

*Indicates required field

REQUESTED INVESTIGATION (Select one option ONLY)

Buy and Bill: Run Insurance Benefits Investigation for MD Buy and Bill

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

Pharmacy Dispense: Run Insurance Benefits Investigation and dispense TRIPTODUR through Specialty Pharmacy
If denied through Pharmacy benefits:

Proceed with Pharmacy Appeal
 Proceed with Medical Benefits

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 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: _____

Patient Naive to GnRH therapy: Yes No

Please attach insurance card image.

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. Finally, 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 _____

PATIENT AUTHORIZATION

Authorization for Use and Disclosure of Protected Health Information

I authorize Arbor Pharmaceuticals, companies working with Arbor Pharmaceuticals, my healthcare provider and pharmacy to use and disclose to Arbor Pharmaceuticals, and companies working with Arbor 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 Arbor 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 Arbor Pharmaceuticals, Attn: 6 Concourse Parkway, Suite 1800, Atlanta, GA 30328.

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.

Adverse Reactions

In clinical trials for TRIPTODUR, the most common adverse reactions ($\geq 4.5\%$) 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).

You are encouraged to report side effects of prescription drugs to Arbor Pharmaceuticals, LLC Medical Information at 1-866-516-4950 or to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

For additional safety information, please consult the TRIPTODUR full Prescribing Information attached.

