DAWNZERA™ (donidalorsen) 80 mg/0.8 mL injection

Patient Enrollment and Prescription Form

Fax: 1-877-558-0007 | Phone: 1-844-444-4305
Hours of Operation: Monday-Friday, 8 AM to 8 PM ET

IONIS EVERY STEP™ SUPPORT SERVICES

Complete this form for each patient. Bolded fields with asterisks (*) are required. Give page 4 to your patient before they leave the office.

1 PATIENT INFORMATION

Patient First Name*: _____ **Last Name*:** _____ **DOB*:** _____

Street Address*: _____ **City*:** _____ **State*:** _____ **ZIP Code*:** _____

Primary Phone #*,†(mobile preferred): _____ Alternative #: _____ Gender: ☐ Male ☐ Female

Email: _____ Language: ☐ English ☐ Spanish ☐ Other _____

Patient Representative/Care Partner Information

Representative/Care Partner Full Name: _____ Relationship to Patient: _____

Phone #: _____ Email: _____

†The Ionis Every Step™ Specialty Pharmacy will call this number from 1-844-444-4305 to verify benefits and confirm shipment. It's important that the patient answer this call.

2 PRESCRIBER INFORMATION

Prescribing Provider Name*: _____ **Specialty*:** _____

Practice Name: _____ Office Contact Name: _____

Practice Address*: _____ **City*:** _____ **State*:** _____ **ZIP Code*:** _____

Office Phone #*: _____ **Office Fax #*:** _____ Email: _____

Prescribing Provider NPI #*: _____

3 DIAGNOSIS AND CLINICAL INFORMATION

Include the following documentation from diagnosis and treatment decision: attack characteristics (frequency, severity, location), lab results of C1-inhibitor (C1-INH) antigenic/functional levels, serum C4 levels, previous/current medications and responses, and drug allergies.

ICD-10-CM Diagnosis Code*: ☐ D84.1 ☐ Other _____

Experience with current and/or previous treatments: _____

DAWNZERA PRESCRIPTION INFORMATION

Prescriber Instructions: Comply with state-specific requirements (eg, e-prescribing, state-specific prescription form, fax language). Either 1) fill out the information below and provide signature, OR 2) send an e-prescription to CoAssist Pharmacy (Free Trial Program not available through EHR).

Prescription type: ☐ Switching from prior long-term prophylactic therapy ☐ New to therapy ☐ Continuing therapy

4 DAWNZERA Prescription

Rx*: DAWNZERA injection, 80 mg/0.8 mL single-dose autoinjector, NDC: 71860-103-01

☐ 80 mg subcutaneously every **4 weeks** Quantity=1

Refills: ☐ 11 months or ☐ Other _____

OR

☐ 80 mg subcutaneously every **8 weeks** Quantity=1

Refills: ☐ 5 months or ☐ Other _____

5 DAWNZERA Free Trial Prescription (only available through this form)

The Free Trial Program is available to patients who are new to DAWNZERA. See page 3 for Terms and Conditions.

Rx: DAWNZERA injection, 80 mg/0.8 mL single-dose autoinjector, NDC: 71860-103-01

☐ 80 mg subcutaneously
Quantity=1

Refills: 0

Quick Start: If eligible and when all information required for prior authorization is received, patient will be enrolled in Quick Start program that will provide free drug during the insurance approval process. The Quick Start program is available to all insured patients who are US residents with a diagnosis consistent with label for DAWNZERA. Eligibility is subject to the terms and conditions of the program. Ionis Pharmaceuticals® reserves the right to rescind, revoke, or amend the program at any time without notice.

This form automatically enrolls patients in Quick Start. If you **DO NOT** wish to enroll your patient in Quick Start, check here. ☐

By signing this form, I am indicating a prescribing decision has been made. In addition, I am certifying treatment with DAWNZERA indicated above is medically necessary for this patient, and I have received authorization to release the medical and/or other patient information relating to this therapy to Ionis Every Step™ and its affiliates, agents, and representatives to use and disclose as necessary for prior authorization processing and fulfillment of the prescription. I certify that, to the best of my knowledge, the patient and physician information in this form is complete, accurate, and consistent with applicable privacy regulations. For Free Trial Program and/or Quick Start: I understand that this medication is being provided free to the named patient by Ionis and agree that neither I nor the patient will bill an insurer or any government healthcare program for the cost of this medication. The program may not be combined with another offer and is not eligible to patients without insurance or whose insurer has made a final coverage determination.

☐ **Dispense as Written**

SIGN _____ _____

Prescriber Signature *(Prescriber attests this is his/her legal signature. NO STAMPS)* MM/DD/YYYY

ATTENTION: NY Providers, please also submit electronic prescriptions.

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6 PATIENT INSURANCE INFORMATION

☐ Patient is uninsured

	Primary Medical Insurance	Primary Prescription Insurance
Insurance Provider		
Insurance Phone #		
Cardholder Name (if not patient)		
Cardholder DOB		
Policy #		
Group #		Rx Group #:
Identifier	Member ID:	RxBIN: RxPCN:

Please include **front** and **back** copies of all insurance cards

7 PATIENT AUTHORIZATION AND CONSENT

By signing this Patient Authorization and Consent form, I certify that I have read and understand the Authorization for Use and Disclosure of Protected Health Information and Consent to Receive Communications and agree to the terms. I understand that I am entitled to a copy of this Authorization and Consent upon request.

SIGN _____ _____ _____

Patient/Designated Representative Signature | Printed Patient/Designated Representative Name (If applicable) | MM/DD/YYYY

If signed by a designated representative, please indicate below the authority to act on behalf of the patient:

☐ Court Appointed ☐ Parent/Guardian ☐ Power of Attorney, including authority to make healthcare decisions

☐ Other _____

PATIENT AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize my health care providers ("HCPs"), my health plan, and my pharmacies, and each of their respective agents, to use and share my Protected Health Information (my "Information") with Ionis Pharmaceuticals and its affiliates, agents, and representatives. My Information includes my prescription-related health records, information about my health care plan benefits, demographic, contact, and any other information bearing on my health. My Information may be used to verify treatment and payment decisions with my HCPs; investigate and assist with coordination of coverage for Ionis medicines; coordinate prescription fulfillment and financial assistance; coordinate the provision of patient educational support, perform internal analysis at Ionis to better meet patient needs; and perform research and analysis of non-identified data for the purposes of measuring health outcomes.

PATIENT CONSENT TO IONIS COMMUNICATIONS

I understand and agree that Ionis may contact me, including by mail, email, telephone (including voicemail), and text messaging for educational and marketing purposes, including contacting me for market research purposes about Ionis therapies or Ionis. I understand and agree that any information that I provide may be used by Ionis to help develop new products, services, and programs.

I understand that federal privacy laws may not protect my Information once it is disclosed; however, Ionis agrees to protect my Information by using and disclosing it only for the purposes specified herein.

I understand that I can refuse to sign this Authorization and that my refusal will not affect my treatment or payment for treatment, insurance coverage, or eligibility for benefits. However, if I do not sign this Authorization, I will not be able to receive Ionis Patient Services support.

I understand that I may cancel this Authorization at any time by calling Ionis Every Step Program at 1-844-444-4305. I understand that I am unable to cancel this Authorization by mail or Email, and this must be done by phone. I understand that any such cancellation will not apply to any information already used or disclosed based on this Authorization prior to Ionis's receipt of the cancellation. This Authorization expires ten (10) years from the date unless a shorter period is required by law. The Ionis Privacy Policy may be found at https://www.ionis.com/privacy-policy.

Give page 4 to your patient before they leave the office

IONIS EVERY STEP™ FREE TRIAL PROGRAM TERMS AND CONDITIONS

DAWNZERA™ (donidalorsen) Free Trial Program Details

The Free Trial Program (FTP) provides eligible patients who are new to DAWNZERA with a one-time, one-dose supply of DAWNZERA at no charge to assess the administration process and evaluate the tolerability of DAWNZERA prior to prescription. The program is offered through Ionis Pharmaceuticals and is managed by Ionis Every Step™.

Eligibility Criteria

To be eligible for the FTP program, a patient must meet ALL the following eligibility criteria:

- Patient must be a new patient who has not previously been treated with DAWNZERA
- Ionis Every Step must receive a healthcare provider signed, valid Free Trial Program prescription for a U.S. Food and Drug Administration-approved indication for DAWNZERA
- Patient must be enrolled in and consent to Ionis Every Step support program for DAWNZERA
- Available only to patients in the U.S. & Puerto Rico
- All patients are eligible, including patients with Medicare and Medicaid

Additional Terms

The Ionis Every Step Free Trial Program ("FTP"), sponsored by Ionis Pharmaceuticals, Inc., the manufacturer of DAWNZERA, provides a one-time, one-dose supply of DAWNZERA to patients who meet FTP eligibility requirements and who agree to the FTP terms and conditions by submitting a signed consent form. FTP is a free trial offer, intended solely to allow patients who are new to DAWNZERA to determine with their healthcare provider whether DAWNZERA is right for them. There is no obligation to continue use of DAWNZERA after the free trial has been completed. To be eligible, a patient must: (1) reside in the United States or Puerto Rico; (2) have a valid prescription for DAWNZERA for an FDA-approved indication; and (3) be a new patient who has not previously been treated with DAWNZERA. This offer is limited to one use per patient per lifetime and is non-transferable. DAWNZERA supplied through the FTP will (i) be dispensed only by a pharmacy designated by Ionis; (ii) be delivered only to the patient's home address (no P.O. boxes) and (iii) not exceed a one-dose supply; no refills are available through the FTP.

It is unlawful for any person to sell, purchase, trade, barter, or export DAWNZERA supplied through the FTP or make an offer to do so. Patients, pharmacists, and prescribers may not seek reimbursement, either directly or indirectly, for DAWNZERA supplied through the FTP from health insurance or any third-party payer, including Medicare, Medicaid, and commercial insurance plans. Patients must not count the value of the FTP product as an expense incurred for purposes of determining patient out-of-pocket costs under any health insurance program, including Medicare Part D True Out-of-Pocket ("TrOOP") costs. **THE FTP IS NOT HEALTH INSURANCE.** The FTP is not a discount, rebate, coupon, cost-sharing program, or other form of financial assistance. Obtaining DAWNZERA through the FTP is not contingent on any past, present, or future purchase of DAWNZERA. To continue a patient on therapy after such one-time use, a separate prescription must be written by the healthcare provider. Use of the FTP is void where prohibited by law and where use is prohibited by the patient's insurance provider. Ionis reserves the right to rescind, revoke, or amend the FTP at any time without notice.

Let's take this step by step, together

Ionis Every Step is here for you from your first step to every next step. Our dedicated team can help you understand how to get your medicine, how to use it, and resources to help follow your doctor's treatment plan.

To learn more about Ionis Every Step:

Visit DAWNZERA.com/Get-Started

Call 1-844-444-4305, Monday to Friday, 8 AM to 8 PM ET

Signing up for Ionis Every Step gives you access to:

A Patient Education Manager*

The Patient Education Manager is your primary Ionis Every Step partner and can

- Help you understand what happens next after your doctor prescribes DAWNZERA, including an overview of the insurance process
- Answer your questions and provide educational resources like DAWNZERA Direct, a digital companion for your treatment journey
- Teach you how to use DAWNZERA in-person or virtually
- Connect you to additional Ionis Every Step team members if you need more support
- Reach out to provide support throughout your treatment journey

Insurance Navigation†

Ionis Every Step works with you and your doctor to help get insurance approval for your medication and provide updates along the way.

Affordability Programs‡

Ionis Every Step is committed to helping you access your Ionis medication. There are many financial assistance options available, regardless of your insurance.

What happens next?

If you have not already signed up in your doctor's office, scan the QR code to the right to get started.

1 Connect with your Patient Education Manager*

Your dedicated Patient Education Manager will reach out to learn more about you, welcome you to the program, and schedule injection training.

2 Understand your insurance coverage and available affordability programs†,‡

Your Ionis Every Step Case Manager will explain your insurance plan benefits and connect you with available affordability programs.

3 Receive DAWNZERA

Once approved, the Ionis Every Step Specialty Pharmacy will contact you to schedule delivery of your medication.

It's important to answer all phone calls from the Ionis Every Step Specialty Pharmacy. Save our contact information by adding 1-844-444-4305 to your contacts or scanning the QR code at right

*Patient Education Managers cannot give medical advice and do not replace your medical team. Contact your doctor for any medical concerns.
†Insurance approval is not guaranteed. Ionis Every Step offers affordability programs for people prescribed DAWNZERA.
‡Subject to program terms, conditions, and limits. Programs subject to change or discontinue without notice, including in specific states.

IONIS®