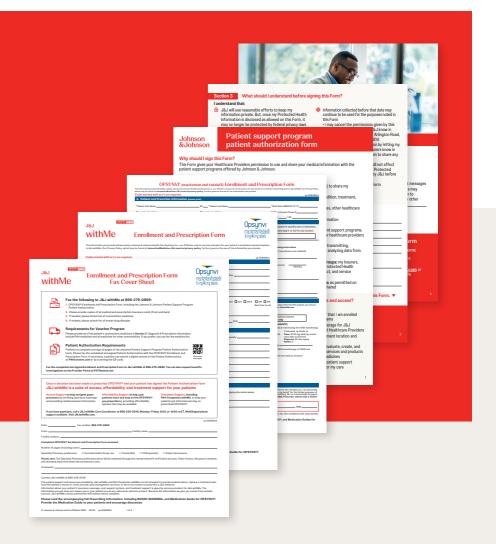




Guide to Completing the OPSYNVI® Enrollment and Prescription Form

Once a decision has been made to prescribe OPSYNVI®, use the Enrollment and Prescription Form to get your patient started on treatment with OPSYNVI®.



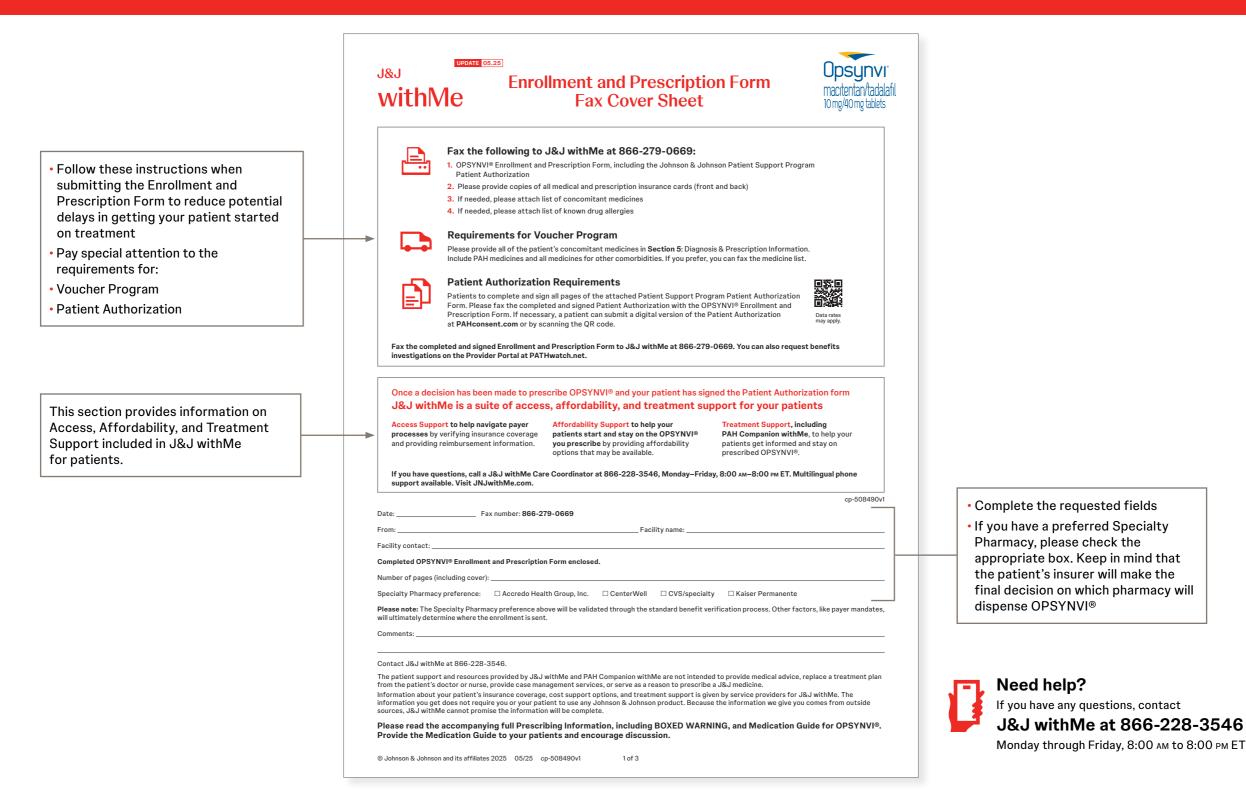
The patient support and resources provided by J&J withMe are not intended to provide medical advice, replace a treatment plan from the patient's doctor or nurse, provide case management services, or serve as a reason to prescribe OPSYNVI®.

Information about your patient's insurance coverage, cost support options, and treatment support is given by service providers for J&J withMe. The information you get does not require you or your patient to use any Johnson & Johnson product. Because the information we give you comes from outside sources, J&J withMe cannot promise the information will be complete.

Please read full <u>Prescribing Information</u>, including BOXED WARNING, and <u>Medication Guide</u> for OPSYNVI®. Provide the Medication Guide to your patients and encourage discussion.

Enrollment and Prescription Form Fax Cover Sheet

Complete and submit the Fax Cover Sheet along with the Enrollment and Prescription Form



Please read full Prescribing Information, including BOXED WARNING, and Medication Guide for OPSYNVI®. Provide the Medication Guide to your patients and encourage discussion.

Enrollment and Prescription Form

Please complete all *(REQUIRED) fields and print clearly to avoid processing delays

1. Patient Information

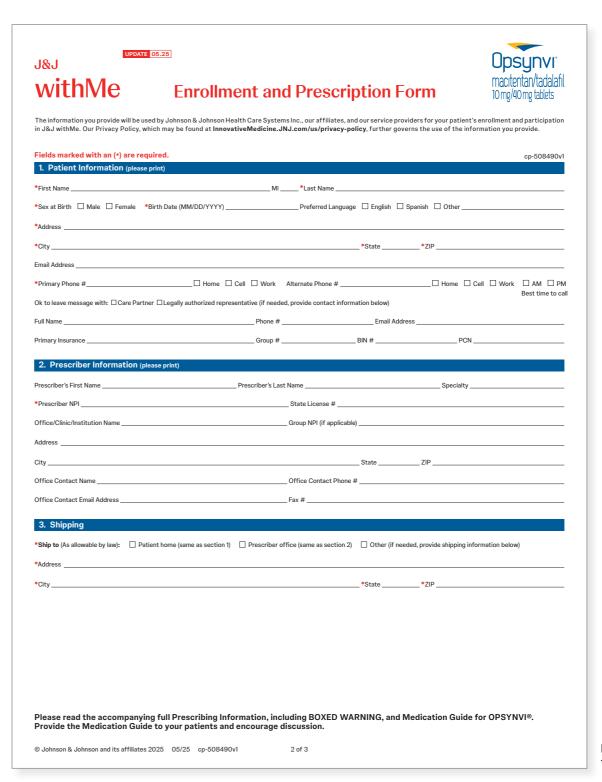
- · Complete all *(REQUIRED) fields
- If patients select "Spanish" or "Other" as their preferred language, J&J withMe will communicate with the patient in their chosen language whenever possible
- Checking one of the boxes to designate a Care Partner or legally authorized representative to receive communications from J&J withMe on the patient's behalf helps prevent delays to therapy. Remember to include the name, phone number, and email address for the designated contact
- Fill in the patient's insurance information and attach a copy of the patient's medical and prescription insurance cards. J&J withMe will need to reach out to the patient for this information, which can delay processing by 1 or more days

2. Prescriber Information

- · Complete all *(REQUIRED) fields
- Provide your State License number and Office/Clinic/ Institution name to ensure your patient is aligned to the correct facility and reduce potential delays in getting the patient started on treatment

3. Shipping

- Check the appropriate box to indicate if the medicine should be shipped to the patient, your office, or another address. If Other, complete the indicated fields on the form
- IMPORTANT: The Specialty Pharmacy will call the phone number associated with the checkbox in this section to schedule the medicine shipment.



Please remember to print clearly.

Enrollment and Prescription Form (cont'd)

Please complete all *(REQUIRED) fields and print clearly to avoid processing delays

4. Patient Information and Prescriber Information

- Complete all *(REQUIRED) fields
- All information entered in this section should match the information provided in sections 1 and 2 on the previous page

5. Diagnosis & Prescription Information

- Check the appropriate box for the patient's diagnosis.
 Remember to check only one box
- Check the appropriate box to prescribe OPSYNVI® and fill in the Quantity and number of Refills

If checking the box for "Concomitant Medicines" and/or "Drug Allergies," attach a separate list if there is not enough space to include on the form. This will help reduce delays to therapy.

() IMPORTANT: If enrolling your patient in the Voucher Program (in Section 6), please select maintenance dose in the middle column of Section 5, as the Voucher will be considered the initial dose. This can help avoid an unintended lapse in therapy.

6. Voucher Programs

- Choose either the treatment path on the left to evaluate OPSUMIT® before transitioning to OPSYNVI®, or the treatment path on the right to evaluate OPSYNVI® only
- Depending on the treatment path you have chosen, check the appropriate box to request a free trial of OPSUMIT® and/or OPSYNVI® for your patient
- The Voucher Programs available for OPSUMIT® and OPSYNVI® are designed to help eligible patients become familiar with the medicine you choose to prescribe. At the conclusion of the program, you and your patient decide whether to continue treatment

7. Prescriber Signature

- Ensure all *(REQUIRED) fields in Sections 1-6 are completed to ensure timely prescription fulfillment
- Remember to sign only once and fill in the Date
- IMPORTANT: Signing above "Dispense as Written" indicates your preference for the patient to receive OPSYNVI® or OPSUMIT® brand medicine.

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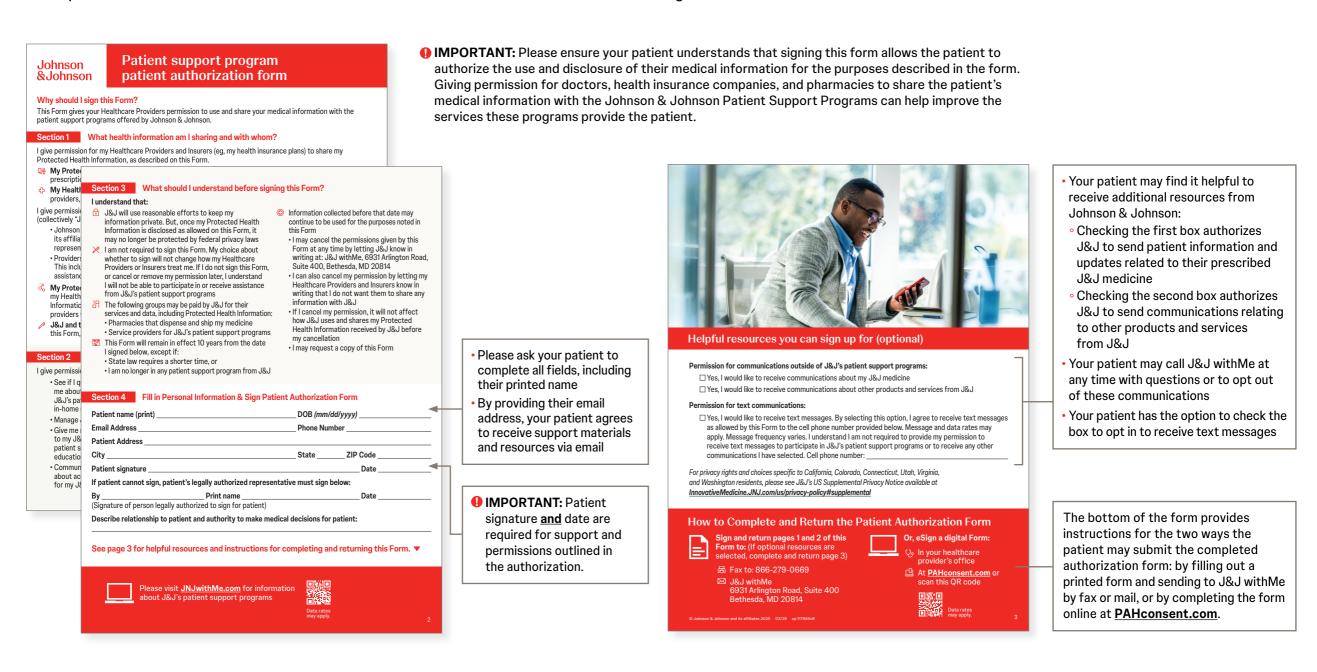
Please read full Prescribing Information, including BOXED WARNING for OPSUMIT® and OPSYNVI® and Medication Guides for OPSUMIT® and OPSYNVI®.

Johnson & Johnson Patient Support Program Patient Authorization

Have your patient read, sign, and date the Patient Authorization

If your patient is not in the office, they can:

- Provide Patient Authorization electronically at <u>PAHconsent.com</u>
- Complete a Patient Authorization Form and fax it to 866-279-0669 or mail it to 6931 Arlington Road, Suite 400, Bethesda, MD 20814



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