



# Adbry<sup>®</sup> Advocate<sup>™</sup> Enrollment and Prescription Packet



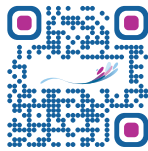
Adbry<sup>®</sup>  
(tralokinumab-ldrm)  
Injection 150 mg/mL

Adbry<sup>®</sup> advocate<sup>™</sup>



**Adbry**<sup>®</sup>  
(tralokinumab-ldrm)  
Injection 150 mg/mL

**Adbry**<sup>®</sup> **advocate**<sup>™</sup>



**Adbry<sup>®</sup> Advocate<sup>™</sup> 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<sup>®</sup> Advocate<sup>™</sup> Program, you'll be connected with a Case Manager who can help you with:**



**Understanding your insurance** coverage



**Options to save** on your Adbry<sup>®</sup> (tralokinumab-ldrm) injection prescription



**Supplemental injection training** with a Nurse Advocate to 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 a Case Manager within the next 1 to 2 business days. A Case Manager 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 LEO Pharma in-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:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_



# Enrollment and Prescription Form

This Form, including the attached Patient Authorization, must be completed and signed by the patient/legal representative and prescriber where indicated before the Adbry® Advocate™ Program (the "Program") can begin providing support to eligible patients. Patients enrolling into the Program must be at least 12 years old. Enrollment and Prescription form must be completed by an adult/legal rep (over 18).

I have already sent a prescription for Adbry to a LEO Pharma in-network specialty pharmacy (SP) which will provide benefit investigation and prior authorization support (if needed).

LEO in-network Specialty Pharmacy Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_



## 1 PATIENT AND INSURANCE INFORMATION (REQUIRED) To be completed by the patient or legal 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 Best Time to Call  Morning  Afternoon  Evening Permission to Leave Voicemail  Yes  No Preferred Language  English  Spanish  Other \_\_\_\_\_  
Insurance Information  Insured (include information below and/or attach a copy of insurance card)  Uninsured  
Prescription Insurance \_\_\_\_\_ Medical Insurance \_\_\_\_\_  
Policyholder Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Policyholder Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Rx ID# \_\_\_\_\_ Rx BIN # \_\_\_\_\_ Medical Insurance ID # \_\_\_\_\_  
Rx PCN # \_\_\_\_\_ Insurance Phone # (located on back of insurance card) \_\_\_\_\_  
Group # \_\_\_\_\_ Group # \_\_\_\_\_  
 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 7  
 By enrolling in the Adbry Advocate Program, I agree to the Program Terms and Conditions beginning on page 5.

## 2 PRESCRIBER AND PATIENT CLINICAL INFORMATION (REQUIRED) To be completed by prescriber

Prescriber Name (First, Last) \_\_\_\_\_ NPI# \_\_\_\_\_  
Office Name \_\_\_\_\_ State License Number \_\_\_\_\_  
Office Address \_\_\_\_\_ Office Contact Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Office Contact Phone Number \_\_\_\_\_  
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 virtual injection training for this patient to be performed by the Program Has a Prior Authorization been Submitted?  Yes  No

## 3 ADBRY® ADVOCATE™ PROGRAM PRESCRIPTION\* (OPTIONAL - To be completed by prescriber for patient 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 8.  
 Adbry® Rapid Access™ (Adult Dose): 600 mg, SIG: 4 (150 mg/mL) injections Sub-Q at Day 1  
Quantity: 4 prefilled syringes  
 Adbry® Rapid Access™ (Pediatric Dose 12-17): 300 mg, SIG: 2 (150 mg/mL) injections Sub-Q at Day 1  
Quantity: 2 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 7 for program rules.  
 Adbry® Bridge Care™ (Adult Dose): 300 mg, SIG: 2 (150 mg/mL) injections Sub-Q every other week starting on Day 15  
 Adbry® Bridge Care™ (Pediatric Dose 12-17): 150 mg, SIG: 1 (150 mg/mL) injections Sub-Q every other week starting on Day 15  
 2 prefilled syringes  4 prefilled syringes Refills \_\_\_\_\_ Ship to  Prescriber  Patient

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 Adbry to the previously identified patient for an FDA-approved indication. For the purposes of transmitting this prescription, I authorize LEO Pharma Inc., its affiliates, business partners, agents, and service providers, including patient support program service providers (collectively, "LEO Pharma") to forward as my agent for these limited purposes this prescription electronically, by facsimile, or by mail to the appropriate dispensing pharmacies. I authorize for my commercially insured patient one 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 no medication may be returned for credit. 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. I acknowledge that this Program is exclusively for purposes of patient care and not for remuneration of any sort. I further understand that any free product provided is not contingent on any purchase obligations. I understand that LEO Pharma may revise, change, or terminate the Program at any time without notice.

Collaborating MD Name (if applicable) \_\_\_\_\_ NPI# \_\_\_\_\_

**SIGN** \_\_\_\_\_ Date \_\_\_\_\_ **SIGN** \_\_\_\_\_ Date \_\_\_\_\_  
Prescriber Signature (Dispense as Written) Prescriber Signature (Dispense as Written)  
Original signature required. If required by applicable law, please attach copies of all prescriptions on official state prescription forms.

## 4 NETWORK SPECIALTY PHARMACY PRESCRIPTION To be completed by prescriber

**Adbry® (tralokinumab-ldrm) (150 mg/mL) injection**  
 Initial dose (Adult Dose): 600 mg, SIG: 4 (150 mg/mL) injections Sub-Q at Day 1  
Quantity: 4 prefilled syringes  
 Initial dose (Pediatric Dose 12-17): 300 mg, SIG: 2 (150 mg/mL) injections Sub-Q at Day 1  
Quantity: 2 prefilled syringes Refills: 0 Ship to  Prescriber  Patient

Maintenance dose (Adult Dose): 300 mg, SIG: 2 (150 mg/mL) injections Sub-Q every other week starting on Day 15  
 Maintenance dose (Pediatric Dose 12-17): 150 mg, SIG: 1 (150 mg/mL) injections Sub-Q every other week starting on Day 15  
 2 prefilled syringes  4 prefilled syringes Refills \_\_\_\_\_ Ship to  Prescriber  Patient

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 Adbry to the previously identified patient for an FDA-approved indication. For the purposes of transmitting this prescription, I authorize LEO Pharma Inc., its affiliates, business partners, agents, and service providers, including patient support program service providers (collectively, "LEO Pharma") to forward as my agent for these limited purposes this prescription electronically, by facsimile, or by mail to the appropriate dispensing pharmacies. I authorize for my commercially insured patient one 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 no medication may be returned for credit. 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. I acknowledge that this Program is exclusively for purposes of patient care and not for remuneration of any sort. I further understand that any free product provided is not contingent on any purchase obligations. I understand that LEO Pharma may revise, change, or terminate the Program at any time without notice.

Collaborating MD Name (if applicable) \_\_\_\_\_ NPI# \_\_\_\_\_

**SIGN** \_\_\_\_\_ Date \_\_\_\_\_ **SIGN** \_\_\_\_\_ Date \_\_\_\_\_  
Prescriber Signature (Dispense as Written) Prescriber Signature (Dispense as Written)  
Original signature required. If required by applicable law, please attach copies of all prescriptions on official state prescription forms.

Complete this entire form and fax it to 1-855-423-0011 or complete the form online at <https://www.adbryhcp.com/support-and-resources>

# 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 patient support 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 by emailing [info@Adbry-advocate.com](mailto:info@Adbry-advocate.com) 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. My information may be de-identified and aggregated by LEO Pharma. I am able to learn more about privacy rights within the LEO Pharma Inc. privacy policy, located at <https://www.leo-pharma.us/Home/Privacy.aspx>. I understand that my 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 (Print)** \_\_\_\_\_ **Patient DOB (MM/DD/YYYY)** \_\_\_\_\_

**Legal Rep Name (Print)** \_\_\_\_\_

**PATIENT** or  **LEGAL REPRESENTATIVE SIGNATURE**

\_\_\_\_\_ **Today's Date** \_\_\_\_\_

If signed by Legal Representative or Guardian, 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) \_\_\_\_\_



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

### 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 designated service provider. 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 (each, an "HCP").

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 Program's sole discretion. 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 or their legal representative may enroll in the Copay Program either by 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 U.S. dollars (\$15,000.00) per eligible patient.
- The patient must be 12 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, either directly or through dependent coverage.
- The patient must not have prescription drug coverage for the Product, in whole or in part, either directly or through dependent coverage, 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

- 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 HCP acknowledges and agrees that the HCP: (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 the patient may not submit a claim to any third-party plan or program but should report their receipt of benefits to the patient's insurer if required by their plan.
- By submitting a request for benefits under the Program or by participating in the Program, the patient (or their legal representative) acknowledges and agrees that the patient: (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 their receipt of benefits to their insurer if required by their plan.
- Patients and/or their HCPs 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, the patient (or their legal representative) and HCP individually acknowledge, understand, and agree 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 Health Insurance Portability and Accountability Act of 1996 ("HIPAA") grants individuals rights related to their Protected Health Information ("PHI"). To the extent LEO Pharma receives PHI about you, we will use and disclose it according to the patient authorization that you (or legal representative) have completed for your HCP in connection with the LEO Pharma Adbry Advocate Program. For more information about how your PHI is used and disclosed by your HCP, please review your HCP's Notice of Privacy Practices. To the extent LEO Pharma collects personal data about you that is not PHI, we will use and disclose that personal data as disclosed in our privacy policy, available at [Privacy Policy | LEO Pharma \(leo-pharma.us\)](#). By participating in the LEO Pharma Adbry Advocate Program, you acknowledge that we may collect health information from you, which may be considered "sensitive" data under some U.S. state laws. Moreover, if you are a parent or guardian of a minor participating in the program, you (or legal representative) acknowledge that we may collect data about the participating minor/s, which may also be considered "sensitive" data under some U.S. state laws.
- 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 may 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 designated service provider ("LEO Service Provider"). 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 (each, an "HCP").

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 its prescribing information, without charge and on a periodic basis, to commercially insured patients who have been prescribed the Product for an approved use and who satisfy the Program's eligibility criteria, after experiencing an Initial Delay" (defined below) in securing a determination of insurance coverage for the Product. A patient or their legal representative may enroll in the Program by completing, signing, and submitting the applicable portion of the Adbry Advocate Program Enrollment and Prescription Form. A 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 a non-commercial dispensing pharmacy ("NCDP") affiliated with the LEO Service Provider. Alternatively, a patient's HCP may e-prescribe the Product directly to the NCDP, provided the HCP has completed, signed, and submitted an annual Healthcare Provider eRx Program Certification Form. If the HCP e-prescribes the Product directly to the NCDP, the patient or their legal representative must complete, sign, and submit a patient authorization and any other information reasonably requested by the Program in order for Adbry Advocate to verify eligibility and for the patient to receive assistance under the Program.

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 inject the Product; and b) the patient or caregiver 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 12 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, either directly or through dependent coverage.
- The patient must not have prescription drug coverage for the Product, in whole or in part, either directly or through dependent coverage, 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 an "Initial Delay", which is defined as 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 (i.e., 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 (i.e., 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 to 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 HCP acknowledges and agrees that the HCP: (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 the patient may not submit a claim to any third-party program or plan but should report their receipt of Product to the patient's insurer if required by their 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.





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

### Additional Terms and Conditions (cont'd)

- By submitting a request for Product under the Program or by participating in the Program, the patient (or their legal representative) acknowledges and agrees that the patient: (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 their receipt of Product to their insurer if required by their 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 HCPs 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 verify 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, the patient (or their legal representative) and the HCP individually acknowledge, understand, and agree 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.
- The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") grants individuals rights related to their Protected Health Information ("PHI"). To the extent LEO Pharma receives PHI about you, we will use and disclose it according to the patient authorization that you (or legal representative) have completed for your HCP in connection with the LEO Pharma Adbry Advocate Program. For more information about how your PHI is used and disclosed by your HCP, please review your HCP's Notice of Privacy Practices. To the extent LEO Pharma collects personal data about you that is not PHI, we will use and disclose that personal data as disclosed in our privacy policy, available at Privacy Policy | LEO Pharma (leo-pharma.us). By participating in the LEO Pharma Adbry Advocate Program, you acknowledge that we may collect health information from you, which may be considered "sensitive" data under some U.S. state laws. Moreover, if you are a parent or guardian of a minor participating in the program, you acknowledge that we may collect data about the participating minor/s, which may also be considered "sensitive" data under some U.S. state laws.
- 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® 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 designated service provider ("LEO Service Provider"). 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 (each, an "HCP").

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 who have been prescribed the Product for an approved use and who satisfy the Program eligibility criteria. A patient or their legal representative may enroll in the Program by completing, signing, and submitting the applicable portion of the Enrollment and Prescription Form. A 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 a non-commercial dispensing pharmacy ("NCDP") affiliated with the LEO Service Provider. Alternatively, a patient's HCP may e-prescribe the Product directly to the NCDP, provided the HCP has completed, signed, and submitted an annual Healthcare Provider eRx Program Certification Form. If the HCP e-prescribes the Product directly to the NCDP, the patient or their legal representative must complete, sign, and submit a patient authorization and any other information reasonably requested by the Program in order for Adbry Advocate to verify eligibility and for the patient to receive assistance under the Program.

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 inject the Product; and b) the patient or caregiver 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 12 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, either directly or through dependent coverage.
- The patient must not have prescription drug coverage for the Product, in whole or in part, either directly or through dependent coverage, 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 HCP acknowledges and agrees that the HCP: (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 the patient may not submit a claim to any third-party plan or program but should report their receipt of Product to the patient's insurer if required by their 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 (or their legal representative) acknowledges and agrees that the patient: (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 their receipt of Product to their insurer if required by their 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 HCPs 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, the patient (or their legal representative) and the HCP individually acknowledge, understand, and agree 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.
- The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") grants individuals rights related to their Protected Health Information ("PHI"). To the extent LEO Pharma receives PHI about you, we will use and disclose it according to the patient authorization that you (or legal representative) have completed for your HCP in connection with the LEO Pharma Adbry Advocate Program. For more information about how your PHI is used and disclosed by your HCP, please review your HCP's Notice of Privacy Practices. To the extent LEO Pharma collects personal data about you that is not PHI, we will use and disclose that personal data as disclosed in our privacy policy, available at Privacy Policy | LEO Pharma (leo-pharma.us). By participating in the LEO Pharma Adbry Advocate Program, you acknowledge that we may collect health information from you, which may be considered "sensitive" data under some U.S. state laws. Moreover, if you are a parent or guardian of a minor participating in the program, you (or legal representative) acknowledge that we may collect data about the participating minor/s, which may also be considered "sensitive" data under some U.S. state laws.
- 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.

### Adbry® Patient Assistance 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 designated service provider ("LEO Service Provider"). 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 (each, an "HCP").

One of the offerings available for the benefit of patients under Adbry Advocate is the Adbry® Patient Assistance Program (the "Program" or "PAP"). Under the Program, Adbry Advocate will provide the Product, without charge, to patients who: a) demonstrate financial need; and b) do not have insurance for the Product or who are underinsured, and who otherwise satisfy the eligibility requirements for the Program. Adbry Advocate will provide the Product without charge to eligible patients on a periodic basis and consistent with the prescribing information for the Product. A patient or their legal representative may enroll in the Program by completing, signing, and submitting the applicable portion of the Enrollment and Prescription Form. A 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 a non-commercial dispensing pharmacy ("NCDP") affiliated with the LEO Service Provider. Alternatively, a patient's HCP may e-prescribe the Product directly to the NCDP, provided the HCP has completed, signed, and submitted an annual Healthcare Provider eRx Program Certification Form. If the HCP e-prescribes the Product directly to the NCDP, the patient or their legal representative must complete, sign, and submit a patient authorization and any other information reasonably requested by the Program in order for Adbry Advocate to verify eligibility and for the patient to receive assistance under the Program. A patient requesting assistance under the PAP (or their legal representative) is also required to submit information and documentation concerning household size and income and insurance status to allow Adbry Advocate to evaluate the patient's eligibility under the Program.

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 inject the Product; and b) the patient or caregiver 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.



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

### Adbry® Patient Assistance Program – Program Summary and Terms & Conditions (cont'd)

#### Eligibility Requirements and Limitations

- The patient must be 12 years of age or older with a valid prescription for the Product.
- The patient must be a resident of the United States or Puerto Rico.
- The patient's annual household income must be less than or equal to 600% of the federal poverty level for the applicable household size.
- The patient either: (a) has Medicare Part D coverage and has applied for and been denied the Low Income Subsidy ("LIS") from the Social Security Administration and meets the further conditions below; or (b) has no insurance coverage, no benefits for prescription medicines, or the patient's insurance plan has formally denied coverage for the Product through a written coverage policy or a written decision as part of a benefits inquiry or prior authorization process and has provided a copy of the denial.
- The patient must not have insurance coverage for the Product, in whole or in part, either directly or through dependent coverage, 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, 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, except that, if the patient is a Medicare Part D enrollee, the patient may be eligible if the patient has applied for and been denied the LIS and meets the further conditions below. This Program is not available for patients within a deductible or similar cost sharing periods under such federal healthcare programs.
- If the patient is a Medicare Part D enrollee that has been denied the LIS, the patient is subject to the following additional conditions in order to receive assistance under the Program: (1) the patient shall not submit any claim for reimbursement for the Product to any third party, including a Medicare Part D plan or another public or private plan or program, during the period of assistance; (2) the cost of the Product shall not apply or be applied toward the patient's Medicare Part D True Out-of-Pocket Costs; (3) the patient must inform their Medicare Part D plan about enrollment in the Program and that the patient will receive the Product for free under the Program for the remainder of the coverage year; (4) the patient must spend at least four percent (4%) of their annual household income on prescription medications covered through the Part D plan in the current calendar year; and (5) the patient must receive free Product through the Program through the end of the calendar year in which assistance is first provided, even if the patient's use of the Product is periodic during the year.
- Eligible patients without Medicare Part D coverage will receive up to twelve (12) months of Product without charge from the date of enrollment. Eligible patients with Medicare Part D coverage will receive Product through the end of the coverage year. Annual re-enrollment is required.
- If the patient may be eligible for Medicaid, either directly or through dependent coverage, then the patient (or their legal representative) is required to provide documentation of Medicaid denial before being assessed for Program eligibility.

#### Additional Terms and Conditions

- The Program does not constitute insurance.
- The provision 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 HCP acknowledges and agrees that the HCP: (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 the patient may not submit a claim to any third-party program or plan but should report their receipt of Product to the patient's insurer if required by their 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 (or their legal representative) acknowledges and agrees that the patient: (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 their receipt of Product to their insurer if required by their 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 HCPs 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, the patient (or their legal representative) and the HCP individually acknowledge, understand, and agree to the benefit, eligibility, and other program limitations, terms, and conditions as set forth herein.
- The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") grants individuals rights related to their Protected Health Information ("PHI"). To the extent LEO Pharma receives PHI about you, we will use and disclose it according to the patient authorization that you (or legal representative) have completed for your HCP in connection with the LEO Pharma Adbry Advocate Program. For more information about how your PHI is used and disclosed by your HCP, please review your HCP's Notice of Privacy Practices. To the extent LEO Pharma collects personal data about you that is not PHI, we will use and disclose that personal data as disclosed in our privacy policy, available at Privacy Policy | LEO Pharma (leo-pharma.us). By participating in the LEO Pharma Adbry Advocate Program, you (or legal representative) acknowledge that we may collect health information from you, which may be considered "sensitive" data under some U.S. state laws. Moreover, if you are a parent or guardian of a minor participating in the program, you acknowledge that we may collect data about the participating minor/s, which may also be considered "sensitive" data under some U.S. state laws.
- 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.

