Please complete sections 1-7 and fax the completed pages 1 & 2 to: 1-888-990-0008 Phone: 1-866-888-0660

VPRIV® velaglucerase alfa for injection

OnePath®

VPRIV® (velaglucerase alfa) for injection OnePath® Start Form and Authorization for OnePath® Services

1. Prescribing Physician Information

Name (First, Last)

National Provider ID #

Tax ID #

State License #

Street Address

City

State

Zip Code

( ) Telephone

Office Contact

( ) Fax

2. Site of Care Information

Site of Care Name

Street Address

City

State

Zip Code

( ) Telephone

☐ Home Infusion (provide address of Home Infusion Company below)

Office Contact

( ) Fax

National Provider ID #

3. Patient Information

Name (First, Middle Initial, Last)

Age

Last 4 digits of SSN

☐ Male ☐ Female

DOB: Month/Day/Year

( ) Mobile Telephone

( ) Work Telephone

( ) Home Telephone

Street Address

City

State

Zip Code

Email Address

Patient Weight (kg)

Caregiver Name (First, Last)

( ) Caregiver Telephone

Relationship to Patient

4. Insurance Information

Please attach copies of both sides of patient's insurance card(s)

☐ Check if patient does not have insurance

Primary Insurance

( ) Insurance Telephone

Policy Holder Name (First, Last)

Relationship to Patient

Policy ID #

Group #

Pharmacy Plan Name

Rx Bin #

( ) Pharmacy Plan Telephone

Rx PCN #

Secondary Insurance

( ) Insurance Telephone

Policy ID #

Group#

Policy Holder Name (First, Last)

Relationship to Patient

5. Physician Authorization

By signing this form, I certify that therapy with VPRIV is medically necessary for the patient identified in this application ("Patient"). I have reviewed the current VPRIV Prescribing Information and will be supervising Patient's treatment. I have received from Patient, or his/her personal representative, the necessary authorization to release, in accordance with applicable federal and state law regulations, referenced medical and/or other patient information relating to VPRIV therapy to Takeda Pharmaceutical Company Limited, including its agents or contractors, for the purpose of seeking information related to coverage and/or assisting in initiating or continuing VPRIV therapy. I authorize OnePath® to transmit this prescription to the appropriate pharmacy designated by me, Patient, or Patient's plan. I agree that product provided through the Program shall only be used for Patient, must not be resold, offered for sale or trade or returned for credit.

Sign here

Prescriber Signature (STAMPS NOT ACCEPTABLE) DISPENSE AS WRITTEN Date

6. Enroll in QuickStart (Optional) ☐ QuickStart

The QuickStart Program provides VPRIV® product at no charge for eligible patients who have been prescribed VPRIV® by a physician while a prior authorization is being reviewed. QuickStart does not cover dosing and administration costs. QuickStart is valid for up to two (2) doses only for each patient. Not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, or similar state or federal programs. Please see page 3 for additional details.

Please ensure patient reads and signs page 2 for appropriate authorization.

Patient Name DOB: Month/Day/Year

7. Patient Authorization to Share Protected Health Information and OnePath® Enrollment

☑ I authorize any health plan, physician, health care professional, hospital, clinic, pharmacy provider or other health care provider (collectively, "Providers") to disclose my protected health information, including personal information relating to my medical condition, treatment, care management, and health insurance, as well as all information provided on this form and any prescription ("Information"), to Takeda Pharmaceutical Company Limited, its affiliates and their representatives, agents, and contractors (collectively, the "Company" or "Takeda") in connection with the Company's provision of products, supplies, or services. I understand the Company will provide this Information to a specialty pharmacy to fulfill the prescription. This Information may also be used for internal uses by the Company, including data analysis. Further, I understand that my health care provider may receive financial remuneration from Takeda for marketing services.

Further, the Company may use this Information for OnePath® Product Support Services (if I agree below) such as verification of insurance benefits and drug coverage, prior authorization support, financial assistance with co-pays, patient assistance programs, alternate funding sources, other related programs, communication with me or my prescribing physician by mail, email, or telephone about my medical condition, treatment, care management, product information and health insurance.

Additionally, if I check the box below regarding marketing communications, I authorize the Company to use and disclose my Information to send marketing materials to me (as described below).

I understand that once disclosed to the Company, my Personal Health Information disclosed under this Authorization may no longer be protected by federal privacy law, including HIPAA. I understand that I am entitled to a copy of this Authorization. I understand that I may cancel this Authorization at any time by sending written notice of revocation to OnePath, 300 Shire Way, Lexington, MA 02421. I understand that such revocation will not apply to any information already used or disclosed through this Authorization. This Authorization will expire within five (5) years from today's date, unless a shorter period is provided for by state law. I understand that I may refuse to sign this Authorization and that refusing to sign this Authorization will not change the way my physician, health insurance, and pharmacy providers treat me. I also understand that if I do not sign this Authorization, I will not be able to receive OnePath® Product Support Program products, supplies, or services.

☐ **OnePath® Enrollment** (must check box to be enrolled in product support services through OnePath®)

I am electing to enroll in OnePath® Product Support Services ("Services") and direct all disclosures of my Information in connection with such Services (which may include, but is not limited to, verification of insurance benefits and drug coverage, prior authorization support, financial assistance with co-pays, patient assistance programs, alternate funding sources, other related programs, communication with me or my prescribing physician by mail, email, or telephone about my medical condition, treatment, care management, product information and health insurance).

☐ By checking this box, I authorize the use of my Information for Takeda marketing activities and consent to receiving marketing and promotional communications from Takeda. I hereby give consent to Takeda, its affiliates, and their agents and representatives to send communications and information to me via the contact information I have provided above. I understand that this consent will be in effect until I cancel such authorization.

Sign here

Patient/ Legal Representative Signature | Indicate Relationship | Date

ADDITIONAL GUIDANCE FOR COMPLETION OF START FORM

Section 1: Prescribing Physician Information

- Fill out completely

Section 2: Site of Care Information

- Provide full information on the patient's site of care, including telephone number and National Provider ID #
- If patient will receive VPRIV (velaglucerase alfa) for injection at home, provide the contact information of the home infusion company in place of the site of care information

Sections 3 & 4: Patient & Insurance Information

- Do not submit to Takeda any documentation of labs, clinical history, or other documents supporting the prior authorization process

Section 5: Physician Authorization

- VPRIV® box must be checked to initiate therapy
- Sign and date

Section 6: Enroll in QuickStart

- Check mark the QuickStart box to enroll a patient in the QuickStart program
- Eligible patients who have been prescribed VPRIV® by a physician may receive VPRIV® product at no charge while a prior authorization is being reviewed
- A prior authorization must be required by the insurance plan to qualify for QuickStart
- QuickStart does not cover dosing and administration costs
- QuickStart is valid for up to two (2) doses only for each patient
- Not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, or similar state or federal programs
- QuickStart product is dispensed through a non-commercial pharmacy; contact OnePath® at 1-866-888-0660 for any questions

Takeda reserves the right to rescind, revoke, or amend the QuickStart program at any time and without notice. Additional program restrictions and eligibility requirements apply. Offer good only in the United States. Void where prohibited by law, taxed, or restricted.

Section 7: Patient Authorization to Share Protected Health Information and OnePath® Enrollment

- The patient signature is required to allow personal health information to be shared by third parties to Takeda to facilitate access to VPRIV® (insurance benefits, transfer Rx to SPP, etc)
- The OnePath® Enrollment checkbox is required to allow eligible patients to receive product support services to assist them in obtaining VPRIV®
- If the patient's healthcare proxy is signing on the patient's behalf as legal representative, please submit the legal documentation of healthcare proxy with this START form or as soon as possible
- A legal representative may sign for patients under 18 years or if assigned as a healthcare proxy

Examples of services available to eligible patients through OnePath®

- Enrollment in OnePath®: dedicated Patient Support Manager and personalized product support services
- Benefits investigation
- Co-pay assistance (when applicable) and information about financial assistance options, as necessary

Please complete sections 1-7 and fax the completed pages 1 & 2 to: 1-888-990-0008 Phone: 1-866-888-0660

What Happens Next?

- Once the completed form has been submitted to OnePath®, eligible patients will be assigned a dedicated Patient Support Manager
- The Patient Support Manager will contact the patient directly to inform him or her of the services available through OnePath® and to begin the insurance verification process
- The Patient Support Manager will work with the insurance company to determine insurance benefits
  - If applicable, OnePath® will assess the patient's eligibility for co-pay support and provide information about other potential means of assistance to allow the patient to access VPRIV®
- The Patient Support Manager will notify the physician's office of any prior authorization process requirements identified during the benefit investigation, if applicable

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