeding, hot flush, headache, cough, and infections (bronchitis, gastroenteritis, influenza, nasopharyngitis, otitis externa, pharyngitis, sinusitis, and upper respiratory tract infection).

To report SUSPECTED ADVERSE REACTIONS, contact Azurity Pharmaceuticals, Inc. at 1-800-461-7449, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

The Important Safety Information does not include all the information needed to use TRIPTODUR safely and effectively. For additional safety information, consult the accompanying full prescribing information for TRIPTODUR.

azurity® pharmaceuticals