nemluvio™
(nemolizumab-ilto) for injection
30 mg

Enrollment Form

Initiate treatment and patient support with a one-page form

Network Specialty Pharmacies

NEMLUVIO® (nemolizumab-ilto) is available through a limited distribution network of specialty pharmacies. Our specialty pharmacy network is contracted to provide enhanced service offerings ensuring that you and your patients are supported throughout the entire NEMLUVIO access journey.

Specialty Pharmacy	Phone	Fax	Website
AcariaHealth	800-511-5144	877-541-1503	www.acariahealth.com
Accredo Health Group, Inc.	866-839-2162	866-531-1025	www.accredo.com/conditions/asthma-allergy
Amber Specialty Pharmacy	888-370-1724	877-645-7514	www.amberpharmacy.com
BioPlus Specialty Pharmacy	800-292-0744	800-269-5493	www.bioplusrx.com
Blue Sky Specialty Pharmacy	866-822-0103	833-898-3992	www.blueskyspecialtypharmacy.com
CenterWell Specialty Pharmacy	800-486-2668	877-405-7940	www.centerwellspecialtypharmacy.com
CVS Specialty	800-237-2767	800-323-2445	www.CVSSpecialty.com
Kroger Specialty Pharmacy	888-355-4191	888-355-4192	www.Krogerspecialtypharmacy.com
Optum Specialty	855-427-4682	877-342-4596	www.Specialty.Optumrx.com
Senderra	855-460-7928	888-777-5645	www.Senderrarx.com

Important Safety Information

Indication: NEMLUVIO® (nemolizumab-ilto) is a prescription medicine used to treat adults with prurigo nodularis.
Contraindication: Known hypersensitivity to NEMLUVIO or any ingredients in NEMLUVIO.
Warnings/Precautions: Hypersensitivity reactions have been reported with NEMLUVIO use. You should not receive a live vaccine right before or during treatment with NEMLUVIO.
Adverse Events: Most common side effects of NEMLUVIO include: headache, skin rashes: atopic dermatitis (a type of eczema), eczema, and eczema nummular (scattered circular patches).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see full Prescribing Information including Patient Information.

Please see full Prescribing Information at www.nemluvio.com.

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Patient Authorization

I acknowledge that some healthcare providers, pharmacies and health insurers, and their service providers (collectively, "Providers") may use and disclose my information related to health insurance benefits, medical condition, treatment, and prescription details ("Health Information") and identifying information about me including information such as my name, address, and date of birth ("Identifying Information") with other Providers under my other existing HIPAA authorizations.

By signing the Patient Authorization on the Enrollment Form, I authorize Providers to use and disclose my Health Information and Identifying Information to Galderma, its affiliates, agents, and service providers, including patient support program service providers, (collectively, "Galderma") in connection with my participation in Galderma Patient Services for Nemluvio. Galderma may use my Health Information and/or Personal Information to provide me with various support services and information to help me access Nemluvio from Galderma including one or more of the following Galderma services (the "Services"):

1. Work with my insurance to identify eligibility/requirements and attempt to secure coverage for Nemluvio,
2. Assist with access including appeals, savings, educational, and support services and information associated with my therapy,
3. Enroll me into appropriate programs that help me gain access to Nemluvio, which was prescribed by my healthcare provider,
4. Participate in quality assurance activities such as surveys and feedback related to the Services or my treatment.

By signing this Authorization, my Providers may also disclose my Health Information and Identifying Information to Galderma so that Galderma may use it to help improve, develop, and evaluate Galderma Patient Services for Nemluvio, the Services, and other products, services, materials, and programs related to my condition or treatment.

In delivering the Services, Galderma may disclose my Health Information and Identifying Information to my Providers and certain financial assistance programs that may assist with my Nemluvio therapy payments. I understand Galderma and Providers may combine my records and information with information and data collected from other sources and use that aggregated information for the purposes listed above. I understand that my Providers may receive payment from Galderma for providing certain Services, such as but not limited to treatment reminders or training, based on my enrollment or participation.

Once I authorize the release of my records and information, I understand it may be redisclosed 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 for eligibility or enrollment in benefits from my Providers.

I understand that I can revoke this Authorization at any time by calling 1-855-636-5884 or writing to GaldermaPatientServices@Eversana.com.

This Authorization will expire 5 years after I sign it, or earlier if required by law, unless I revoke it sooner. If this Authorization expires or is revoked, it will not impact my Providers' treatment or my insurance benefits. I also understand that if a Provider is disclosing my Health Information to Galderma 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. Revocation of this Authorization will not affect prior uses or disclosures of my Health Information.

I understand that I am entitled to receive a copy of this authorization after I sign it.

I understand that my information will be used by Galderma in accordance with its privacy policy, located at **https://www.galderma.com/us/your-privacy**.

Galderma Communications Consent

By checking the box on the GPS for Nemluvio Enrollment Form, I consent to the use by Galderma of my health and personal information to contact me and provide me with information, marketing materials, and clinical trial opportunities related to my condition or treatment and other information and offers that Galderma believes to be of interest to me. Galderma may contact me for these purposes by e-mail, mail, telephone, and if I have checked the "Text Message Consent" box on the Enrollment Form, pre-recorded or automated calls and texts.

I understand that I can review Galderma's privacy policy, available at **https://www.galderma.com/us/your-privacy**, for more information about Galderma's collection, use, and sharing of health and personal information. This consent will remain in effect until I cancel it. I understand that I may revoke this consent at any time, which I may do by calling 1-855-636-5884 or writing to GaldermaPatientServices@Eversana.com, and that if I revoke this consent, my revocation will not affect any actions taken by Galderma before receiving my revocation. I may request a copy of this consent. I understand that consent is not required for enrollment in the GPS for Nemluvio program.

Text Message Consent

By checking the box on the GPS for Nemluvio Enrollment Form, I consent to receive calls and texts from and on behalf of Galderma made with an auto dialer or prerecorded voice, including texts and calls for marketing and promotional purposes, at the phone number(s) provided. I understand that my consent is not required or a condition of purchase or enrollment in the GPS for Nemluvio program. The number of messages will vary based on my program selections, and I may receive up to 5 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. I agree to Galderma's Text Messaging Terms, available at **https://www.galdermaps.com/gps-sms-terms-and-conditions**.

Galderma Patient Services for Nemluvio General Terms & Conditions

Galderma Laboratories, L. P. ("Galderma") is the authorized U.S. distributor of the Nemluvio® (nemolizumab) injection ("Nemolizumab" or the "product"). Galderma sponsors the Galderma Patient Services for Nemluvio ("GPS for Nemluvio"), which is operated by Galderma and its designated service provider(s). The purpose of the GPS for Nemluvio program is to help ensure that appropriate patients who have been prescribed Nemluvio by their treating health care providers ("HCPs") have access and support related to their Nemluvio treatment journey. These General Terms & Conditions are applicable to all portions of the GPS for Nemluvio program, including, without limitation, the GPS for Nemluvio Quick Start Program, the GPS for Nemluvio Bridge Program, the GPS for Nemluvio Patient Assistance Program, the GPS for Nemluvio Replacement Program, the GPS for Nemluvio Commercial Copay Program, and/or any and all other services provided by the GPS for Nemluvio program.

By participating in any programs of and/or receiving any services from GPS for Nemluvio, you agree to all of the GPS for Nemluvio General Terms & Conditions. By participating in and/or receiving services through additional programs of GPS for Nemluvio program such as GPS for Nemluvio Quick Start Program, GPS for Nemluvio Bridge Program, GPS for Nemluvio Patient Assistance Program, GPS for Nemluvio Replacement Program, and/or GPS for Nemluvio Commercial Copay Program, you also agree to the additional terms and conditions that apply to additional programs.

Galderma offers a suite of patient support programs that are geared towards the education and support of certain Nemluvio patients. A patient may participate in the GPS for Nemluvio program by enrolling online, contacting GPS for Nemluvio directly, or by enrolling with the assistance of their legal representative, HCP, or specialty pharmacy. All services provided by GPS for Nemluvio are provided free of charge to appropriately prescribed and enrolled patients by Galderma or its designated service provider(s). I understand that my health care providers, pharmacies and health insurers, and their service providers may receive payment from Galderma for providing certain Services, such as but not limited to treatment reminders or training, based on my enrollment or participation.

Patients using Nemluvio are not required to enroll in the GPS for Nemluvio Program but must enroll if they wish to participate in the GPS for Nemluvio Program. Patients may participate in the GPS for Nemluvio Program without signing a Patient Authorization and marketing or text message consent; however, services available to such patients may be different.

To participate in GPS for Nemluvio and/or receive GPS for Nemluvio services, a patient must:

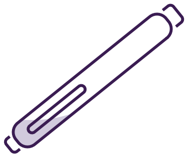
- be prescribed Nemluvio from Galderma by a licensed US health care professional;
- be prescribed Nemluvio in accordance with the product's FDA-approved indication(s) and labeling;
- be 18 years or older
- reside in the 50 United States or Washington DC.

In addition:

- Product provided through GPS for Nemluvio must not be billed to or have payment requested from any insurance provider or third-party plan, except as permitted in connection with the GPS for Nemluvio Copay Program;
- Patients who receive product through GPS for Nemluvio must not sell the product or transfer it to any third party; and
- Participation in GPS for Nemluvio is not conditioned on any past, present, or future purchases or prescriptions, including any potential future fills of Nemluvio;
- Participation is void where prohibited by law.

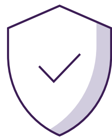
GPS GALDERMA PATIENT SERVICES | nemluvio™ (nemolizumab-ilto) for injection 30 mg

Give this page to your Nemluvio patient!



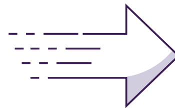
Your healthcare provider has prescribed Nemluvio

Support at every turn. GPS for Nemluvio is here for you with injection education, financial assistance, and other services for patients who are eligible to receive them. If your healthcare provider prescribed NEMLUVIO, here's what happens next:



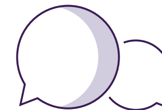
1 **We'll check your benefits and work with your healthcare provider and insurance company to secure necessary approvals.**

Expect a call from us to discuss your options, including potential savings programs and support throughout your treatment journey.



2 **Once we confirm your eligibility, we will mail you a patient Welcome Kit.**

If you consent to receiving marketing communications, you will receive a Welcome Kit in a few weeks that will include useful support services, skincare tips and more.



3 **Your dedicated team Case Manager is here to help you.**

Your Case Manager will follow you throughout your treament with Nemluvio and is here to support you when you need help with an insurance change, a new prior authorization and more.

Questions?
We're in this together.

You'll be hearing from us. Just in case you don't recognize the number and don't pick up, please be sure to check your voicemail messages.

Call us.

1-855-636-5884
8:00 a.m.–8:00 p.m. ET
Monday–Friday

Visit www.nemluvio.com for more information.

ADD GPS FOR NEMLUVIO TO YOUR CONTACTS!

Scan this code with your mobile phone and save the contact information for GPS for Nemluvio. You'll have our information handy if you need it and you'll recognize us when we call you.

US-NMO-2400311 (09/24)

By participating in the GPS for Nemluvio program, you agree that health care providers, pharmacies and health insurers, and their service providers (collectively, "Providers") may disclose information about me including information such as my name, address and date of birth ("Identifying Information") with Galderma and its affiliates, agents, and service providers, including patient support program service providers, (collectively, "Galderma") in connection with my participation in the Galderma Patient Support (GPS) program. Patients also agree that information related to your participation in one or more GPS for Nemluvio services may be collected, stored, aggregated, used, and disclosed by Galderma by participating in the GPS for Nemluvio Program. Patients also agree that Galderma may use their Personal Information in a manner in accordance with the terms of the privacy policy at **https://www.galderma.com/us/your-privacy** including to provide the patient with various support services and information and to help improve, develop, and evaluate the GPS for Nemluvio program, the Services, and other products, services, materials, and programs related to their condition or treatment. Patient understands and agrees that Galderma may combine their records and information with information and data collected about other participants and from other sources and use that aggregated information for a variety of purposes. Additionally, by participating in the GPS for Nemluvio program health information and personal information will be collected, used, and disclosed by the GPS for Nemluvio program consistent with the GPS for Nemluvio service provider's Notice of Privacy Practices, available at **https://www.eversana.com/legal/hipaa-practices/**.

Acceptance and participation in the GPS for Nemluvio Program constitutes an agreement with Galderma in Texas. You consent to the GPS for Nemluvio Program being governed by and interpreted in accordance with the substantive laws of the State of Texas without regard to its conflict of law principles. By enrolling in and/or participating in the GPS for Nemluvio Program, you agree that the services have a reasonable relationship to the State of Texas in that, among other things, and agree that the exclusive venue for any dispute arising out of participation in the GPS for Nemluvio Program is a state or a federal court of competent jurisdiction in Dallas County, Texas. By enrolling in and/or participating in GPS for Nemluvio Program, you irrevocably and unconditionally submit to the exclusive jurisdiction of a state or a federal court in Dallas County, Texas.

Not all patients will be eligible for all services provided in the GPS for Nemluvio Program. Offers and services provided under the GPS for Nemluvio Program may not be the best offer or lowest cost service available to you. Participation in one or more services of the GPS for Nemluvio Program may be subject to limitations imposed by your health insurer and by state or federal law. Galderma reserves the right to modify, rescind, or discontinue this program, any services provided under the program, the terms and conditions of the GPS for Nemluvio Program, and the additional terms and conditions of its services at any time without notification and for any reason. Galderma reserves the right to rescind or revoke a patient's participation in the GPS for Nemluvio Program and one or more of its services at any time and for any reason including noncompliance with the General Terms and Conditions or additional terms and conditions of any GPS for Nemluvio service. Galderma may communicate changes to patients and their Providers by periodically updating the GPS for Nemluvio General Terms and Conditions and/or individual services terms and conditions.

To unenroll in the GPS for Nemluvio Program, patients must call 1-855-636-5884 for further instructions.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/MEDWatch or Call 1-800-FDA-1088 or call Galderma Special Services at 866-735-4137

Additional Terms & Conditions of the GPS for Nemluvio Quick Start Program

In addition to the GPS for Nemluvio General Terms and Conditions, by enrolling in and/or participating in the GPS for Nemluvio Quick Start Program these additional Terms & Conditions apply. The GPS for Nemluvio Quick Start Program is provided to eligible commercially insured patients, who meet all of the below criteria so that they may begin treatment quickly and may start improving their skin story:

- Patient must have commercial insurance that requires prior authorization for Nemluvio from Galderma
- The patient must not have prescription drug coverage for the product, in whole or in part under federal or state health care program, including but not limited to Medicare or Medicaid
- Patient's prescribing HCP must continue to pursue coverage through the patient's insurance while the patient is receiving treatment through the GPS for Nemluvio Quick Start Program
- Patients who have been initiated on therapy using samples are eligible for the GPS for Nemluvio Quick Start Program
- Patients may not have previously participated in the GPS for Nemluvio Quick Start Program for Nemluvio.

Patients enrolled in the GPS for Nemluvio Quick Start Program may receive up to an initial loading dose and two subsequent dosages of Nemluvio, as prescribed by their HCP and consistent with labelling.

THE GPS FOR NEMLUVIO QUICK START PROGRAM IS NOT INSURANCE.

GPS for Nemluvio Bridge Program Terms & Conditions

In addition to the GPS for Nemluvio General Terms and Conditions, by enrolling in and/or participating in the Bridge Program these additional Terms & Conditions apply. The GPS for Nemluvio Bridge Program is provided to eligible patients who meet the below criteria so that they may continue Nemluvio while insurance barriers are resolved. Eligible Patients for the GPS for Nemluvio Bridge Program must meet all of the following criteria:

- Patients must have insurance
- The patient must experience a delay in coverage determination, which may be (i) a prior authorization delay that will cause a patient to miss dose(s); (ii) upon a change of insurance, (iii) an insurance or prior authorization denial for which an appeal has been submitted, or (iv) a delay due to coverage not yet established by the patient's plan when the product is new to market.
- Patient's prescribing HCP must continue to pursue coverage through the patient's insurance while the patient is receiving treatment through the GPS for Nemluvio Bridge Program

Patients enrolled in the GPS for Nemluvio Bridge Program may receive up to 2 years of Nemluvio as long as they continue to qualify.

THE GPS FOR NEMLUVIO BRIDGE PROGRAM IS NOT INSURANCE.

GPS for Nemluvio Replacement Program Terms & Conditions

In addition to the GPS for Nemluvio General Terms and Conditions, by enrolling in and/or participating in the GPS for Nemluvio Replacement Program these GPS for Nemluvio Replacement Program Additional Terms & Conditions apply. The GPS for Nemluvio Replacement Program is provided to certain Nemluvio patients who meet the below criteria:

- The patient must have reported a defect, administration error, or misplacement of a dose of Nemluvio to the Galderma Special Services Team (GSS) or the GPS team
- Replacement will be granted to patients only for the number of doses or injections that were deemed unusable
- Patients who report more than 2 issues in a year may be subject to additional intervention, such as signature requirements on delivery, should packages not be retrieved timely

Galderma reserves the sole right to determine whether product should be replaced and whether a patient is eligible to participate in the GPS for Nemluvio Replacement Program.

GPS for Nemluvio Injection Education & Training Program Additional Terms and Conditions

In addition to the GPS for Nemluvio General Terms and Conditions, by enrolling in and/or participating in the Injection Education & Training Program these GPS for Nemluvio Injection Education & Training Program Additional Terms & Conditions apply. Patient agrees that GPS for Nemluvio can provide injection education and training. Patient acknowledges that under no circumstances will injections be provided, as this program only provides training. Patient acknowledges that the services provided are not medical advice, and that any personnel providing services under GPS for Nemluvio are not your healthcare provider. Patient should consult their healthcare provider if they have questions about their therapy or condition.

Participation in this program is voluntary and patient may decline this service at any time.

Patient agrees to provide access to your residence or place of convenience to training personnel under this program. Patient agrees to receive communications related to scheduling and confirmation of appointments. Patient agrees to satisfy reasonable public health related conditions and a safe environment to access for training. Galderma reserves the right to reschedule or decline to provide services in our discretion.

Patient will not submit claims for training to their insurance provider.

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Preferred Specialty Pharmacy

- [ ] AcariaHealth Fax: 877-541-1503
- [ ] Accredo Health Group, Inc. Fax: 866-531-1025
- [ ] Amber Specialty Pharmacy Fax: 877-645-7514
- [ ] BioPlus Specialty Pharmacy Fax: 800-269-5493
- [ ] Blue Sky Specialty Pharmacy Fax: 833-898-3992
- [ ] CenterWell Specialty Pharmacy Fax: 877-405-7940
- [ ] CVS Specialty Fax: 800-323-2445
- [ ] Kroger Specialty Pharmacy Fax: 888-355-4192
- [ ] Optum Specialty Fax: 877-342-4596
- [ ] Senderra Fax: 888-777-5645

Patient Enrollment Form

To be fully completed by the healthcare provider and the patient or legal guardian before leaving the office. For information about how your information will be used please see terms and conditions. By receiving services through GPS for Nemluvio, patient accepts all terms and conditions of the GPS for Nemluvio programs on page 2.

Patient Information

First Name | Last Name | Guardian First Name *If patient is otherwise under the care of a guardian* | Guardian Last Name

Preferred Language: English / Spanish / Other: ______

Address (No PO Box) | Email | Phone Number *Cell Phone (preferred); Home Phone (optional)*

City | State | Zip | Sex: Male / Female | Date of Birth (MMDDYYYY) __/__/____

Don't Forget!

Attach front and back of insurance card.

Complete the entire form and fax to your Preferred Network Specialty Pharmacy.

An incomplete enrollment form may delay the start of treatment.

Patient Authorization and Additional Consents (Optional)

By signing below, I acknowledge that my personal health information will be collected, used, and disclosed to provide services in the GPS for Nemluvio Program and by GPS for Nemluvio consistent with the terms and conditions of the program. I understand that I have the right to withdraw my consent by contacting GPS for Nemluvio.

- I have read and agree with the Patient Authorization on page 2.
- For manufacturer product and disease education and support, I consent to the Galderma Communications Consent, found on page 2.
- I consent to receiving Text Messages per the consent on page 2.

Patient/Legal Guardian Signature | If not patient, relationship to patient | Date of Signature (MMDDYYYY) __/__/____

Clinical Information

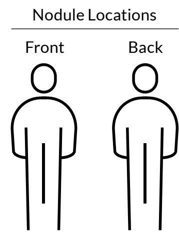
To be completed by the HCP

Diagnosis: L28.1 Prurigo Nodularis   Other: ______

Known Drug Allergies

Patient has greater than 20 nodules

Nodule Locations



Weight (required) ______ lbs. kg

Other Disease Impacts *Physical, mental or psychosocial impairment*

If no other treatments, explain clinical rationale

Previous Treatments Tried and Failed (include other biologics, immunosuppressants, topicals, phototherapy, etc.)

Treatment	Dates	Dose	Frequency	Outcome

Provider Information

Allergist / Dermatologist / Immunologist / Other: ______

Full Name | HCP Title | Practice Name / Affiliation | Office Contact Name

Address | Supervising Physician *If applicable* | Office Fax | Office Contact Phone

City | State | Zip | NPI Number | Provider Email

Prescription Information

Did this patient start Nemluvio on a sample? Yes / No

Send loading dose to: HCP Address / Patient's Home

Network Specialty Pharmacy Prescription
Nemluvio 30 mg/0.49mL single dose dual chamber pen (NDC 00299-6220-15)

Loading Dose:

- No, patient already on therapy
- **Yes, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ at week 0 Dispense Qty: 2 pens, Zero refills

Maintenance Dose:

- **30 mg/0.49mL pen;** SIG: Inject contents of 1 pen (30mg), SubQ every 4 weeks Dispense Qty: 1 pen Refills: 12, or ____
- **For patients > or = 90kg, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ every 4 weeks Dispense Qty: 2 pens Refills: 12, or ____

Prescriber Attestation

Prescriber must authorize these instructions by signing at the end of this section.

As the prescriber, I certify that Nemluvio is medically necessary for an FDA-approved indication for the previously identified patient and the information on this form is accurate to the best of my knowledge. I have reviewed the current full Prescribing Information for Nemluvio. I certify that I have obtained all necessary authorizations and consents as required by federal and state laws including HIPAA to disclose to Galderma, patient information including to facilitate insurance coverage for the product, initiating/dispensing therapy, and administering GPS for Nemluvio. I authorize Galderma and its affiliates, business partners, and agents to forward this prescription to the appropriate dispensing pharmacies, and I will comply with my state-specific prescription requirements, such as e-prescribing, state specific prescription forms, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

Prescriber Signature **(Dispense as Written/Brand Medically Necessary)** | **Date of Signature** (MMDDYYYY) __/__/____

Prescriber Signature **(Substitution Permissible)**

Quick Start or Other GPS for Nemluvio Free Goods Program
Nemluvio 30 mg/0.49mL single dose dual chamber pen (NDC 00299-6220-15)

Loading Dose:

- No, patient already on therapy
- **Yes, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ at week 0 Dispense Qty: 2 pens, Zero refills

Maintenance Dose:

- **30 mg/0.49mL pen;** SIG: Inject contents of 1 pen (30mg), SubQ every 4 weeks Dispense Qty: 1 pen Refills: 12, or ____
- **For patients > or = 90kg, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ every 4 weeks Dispense Qty: 2 pens Refills: 12, or ____

Prescriber Attestation

Prescriber must authorize these instructions by signing at the end of this section.

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 Galderma may revise, change, or terminate programs at any time without notice.

Prescriber Signature **(Dispense as Written/Brand Medically Necessary)** | **Date of Signature** (MMDDYYYY) __/__/____

Prescriber Signature **(Substitution Permissible)**

Hub Phone: 1-855-636-5884

US-NMO-2400311 (09/24)

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Get started with the Enrollment Form

It's pretty straightforward, but we highlighted a few things to keep in mind. We're only asking for essential information to make it faster for you. Fill it out completely to make getting started faster for your patients. *And be sure to include copies of your patient's insurance card(s).*

1. This section helps us collect important information about your pharmacy preference.

2. We've reduced the amount of information that you need to fill out, including insurance information. Don't forget to attach copies of the patient's insurance cards to your enrollment submission! See enrollment form page for more info.

3. Only one signature is needed to provide Patient Authorization and to consent to Marketing Communications and Text Messages.

4. We collect this information to help answer questions that insurance companies ask, all in an effort to reduce back and forth with the insurance and increase speed to access.

5. Make sure to sign both prescriptions - one for the specialty pharmacy and one for the free goods pharmacy (in case it is needed, to help expedite access and reduce phone calls). Note the recommended increased dosing for patients weighing 90kg (or 198.4lbs.) or more. Entering the patient's weight is required.

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Preferred Specialty Pharmacy

- ☐ AcariaHealth Fax: 877-541-1503
- ☐ Accredo Health Group, Inc. Fax: 866-531-1025
- ☐ Amber Specialty Pharmacy Fax: 877-645-7514
- ☐ BioPlus Specialty Pharmacy Fax: 800-269-5493
- ☐ Blue Sky Specialty Pharmacy Fax: 833-898-3992
- ☐ CenterWell Specialty Pharmacy Fax: 877-405-7940
- ☐ CVS Specialty Fax: 800-323-2445
- ☐ Kroger Specialty Pharmacy Fax: 888-355-4192
- ☐ Optum Specialty Fax: 877-342-4596
- ☐ Senderra Fax: 888-777-5645

Patient Enrollment Form

To be fully completed by the healthcare provider and the patient or legal guardian before leaving the office. For information about how your information will be used please see terms and conditions. By receiving services through GPS for Nemluvio, patient accepts all terms and conditions of the GPS for Nemluvio programs on page 2.

Patient Information

First Name | Last Name | Guardian First Name *If patient is otherwise under the care of a guardian* | Guardian Last Name

Address (No PO Box) | Email | Phone Number *Cell Phone (preferred); Home Phone (optional)*

City | State | Zip | Sex: ☐ Male ☐ Female | Date of Birth (MMDDYYYY)

Preferred Language: ☐ English ☐ Spanish ☐ Other: ____

Patient Authorization and Additional Consents (Optional)

By signing below, I acknowledge that my personal health information will be collected, used, and disclosed to provide services in the GPS for Nemluvio Program and by GPS for Nemluvio consistent with the terms and conditions of the program. I understand that I have the right to withdraw my consent by contacting GPS for Nemluvio.

- ☐ I have read and agree with the Patient Authorization on page 2.
- ☐ For manufacturer product and disease education and support, I consent to the Galderma Communications Consent, found on page 2.
- ☐ I consent to receiving Text Messages per the consent on page 2.

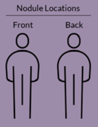
Patient/Legal Guardian Signature | If not patient, relationship to patient | Date of Signature (MMDDYYYY)

Don't Forget!
Attach front and back of insurance card.
Complete the entire form and fax to your Preferred Network Specialty Pharmacy.
An incomplete enrollment form may delay the start of treatment.

Clinical Information
To be completed by the HCP

Diagnosis: ☐ L28.1 Prurigo Nodularis ☐ Other: ____ | Known Drug Allergies | ☐ Patient has greater than 20 nodules

Weight (required) ☐ lbs. ☐ kg | Other Disease Impacts *Physical, mental or psychosocial impairment* | If no other treatments, explain clinical rationale



Previous Treatments Tried and Failed (include other biologics, immunosuppressants, topicals, phototherapy, etc.)

Treatment	Dates	Dose	Frequency	Outcome

Provider Information ☐ Allergist ☐ Dermatologist ☐ Immunologist ☐ Other: ____

Full Name | HCP Title | Practice Name / Affiliation | Office Contact Name

Address | Supervising Physician *If applicable* | Office Fax | Office Contact Phone

City | State | Zip | NPI Number | Provider Email

Prescription Information Did this patient start Nemluvio on a sample? ☐ Yes ☐ No Send loading dose to: ☐ HCP Address ☐ Patient's Home

Network Specialty Pharmacy Prescription
Nemluvio 30 mg/0.49mL single dose dual chamber pen (NDC 00299-6220-15)

Loading Dose:
- ☐ No, patient already on therapy
- ☐ **Yes, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ at week 0 Dispense Qty: 2 pens, Zero refills

Maintenance Dose:
- ☐ **30 mg/0.49mL pen;** SIG: Inject contents of 1 pen (30mg), SubQ every 4 weeks Dispense Qty: 1 pen Refills: 12, or ____
- ☐ **For patients > or = 90kg, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ every 4 weeks Dispense Qty: 2 pens Refills: 12, or ____

Prescriber Attestation
Prescriber must authorize these instructions by signing at the end of this section.

As the prescriber, I certify that Nemluvio is medically necessary for an FDA-approved indication for the previously identified patient and the information on this form is accurate to the best of my knowledge. I have reviewed the current full Prescribing Information for Nemluvio. I certify that I have obtained all necessary authorizations and consents as required by federal and state laws including HIPAA to disclose to Galderma, patient information including to facilitate insurance coverage for the product, initiating/dispensing therapy, and administering GPS for Nemluvio. I authorize Galderma [illegible] affiliates, business partners, and agents to forward this prescription to the appropriate dispensing pharmacies, and I will comply with my [illegible] prescription requirements, such as e-prescribing, state specific prescription forms, fax language, etc. Non-compliance with state-[illegible] could result in outreach to the prescriber.

Prescriber Signature (Dispense as Written/Brand Medically Necessary) | Date of Signature (MMDDYYYY)

Prescriber Signature (Substitution Permissible)

Quick Start or Other GPS for Nemluvio Free Goods Program
Nemluvio 30 mg/0.49mL single dose dual chamber pen (NDC 00299-6220-15)

Loading Dose:
- ☐ No, patient already on therapy
- ☐ **Yes, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ at week 0 Dispense Qty: 2 pens, Zero refills

Maintenance Dose:
- ☐ **30 mg/0.49mL pen;** SIG: Inject contents of 1 pen (30mg), SubQ every 4 weeks Dispense Qty: 1 pen Refills: 12, or ____
- ☐ **For patients > or = 90kg, two 30mg/0.49mL pens (60mg);** SIG: Inject contents of 2 pens (60mg), SubQ every 4 weeks Dispense Qty: 2 pens Refills: 12, or ____

Prescriber Attestation
Prescriber must authorize these instructions by signing at the end of this section.

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 Galderma may revise, change, or terminate programs at any time without notice.

Prescriber Signature (Dispense as Written/Brand Medically Necessary) | Date of Signature (MMDDYYYY)

Prescriber Signature (Substitution Permissible)

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