FLEXCARE SPECIALTY SERVICES

Thank you for your referral for **ADBRY**

(for Dermatology indications).

REQUIRED DOCUMENTATION

Please send the following items to initiate the new prescription process:

- ☑ Manufacturer form (attached), complete with FlexCare Specialty Services identified as the preferred specialty pharmacy
- ☑ Patient Demographics
- ☑ Insurance Card
- ☑ Recent Clinicals & Labs
- ☑ Medication List
- ☑ Tried/Failed Therapies
- ☑ BSA

INSTRUCTIONS

1. Please send the completed forms to us for processing.
2. You may also send the completed forms to the manufacturer, if enrollment into the manufacturer's monitoring program is desired.

PHONE: 866-205-4239 | FAX: 855-222-2514
Email: referrals@flexcarespecialty.com | visit: flexcareinfusion.com/referrals

Adbry™ Advocate™ Enrollment and Prescription Packet

Adbry™
(tralokinumab-ldrm)
Injection 150 mg/mL

Adbry™ advocate™

Adbry™
(tralokinumab-ldrm)
Injection 150 mg/mL

Adbry™ advocate™

Adbry™ Advocate™ Program:
1-844-MYADBRY (1-844-692-3279) Monday-Friday 8 AM-8 PM ET, excluding holidays

We're here to support you, your way!

When signing up for the Adbry™ Advocate™ Program, you'll be connected with a dedicated Nurse Advocate who can help you with:

- **Understanding your insurance** coverage
- **Options to save** on your Adbry™ (tralokinumab-ldrm) injection prescription
- **Supplemental injection training** to help ensure you feel confident with injecting Adbry
- **Communications and educational coaching** in the frequency and format that works for you

Here's what to expect next:

1. You'll receive a call or text from your Nurse Advocate within the next 1 to 2 business days. Your Nurse Advocate will be contacting you from **1-844-692-3279**, though in some areas this number may show up as unidentified. We recommend saving our number in your contacts, as it is important to respond to learn more about your coverage and potential savings opportunities for Adbry.

2. Ask your doctor if your Adbry prescription has been sent to a network specialty pharmacy who will assist with a benefits investigation and prior authorization, if required. If so, write down which one, as you'll be receiving a call.

Specialty Pharmacy Name: FlexCare Specialty Services **Phone Number:** 866-205-4239

Enrollment and Prescription Form

SUBMISSION INSTRUCTIONS: Complete this entire form and fax it to 1-855-423-0011

Completed patient, prescriber, and clinical information, as well as patient/patient representative and prescriber consents are required before the Adbry™ Advocate™ Program (the Program) can begin providing support to eligible patients. Patients enrolling into the Program must be at least 18 years old.

Adbry™ (tralokinumab-ldrm) Injection 150 mg/mL

Phone: 1-844-692-3279
Fax: 1-855-423-0011

■ **I have already sent a prescription for Adbry to a contracted specialty pharmacy (SP) which will provide benefit investigation and prior authorization support (if needed).**

Contracted SP Name Flex Care Specialty Pharmacy **Phone** 866-205-4239 **Fax** 855-222-2514

1 PATIENT AND INSURANCE INFORMATION (REQUIRED)

To be completed by the patient or patient representative

Name (First, MI, Last) _____ **DOB** (MM/DD/YYYY) _____ **Gender** ☐M ☐F

Address _____ **City** _____ **State** _____ **Zip Code** _____

Cell Phone Number _____ **Alternate Phone Number** _____ **Email Address** _____

Communication Preference ☐Call ☐Email ☐Text **Preferred Language** ☐English ☐Spanish ☐Other _____

Best Time to Call ☐Morning ☐Afternoon ☐Evening **Permission to Leave Voicemail** ☐Yes ☐No

Insurance Information ☐Insured (include information below and/or attach a copy of insurance card) ☐Uninsured

Prescription Insurance _____

Policyholder Name _____

Rx ID# _____ **Rx BIN #** _____

Rx PCN # _____ **Group #** _____

Medical Insurance _____

Policyholder Name _____

Medical Insurance ID # _____

Group # _____

☐ Adbry™ Copay Program: I have read and agree to the Terms and Conditions of the Copay Program on page 5

☐ I have read and agree to receive program-related calls and text messages as set forth in the Telephone Consumer Protection Act (TCPA) Consent on page 6

☐ Adbry™ Patient Assistance Program: I have read and agree to the Fair Credit Reporting Act (FCRA) Authorization on page 6

2 PRESCRIBER AND PATIENT CLINICAL INFORMATION (REQUIRED)

Prescriber Name (First, Last) _____ **NPI#** _____ **State License Number** _____

Office Name _____ **Office Contact Name** _____ **Office Contact Phone Number** _____

Office Address _____ **City** _____ **State** _____ **Zip Code** _____

Office Fax Number _____ **Office Contact Email Address** _____

Patient's Diagnosis ☐Atopic Dermatitis, unspecified (L20.9) ☐Other ICD-10 Code _____ **Date of Diagnosis** _____

The codes provided are solely for informational purposes and are subject to change. It is the responsibility of each provider to exercise independent clinical judgment in selecting codes and to submit claims that accurately reflect the diagnosis of each patient. The codes provided may not apply to all patients or health plans.

Prior Therapies _____

Current Therapies _____ **Patient Allergies** ☐Yes ☐No If yes, specify _____

☐Patient has already initiated therapy of Adbry through samples **Date Samples Given** _____

☐I request injection training for this patient to be performed by the Program **Location of Training** ☐Home ☐Virtual

3 ADBRY™ ADVOCATE™ PROGRAM PRESCRIPTION* (SECTION OPTIONAL – complete to receive product from the Program via PharmaCord Pharmacy)

Adbry™ (tralokinumab-ldrm) (150 mg/ml) injection

Adbry™ Rapid Access™ Program provides eligible patients with commercial insurance a free initial dose to be delivered in as little as 48 hours. Refer to Program Terms and Conditions on page 6.

☐**Adbry™ Rapid Access™:** 600 mg, SIG: 4 (150 mg/mL) injections subcutaneously at Day 1

Quantity: 4 prefilled syringes **Refills:** 0 **Ship to** ☐Prescriber ☐Patient

Adbry™ Bridge Care™ Program provides free drug to eligible patients with commercial insurance who are experiencing a coverage delay (>5 days) or coverage denial. Refer to Program Terms and Conditions on page 5 for program rules.

☐**Adbry™ Bridge Care™:** 300 mg, SIG: 2 (150 mg/mL) injections subcutaneously every other week starting on Day 15

Quantity _____ **Refills** _____ **Ship to** ☐Prescriber ☐Patient

I certify the above therapy is medically necessary and this information is complete and accurate to the best of my knowledge. I certify I am the physician who has prescribed Adbry to the previously identified patient for an FDA-approved indication. I have reviewed the current full Prescribing Information for Adbry. I authorize the Adbry™ Advocate™ Program to forward this prescription to the pharmacy dispensing Adbry to the above identified patient under the Adbry™ Rapid Access™ Program or the Adbry™ Bridge Care™ Program.

I authorize for my commercially insured patient 1 or more months of temporary shipments of Adbry during a benefits determination delay or during the appeal process after an initial coverage delay for Adbry for the above identified patient. I agree to assist in efforts to secure access to Adbry for my commercially insured patient. I will not attempt to seek reimbursement for any free product provided under the Adbry™ Advocate™ Program and I will not sell, trade, or distribute for sale any free product provided. I further understand that any free product provided is not contingent on any purchase obligations.

Collaborating MD Name (if applicable) _____ **NPI#** _____

SIGN _____ **Date** _____ **SIGN** _____ **Date** _____

Prescriber Signature (Dispense as Written) **Prescriber Signature** (Substitution Permitted)

Original signature required. If required by applicable law, please attach copies of all prescriptions on official state prescription forms.

4 NETWORK SPECIALTY PHARMACY PRESCRIPTION

Adbry™ (tralokinumab-ldrm) (150 mg/ml) injection

☐**Initial dose:** 600 mg, SIG: 4 (150 mg/mL) injections subcutaneously at Day 1

Ship to ☐Prescriber ☐Patient **Quantity:** 4 prefilled syringes **Refills:** 0

☐**Maintenance dose:** 300 mg, SIG: 2 (150 mg/mL) injections subcutaneously every other week starting on Day 15

Ship to ☐Prescriber ☐Patient **Quantity:** _____ **Refills:** _____

I certify this therapy is medically necessary and this information is complete and accurate to the best of my knowledge. I certify I am the physician who has prescribed Adbry to the previously identified patient for an FDA-approved indication. I have reviewed the current full prescribing information for Adbry. For purposes of transmitting these prescriptions, I authorize LEO Pharma Inc. and its affiliates, business partners, and agents to forward as my agent for these limited purposes these prescriptions electronically, by facsimile, or by mail to the appropriate dispensing pharmacies.

Collaborating MD Name (if applicable) _____ **NPI#** _____

SIGN _____ **Date** _____ **SIGN** _____ **Date** _____

Prescriber Signature (Dispense as Written) **Prescriber Signature** (Substitution Permitted)

Original signature required. If required by applicable law, please attach copies of all prescriptions on official state prescription forms.

Patient Authorization

Please read the following carefully, then sign and date where indicated below.

I hereby authorize my healthcare providers, pharmacies and health insurers, and their service providers ("Providers") to use, release, or disclose information relating to my insurance benefits, medical condition, treatment, and prescription details ("Personal Information") to LEO Pharma Inc., its affiliates, business partners, agents, and service providers, including patient support program service providers (collectively, "LEO Pharma"), in order to receive or be eligible to receive the following LEO Pharma services (the "Services"):

- Assistance coordinating insurance coverage for, access to, or receipt of my prescription medication from LEO Pharma or with training on proper and safe use of prescription medication from LEO Pharma
- Communications through phone, text, or email about possible access, savings and support services, including, for example, LEO Pharma copay or patient assistance programs, and, if I am enrolled, assistance administering my participation in those programs
- Communications through phone, text, or email about my prescription medication from LEO Pharma and treatment, including, for example, reminders, health and lifestyle tips, product, and program-related information. Communications may be customized based on Personal Information obtained from my Providers
- Participation in quality assurance activities such as surveys and feedback related to the Services or my treatment

In delivering the Services, LEO Pharma may release or disclose my Personal Information (including the personal health information set forth therein) to my Providers and certain financial assistance programs that may assist with my prescription medication payments. I understand and acknowledge LEO Pharma and Providers may combine my records and information with information and data collected from other sources and use that aggregated information to administer the Services listed above. I understand and acknowledge LEO Pharma may be required to share my records and information with law enforcement authorities or other government officials, or when required by law, statute, regulation, or a judicial or administrative order. I understand and acknowledge that my Providers may receive payment from LEO Pharma for providing certain aspects of the Services, such as medication or refill reminders, based on my enrollment or participation.

I understand and acknowledge that my medical records may contain information about psychiatric disorders, human immunodeficiency virus (HIV) test results, acquired immunodeficiency syndrome (AIDS), AIDS-related conditions, alcohol dependence, drug dependence or abuse, and/or a substance use disorder. Once I authorize the release of my records and information, I understand and acknowledge it may be re-disclosed by the recipient and it may no longer be protected by federal or state health privacy laws or other applicable data protection laws or regulations.

I understand that this Authorization is voluntary and that I do not have to sign it in order to get treatment or payment of, eligibility in or enrollment benefits from my insurers.

I understand that I can revoke this authorization at any time by calling 1-844-692-3279 or writing to:

Adbry™ Advocate™ Program
PO Box 1587
Jeffersonville, IN 47131

OR

LEO Pharma Support Services
7 Giralda Farms
Madison, NJ 07940

This Authorization will expire 5 years after I sign it, or earlier if required by law, unless I revoke it sooner. If the Authorization expires or is revoked, I understand and acknowledge that I may no longer qualify for Services from LEO Pharma, but it will not impact my Providers' treatment or my insurance benefits. I also understand and acknowledge that if a Provider is disclosing my records and personal health information to LEO Pharma on an authorized, ongoing basis, my revocation of this Authorization will be effective with respect to that Provider as soon as that Provider receives notice of my revocation and such revocation will not affect prior uses or disclosures of my records and personal health information. I understand that I will be able to keep a copy of this Authorization and may, at any time, request a copy of this Authorization. Your information will be used by LEO Pharma in accordance with the LEO Pharma Inc. privacy policy, located at https://www.leo-pharma.us/Home/Privacy.aspx.

I have read and agree to this Patient Authorization.

Patient Name _____ **Patient DOB** (MM/DD/YYYY) _____

PATIENT or PATIENT REPRESENTATIVE SIGNATURE

_____ **Date** _____

If signed by patient representative, please indicate below the authority to act on behalf of patient:
☐ Court-appointed Guardian ☐ Power of Attorney, including authority to make healthcare decisions
☐ Other (explain) _____

Adbry™
(tralokinumab-ldrm)
Injection 150 mg/mL

Additional Privacy Information

You understand that you can opt out of the Adbry™ Advocate™ Program at any time by calling 1-844-692-3279. Your health information, contact information, and other information that you, your healthcare providers, pharmacies and health insurers and their service providers share with LEO Pharma Inc., its affiliates, business partners, agents, and service providers (collectively "LEO Pharma") is collected to provide you with the assistance related to the services as outlined in the patient authorization. For more information as to how LEO Pharma Inc. generally collects and processes personal data and available privacy rights, please see https://www.leo-pharma.us/Home/Privacy.aspx.

Adbry™ Copay Program – Program Summary and Terms & Conditions

LEO Pharma Inc. ("LEO Pharma") is the distributor of Adbry™ (tralokinumab-ldrm) injection (the "Product"). LEO Pharma sponsors the Adbry™ Advocate™ patient access programs (Adbry Advocate) which are operated by LEO Pharma's service provider – PharmaCord LLC. The purpose of Adbry Advocate is to help ensure that medically appropriate patients have access to the medication that has been prescribed for them by their treating healthcare providers.

The Adbry™ Copay Program (the "Program") will provide reimbursement for eligible, commercially insured patients' cost-sharing obligations (including, deductibles, copayments, coinsurance, or amounts in excess of out-of-pocket maximums) for the Product, up to an annual maximum limitation specified by the Program and as may be adjusted from time to time in the sole discretion of the Program. The amount of reimbursement may vary, including based on an eligible patient's insurance coverage. Patients may pay as little as $0 per fill of the Product after application of Program reimbursement. Patients remain responsible for any remaining costs for the Product after application of Program reimbursement or reaching the annual maximum limitation.

A patient may enroll in the Copay Program either through enrolling in Adbry Advocate or via other means provided by LEO Pharma, such as via the Product website or via specialty pharmacies contracted with LEO Pharma to dispense the Product.

Eligibility Requirements and Limitations

- The current annual maximum benefit available under the Program is fifteen thousand dollars ($15,000.00) per eligible patient.
- The patient must be 18 years of age or older with a valid prescription for an approved use of the Product.
- The patient must be a resident of the United States or Puerto Rico.
- The patient must have commercial insurance.
- The patient must not have prescription drug coverage for the Product, in whole or in part, under any federal or state healthprogram that is a "federal healthcare program" as defined under 42 U.S.C. § 1320a-7b(f), including but not limited to Medicare, Medicaid, TRICARE, the Indian Health Service, the Department of Veterans Affairs Health Benefit Program, state Children's Health Insurance Programs under the Title XIX or Title XXI of the Social Security Act, state block grant programs under Title V or Title XX of the Social Security Act, or state pharmaceutical assistance programs. This Program is not available for patients within a deductible or similar cost sharing periods under such federal healthcare programs.
- Uninsured and cash-paying patients are not eligible.

Additional Terms and Conditions

- The Program does not constitute insurance.
- The availability of benefits under the Program does not constitute any guarantee of coverage under any prescription benefit insurance or program.
- The benefits under this Program may not be combined with any third-party rebate, coupon, or offer.
- By submitting a request for benefits under the Program or by participating in the Program, the healthcare provider acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for benefits provided under the Program to the patient or any third-party plan or program, including any commercial or government assistance program; and (2) will advise the patient that he or she may not submit a claim to any third-party plan or program but should report his or her receipt of benefits to the patient's insurer if required by his or her plan.
- By submitting a request for benefits under the Program or by participating in the Program, the patient acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for benefits provided under the Program to any third-party plan or program, including any commercial or government assistance program; and (2) will report his or her receipt of benefits to his or her insurer if required by his or her plan.
- Patients and/or their healthcare providers must submit complete information and/or documentation required under the Program and attest to the truthfulness and accuracy of the information and/or documentation.
- By submitting a request for benefits under the Program or by participating in the Program, each of the patient and healthcare provider acknowledges, understands and agrees to the benefit, eligibility, and other program limitations, terms and conditions as set forth herein.
- The availability of benefits under the Program is not conditioned on any past, present, or future purchase, including any potential future refills of Product.
- The copay card, whether issued virtually or physically, has no cash value.
- Offer void where prohibited by law, taxed, or restricted.
- LEO Pharma has sole discretion to determine Program eligibility.
- LEO Pharma reserves the right to amend, modify, or terminate Program benefits and eligibility criteria at any time and without notice.

Adbry™ Bridge Care™ Program – Program Summary and Terms & Conditions

LEO Pharma Inc. ("LEO Pharma") is the distributor of Adbry™ (tralokinumab-ldrm) injection (the "Product"). LEO Pharma sponsors the Adbry™ Advocate™ patient access programs (Adbry Advocate) which are operated by LEO Pharma's service provider – PharmaCord LLC. The purpose of Adbry Advocate is to help ensure that medically appropriate patients have access to the medication that has been prescribed for them by their treating healthcare providers.

One of the offerings available for the benefit of patients under Adbry Advocate is the Adbry™ Bridge Care™ Program (the "Program"). Under the Program, Adbry Advocate will provide the Product, consistent with the prescribing information for the Product, without charge and on a periodic basis, to commercially insured patients that have been prescribed the Product for an approved use and who satisfy the Program's eligibility criteria, after experiencing an initial delay, as defined below, in securing a determination of insurance coverage for the Product. A patient may enroll in the Program by completing, signing, and submitting the applicable portion of the Adbry Advocate Program Enrollment and Prescription Form. A healthcare provider ("HCP") may prescribe the Product by completing, signing, and submitting the applicable portion of the Enrollment and Prescription Form which includes a prescription for the Product that will be processed by the non-commercial dispensing pharmacy (NCDP) affiliated with PharmaCord LLC.

After the prescription is received by the NCDP and the patient's eligibility for the Program is verified, the Product may be delivered to the prescribing HCP's office. Alternatively, if: a) the HCP decides that the patient or a caregiver may properly give injections of the Product; and b) the patient or caregiver has received training on the proper preparation and injection of the Product, then the Product may be delivered to the patient's address of record or other location mutually agreed upon by Adbry Advocate and the patient or patient's caregiver. In the event of delivery to the patient's address of record or other mutually agreed upon location, Adbry Advocate will coordinate the shipment of the Product which may extend the delivery time. Product will be dispensed from the NCDP via overnight delivery.

Eligibility Requirements and Limitations

- The patient must be 18 years of age or older with a valid prescription for an approved use of the Product.
- The patient must be a resident of the United States or Puerto Rico.
- The patient must have commercial insurance.
- The patient must not have prescription drug coverage for the Product, in whole or in part, under any federal or state government subsidized health program that is a "federal healthcare program" as defined under 42 U.S.C. § 1320a-7b(f), including but not limited to Medicare, Medicaid, TRICARE, the Indian Health Service, the Department of Veterans Affairs Health Benefits program, state Children's Health Insurance Programs under the Title XIX or Title XXI of the Social Security Act, state block grant programs under Title V or Title XX of the Social Security Act, or state pharmaceutical assistance programs. This Program is not available for patients within a deductible or similar cost sharing periods under such federal healthcare programs.
- Uninsured and cash-paying patients are not eligible.
- The patient must experience either:
  - A delay of more than five (5) days in securing an insurance coverage determination (i.e. the actual submission of a request for coverage determination, such as a prior authorization request) either at therapy initiation or in connection with a change in insurance provider or coverage (e.g., due to a change in employment); or
  - A denial of insurance coverage based on a prior authorization request – either at therapy initiation or in connection with a change in insurance provider or coverage (e.g., due to a change in employment) – for which an appeal of the coverage denial, on behalf of the patient, has been submitted or will be submitted within thirty (30) days of such denial.

Additional Terms and Conditions

- The Program does not constitute insurance.
- The provision of Product under the Program does not constitute any guarantee of coverage under any prescription benefit insurance or program.
- For each eligible patient, the Program provides Product, without charge, on a periodic basis, to such patient for up two (2) years or until the patient receives insurance coverage approval, whichever occurs earlier.
- After eligibility is verified and the prescription is received by the NCDP, the NCDP will ship a supply of Product, in amounts to be determined in the sole discretion of Adbry Advocate, to the prescribing HCP's office, or to the patient, as explained above.
- On a regular basis, Adbry Advocate will verify whether the patient has secured a coverage determination or, if a noncoverage determination has been issued, whether the patient has submitted an appeal. The NCDP will ship additional supplies of Product, in amounts to be determined in the sole discretion of Adbry Advocate, provided the patient remains eligible to receive Product under the Program.
- By submitting a request for Product under the Program or by participating in the Program, the healthcare provider acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for Product provided under the Program to the patient or any third-party plan or program, including any commercial or government assistance program; (2) will advise the patient that he or she may not submit a claim to any third-party program or plan but should report his or her receipt of Product to the patient's insurer if required by his or her plan; (3) will dispense or administer Product solely to the eligible patient for whom such Product was requested; and (4) will not sell, transfer, or otherwise dispense Product to any other third party.
- By submitting a request for Product under the Program or by participating in the Program, the patient acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for Product provided under the Program to any third-party plan or program, including any commercial or government assistance program; (2) will report his or her receipt of Product to his or her insurer if required by his or her plan; and (3) will not sell, transfer, or otherwise dispense Product to any other third party.
- The NCDP only dispenses Product pursuant to the Adbry Advocate patient access programs. Product prescriptions subject to third-party insurance, including refill prescriptions, may be dispensed by the pharmacy of the patient's choice, subject to product distribution and third-party payer limitations.
- Patients and/or their healthcare providers must submit complete information and/or documentation required under the Program and attest to the truthfulness and accuracy of the information and/or documentation. Patients may be asked to reverify insurance coverage or appeal status during their participation in the Program. Failure to verify status or to file a required appeal may result in termination of the dispensing of Product under the Program in the sole discretion of Adbry Advocate.
- By submitting a request for Product under the Program or by participating in the Program, each of the patient and the healthcare provider acknowledges, understands and agrees to the benefit, eligibility, and other program limitations, terms and conditions as set forth herein.
- The availability of Product under the Program is not conditioned on any past, present, or future purchase, including any potential future refills of Product.
- Offer void where prohibited by law, taxed, or restricted.
- LEO Pharma has sole discretion to determine Program eligibility.
- LEO Pharma may amend, modify, or terminate Program benefits and eligibility criteria at any time without notice.

Adbry™
(tralokinumab-ldrm)
Injection 150 mg/mL

This page is to be provided to the patient or patient representative prior to completion of the form.

Adbry™ Rapid Access™ Program – Program Summary and Terms & Conditions

LEO Pharma Inc. ("LEO Pharma") is the distributor of Adbry™ (tralokinumab-ldrm) injection (the "Product"). LEO Pharma sponsors the Adbry™ Advocate™ patient access programs (Adbry Advocate) which are operated by LEO Pharma's service provider – PharmaCord LLC. The purpose of Adbry Advocate is to help ensure that medically appropriate patients have access to the medication that has been prescribed for them by their treating healthcare providers.

One of the offerings available for the benefit of patients under Adbry Advocate is the Adbry Rapid Access Program (the "Program"). Under the Program, Adbry Advocate will provide the initial or "loading" dose of the Product, consistent with the prescribing information for the Product, without charge, to commercially insured patients that have been prescribed the Product for an approved use and who meet the Program eligibility criteria. A patient may enroll in the Program by completing, signing, and submitting the applicable portion of the Adbry Advocate Program Enrollment and Prescription Form. A healthcare provider ("HCP") may prescribe the initial dose of the Product by completing, signing, and submitting the applicable portion of the Enrollment and Prescription Form which includes a prescription for the Product that will be processed by the non-commercial dispensing pharmacy (NCDP) affiliated with PharmaCord LLC.

After the prescription is received by the NCDP and the patient's eligibility for the Program is verified, the Product may be delivered to the prescribing HCP's office. Alternatively, if: a) the HCP decides that the patient or caregiver may properly give injections of the Product; and b) the patient or caregiver has received training on the proper preparation and injection of the Product, then the Product may be delivered to the patient's address of record or other location mutually agreed upon by Adbry Advocate and the patient or patient's caregiver. In the event of delivery to the prescribing HCP's office, the Product can usually be delivered in as little as forty-eight (48) hours. In the event of delivery to the patient's address of record or other mutually agreed upon location, Adbry Advocate will coordinate the shipment of the Product which may extend the delivery time. Product will be dispensed from the NCDP via overnight delivery.

Eligibility Requirements and Limitations

- Patients who have been initiated on therapy with samples are not eligible for Rapid Access Program Product.
- The patient must be 18 years of age or older with a valid prescription for an approved use of the Product.
- The patient must be a resident of the United States or Puerto Rico.
- The patient must have commercial insurance.
- The patient must not have prescription drug coverage for the Product, in whole or in part, under any federal or state health program that is a "federal healthcare program" as defined under 42 U.S.C. § 1320a-7b(f), including but not limited to Medicare, Medicaid, TRICARE, the Indian Health Service, the Department of Veterans Affairs Health Benefit Program, state Children's Health Insurance Programs under the Title XIX or Title XXI of the Social Security Act, state block grant programs under Title V or Title XX of the Social Security Act, or state pharmaceutical assistance programs. This Program is not available for patients within a deductible or similar cost sharing periods under such federal healthcare programs.
- Uninsured and cash-paying patients are not eligible.

Additional Terms and Conditions

- Good for the initial dose only. Limit of one shipment of Product per eligible patient.
- The Program does not constitute insurance.
- The provision of the initial dose of Product does not constitute any guarantee of coverage under any prescription benefit insurance or program.
- By submitting a request for Product under the Program or by participating in the Program, the healthcare provider acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for Product provided under the Program to the patient or any third-party plan or program, including any commercial or government assistance program; (2) will advise the patient that he or she may not submit a claim to any third-party plan or program but should report his or her receipt of Product to the patient's insurer if required by his or her plan; (3) will dispense or administer Product solely to the eligible patient for whom such Product was requested; and (4) will not sell, transfer, or otherwise dispense Product to any other third party.
- By submitting a request for Product under the Program or by participating in the Program, the patient acknowledges and agrees that he or she: (1) will not submit any claim or other request for payment or reimbursement for Product provided under the Program to any third-party plan or program, including any commercial or government assistance program; (2) will report his or her receipt of Product to his or her insurer if required by his or her plan; and (3) will not sell, transfer, or otherwise dispense Product to any other third party.
- The NCDP only dispenses Product pursuant to the Adbry Advocate patient access programs. Product prescriptions subject to third-party insurance, including refill prescriptions, may be dispensed by the pharmacy of the patient's choice, subject to product distribution and third-party payer limitations.
- Patients and/or their healthcare providers must submit complete information and/or documentation required under the Program and attest to the truthfulness and accuracy of the information and/or documentation.
- By submitting a request for Product under the Program or by participating in the Program, each of the patient and the healthcare provider acknowledges, understands and agrees to the benefit, eligibility, and other program limitations, terms and conditions as set forth herein.
- The availability of Product under the Program is not conditioned on any past, present, or future purchase, including any potential future refills of Product.
- Offer void where prohibited by law, taxed, or restricted.
- LEO Pharma has sole discretion to determine Program eligibility.
- LEO Pharma may amend, modify, or terminate Program benefits and eligibility criteria at any time and without notice.

Fair Credit Reporting Act (FCRA) Authorization

I understand that I am providing "written instructions" authorizing LEO Pharma and its vendors, under the FCRA, to obtain information from my credit profile or other information from the vendor, solely for the purpose of determining financial qualifications for programs administered by LEO Pharma. I understand that I must affirmatively agree to these terms in order to proceed in this financial screening process.

TCPA Consent

I consent to receive calls and texts from and on behalf of LEO Pharma made with an auto dialer or prerecorded voice, at the phone number(s) provided. I understand that my consent is not required or a condition of purchase. The number of messages will vary based on my program selections, and I may receive up to 5 messages per week. I also understand that message and data rates may apply, and that I can text STOP to opt out and HELP for help.

Authorization For Physician

I certify that this therapy is medically necessary and that this information is accurate to the best of my knowledge. I certify that I am the physician who has prescribed the drug identified above to the previously identified patient. For the purposes of transmitting this prescription, I authorize LEO Pharma and its affiliates, business partners, and agents to forward as my agent for these limited purposes this prescription electronically, by facsimile, or by mail to the appropriate dispensing pharmacies. I certify that any medication received will be used only for the patient named on this form and will not be offered for sale, trade, or barter. Furthermore, no claim for reimbursement will be submitted concerning this medication, nor will any medication be returned for credit. I acknowledge that this program is exclusively for purposes of patient care and not for remuneration of any sort. I understand that LEO Pharma may revise, change, or terminate programs at any time without notice.

Adbry™
(tralokinumab-ldrm)
Injection 150 mg/mL