PRIALT®
(ZICONOTIDE)
INTRATHECAL INFUSION



For illustrative purposes only – not actual vial.

CODING AND REIMBURSEMENT GUIDE

INDICATION

PRIALT® (ziconotide) solution, intrathecal infusion is indicated for the management of severe chronic pain in adult patients for whom intrathecal (IT) therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies, or IT morphine.

SELECT SAFETY INFORMATION

BOXED WARNING: NEUROPSYCHIATRIC ADVERSE REACTIONS

- **PRIALT is contraindicated in patients with a preexisting history of psychosis. Severe psychiatric symptoms and neurological impairment may occur during treatment with PRIALT. Monitor all patients frequently for evidence of cognitive impairment, hallucinations, or changes in mood or consciousness. Discontinue PRIALT therapy in the event of serious neurological or psychiatric signs or symptoms.**

Please see additional Important Safety Information on page 3.
Please see accompanying Full Prescribing Information, including BOXED WARNING.

PRIALT®
(ZICONOTIDE)
INTRATHECAL INFUSION

CONTENTS:

- **PRIALT product description**
- **PRIALT ordering information**
- **Physician office setting**
- **Hospital outpatient and ambulatory surgical center setting**
- **Benefits investigation**
- **Support**

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IMPORTANT SAFETY INFORMATION

BOXED WARNING: NEUROPSYCHIATRIC ADVERSE REACTIONS

- **PRIALT is contraindicated in patients with a preexisting history of psychosis. Severe psychiatric symptoms and neurological impairment may occur during treatment with PRIALT. Monitor all patients frequently for evidence of cognitive impairment, hallucinations, or changes in mood or consciousness. Discontinue PRIALT therapy in the event of serious neurological or psychiatric signs or symptoms.**

CONTRAINDICATIONS

PRIALT is contraindicated in patients with:

- A known hypersensitivity to ziconotide or any of its formulation components.
- A medical condition that would render intrathecal administration hazardous to the use of intrathecal analgesia such as the presence of infection at the microinfusion injection site, uncontrolled bleeding diathesis, and spinal canal obstruction that impairs circulation of cerebrospinal fluid (CSF).
- A pre-existing history of psychosis.

ADDITIONAL IMPORTANT SAFETY INFORMATION

Cognitive and Neuropsychiatric Adverse Reactions (see BOXED WARNING)

- PRIALT may cause or worsen depression, with the risk of suicide in susceptible patients.
- Patients with pretreatment for psychiatric disorders may be at an increased risk of psychiatric disturbances.
- Cognitive impairment such as confusion (particularly in the elderly ≥65 years), memory impairment, speech disorder, aphasia, thinking abnormal, and amnesia, along with decreased alertness/unresponsiveness, may appear gradually after several weeks of treatment. Reduce the dose of PRIALT or discontinue the use of PRIALT if signs or symptoms of cognitive impairment develop but consider other contributing causes. The cognitive effects of PRIALT are generally reversible within 2 weeks after drug discontinuation.
- PRIALT therapy can be interrupted or discontinued abruptly without evidence of withdrawal effects in the event of serious neurological or psychiatric signs or symptoms.
- Concomitant use of central nervous system (CNS) depressants with PRIALT may have additive effects and require dosage adjustments.

Reduced Level of Consciousness and Driving, Operating Machinery

- In clinical trials, 2% of PRIALT-treated patients became unresponsive or stuporous. Patients are at higher risk for depressed levels of consciousness with concomitant use of antiepileptics, neuroleptics, sedatives, or diuretics.
- PRIALT has been associated with cognitive impairment and decreased alertness/unresponsiveness. Caution patients against engaging in hazardous activities that require complete mental alertness or motor coordination.
- If reduced levels of consciousness occur, discontinue PRIALT until the event resolves, consider other etiologies (e.g., meningitis), and discontinue other CNS-depressant drugs as clinically appropriate.

Elevation of Serum Creatine Kinase

- In clinical trials, 40% of patients had serum creatine kinase (CK) levels above the upper limit of normal (ULN) and 11% had CK levels >3 times the ULN. Monitor serum CK levels periodically. In the event of new neuromuscular symptoms, evaluate patients clinically and obtain CK measurements. If symptoms continue and CK levels remain elevated or continue to rise, reduce the dose, or discontinue the use of PRIALT.

Withdrawal From Opiates

- PRIALT is not an opiate and cannot prevent or relieve the symptoms associated with the withdrawal of opiates.

MOST COMMON ADVERSE REACTIONS

The most frequently reported adverse reactions (≥25%) in clinical trials were dizziness, nausea, confusional state, and nystagmus. Slower titration of PRIALT may result in fewer serious adverse reactions and discontinuations for adverse reactions.

To report SUSPECTED ADVERSE REACTIONS, contact the FDA at 1-800-FDA-1088 or www.FDA.gov/medwatch. You may also contact ESTEVE Pharmaceuticals, S.A. at 1-888-306-6259 or drugsafety.us@esteve.com.

Please see accompanying Full Prescribing Information, including BOXED WARNING.

PRIALT PRODUCT DESCRIPTION

Product description[1]

- PRIALT is an N-type calcium channel antagonist indicated for the management of severe chronic pain in patients for whom intrathecal therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies, or intrathecal morphine
- PRIALT is intended for intrathecal (IT) delivery using the Medtronic SynchroMed® II or Medtronic SynchroMed® III Infusion Systems



For illustrative purposes only.

National Drug Codes (NDC)[1]

NDC	Vial Volume	Vial Configuration	Concentration	Quantity (mcg)
68118-0723-10	20 mL	1x20 mL	25 mcg/mL	500 mcg
68118-0722-10	5 mL	1x5 mL	100 mcg/mL	500 mcg
68118-0720-10	1 mL	1x1 mL	100 mcg/mL	100 mcg

SynchroMed® is a registered trademark of Medtronic, Inc.

NDC and Billing Codes

NDC[1]	Vial Volume	Medicare Billing in the Physician Office and Outpatient Setting		Medicare Billing in Outpatient Setting
		HCPCS Code/Description[2]	Billing Units (per 1 mcg)	APC Code
68118-0723-10	20 mL	J2278 Injection, ziconotide, 1 mcg	500	1694
68118-0722-10	5 mL	J2278 Injection, ziconotide, 1 mcg	500	1694
68118-0720-10	1 mL	J2278 Injection, ziconotide, 1 mcg	100	1694

Special Notes: According to the Medicare Claims Processing Manual, chapter 17, section 40, "Discarded Drugs and Biologicals," if a physician must discard the remainder of a vial after administering a dose to a Medicare patient, the program covers the amount discarded along with the amount administered. The coverage of discarded drugs applies only to single-use vials.[3] For drug amounts discarded/not administered to the patient, Centers for Medicare & Medicaid Services states that Medicare contractors may require the use of modifier JW or JZ. Modifier JW is used to identify unused drugs or biologics from single-use vials or single-use packages that are appropriately discarded. Modifier JZ is used to attest that no amount of drug was discarded and eligible for payment.[4]

PRIALT ORDERING INFORMATION

Choose how you order PRIALT

- **Direct from Integrated Commercialization Solutions (ICS)** (invoice pricing available, monotherapy)
- **Home infusion**
- **Specialty pharmacy**

The chart below is neither a guarantee of coverage nor a comprehensive list of all the ways to access PRIALT. Coverage will vary depending on the access channel and/or payer. Blue checkmarks indicate that access/coverage may be available.

Access Channel	National Channels*	Commercial†	Traditional Medicare	Medicare Advantage	Traditional Medicare with Supplement	Traditional Medicare with Secondary
DIRECT BUY AND BILL	ICS **1-877-705-2451**	✓	✓	✓	✓	✓
BUY AND BILL SPECIALTY PHARMACY	Anazao **1-800-995-4363**	✓	✓	✓	✓	✓
	Hartley **1-212-749-8480**	✓	✓	✓	✓	✓
SPECIALTY PHARMACY AND HOME INFUSION	AIS **1-877-299-4371**	✓				
HOME INFUSION	Pentec **1-800-223-4376**	✓	✓	✓	✓	✓
	BHI **1-888-822-7428**	✓		✓		✓

*This is not a complete list of distribution channels.

†Dependent upon participation status of provider.

PHYSICIAN OFFICE SETTING

Physician Office Billing Codes[2,3]

Submitting accurate codes and claims is important to ensure proper reimbursement of services. The chart below lists potential codes for your reference when submitting claims for your patients who receive PRIALT.

CPT/HCPCS Codes	Code Description
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified healthcare professional)
J2278	Injection, ziconotide, 1 mcg
A4220	Refill kit for implantable infusion pump

Modifiers[4,5]

Modifiers	Modifier Description
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient
KD	Drug or biological infused through durable medical equipment (DME)

Special Note: The place of service codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers (eg, Medicare, Medicaid, other private insurance) for reimbursement policies regarding these codes. Place of Service 11 refers to an office location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

PHYSICIAN OFFICE SETTING

Sample Medicare Claim: CMS-1500 Form (Physician Office)[6]

The Form CMS-1500 is the basic form prescribed by CMS for the Medicare and Medicaid programs for claims from suppliers and non-institutional providers that qualify for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. It has also been adopted by the TRICARE Program. For detailed guidance on completing the CMS-1500 items, please see the Medicare Claims Processing Manual, Pub. 100-04, Chapter 26, available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf.

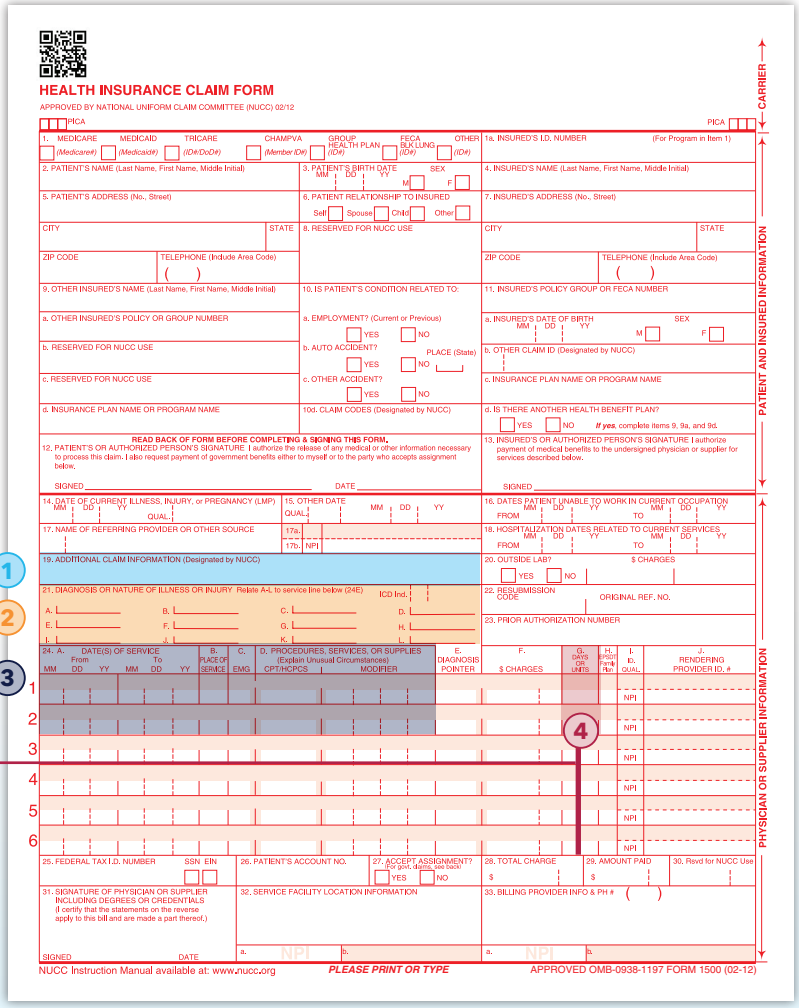
1 Field 19[2,7]
Billing with a specific HCPCS code allows for faster payment through electronic billing. Manual billing may still be required in certain circumstances. In those cases, it may be necessary to provide the following information (see line 19) for payment: Specify drug information, ie, drug name, NDC, dosage, strength, and route of administration. Please note that for billing purposes, the NDC requires 11 digits (thus, a zero has been entered into the sixth digit). This is consistent with the Redbook and First Databank listings.

2 Field 21
Enter the appropriate ICD-10-CM diagnosis code. Additional diagnosis codes may apply.

3 Field 24, Column D[2,7]
Enter the appropriate HCPCS codes and CPT codes.

PRIALT® (ziconotide)
J2278 ziconotide intrathecal infusion: please check your local payer's coverage and coding guidelines regarding the use of modifiers.

4 Field 24, Column G
Enter the number of units billed that corresponds to the vial size used. J2278 is billed per 1 mcg.



CMS Manual System, Publication 100-4, Medicare Claims Processing Manual, chapters 17 (Rev. 2437, 04-04-12) and 20 (Rev. 2464, 05-04-12), addresses the payment of claims for infusion drugs furnished through an implanted DME infusion pump.[3]

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HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER SETTING

Hospital Outpatient and Ambulatory Surgical Center Setting Billing Codes[2,3]

Submitting accurate codes and claims is important to ensure proper reimbursement of services. The chart below lists potential codes for your reference when submitting claims for your patients who receive PRIALT.

CPT/HCPCS Codes	Code Description	APC Code	Status Indicator
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	5743	S
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified healthcare professional)	5743	S
J2278	Injection, ziconotide, 1 mcg	1694	K
A4220	Refill kit for implantable infusion pump	--	N

Status Indicator[8]:
K = Non-pass-through drugs and nonimplantable biologicals.
N = Items and services packaged into APC rates.
S = Significant procedure, not discounted when multiple.

Coding Tip: Instructions for Use of the CPT Codebook:

When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician. A "physician or other qualified healthcare professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his or her scope of practice and independently reports that professional service. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specific professional service, but does not individually report that professional service. Other policies may also affect who may report specific services.

CMS Manual System, Publication 100-4, Medicare Claims Processing Manual, chapters 17 (Rev. 2437, 02-2024) and 20 (Rev. 2464, 05-2024), addresses the payment of claims for infusion drugs furnished through an implanted DME infusion pump.[3]

Special Note: The place of service codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers (eg, Medicare, Medicaid, other private insurance) for reimbursement policies regarding these codes.

Site of Service 19 refers to a portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

Site of service 22 on-campus outpatient hospital refers to a portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. Site of service 24 Ambulatory Surgical Center refers to a freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER SETTING

Sample Medicare Claim: CMS-1450 Form (Hospital Outpatient)[9]

The Form CMS-1450, also known as the UB-04, is a uniform institutional provider bill suitable for use in billing multiple third-party payers. It is the basic form prescribed by CMS for the Medicare and Medicaid programs for claims from hospitals, including HOPDs. Because it serves many payers, a particular payer may not need some data elements. For detailed guidance on completing the CMS-1450 items, please see the Medicare Claims Processing Manual, Pub. 100-04, Chapter 25, available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf.

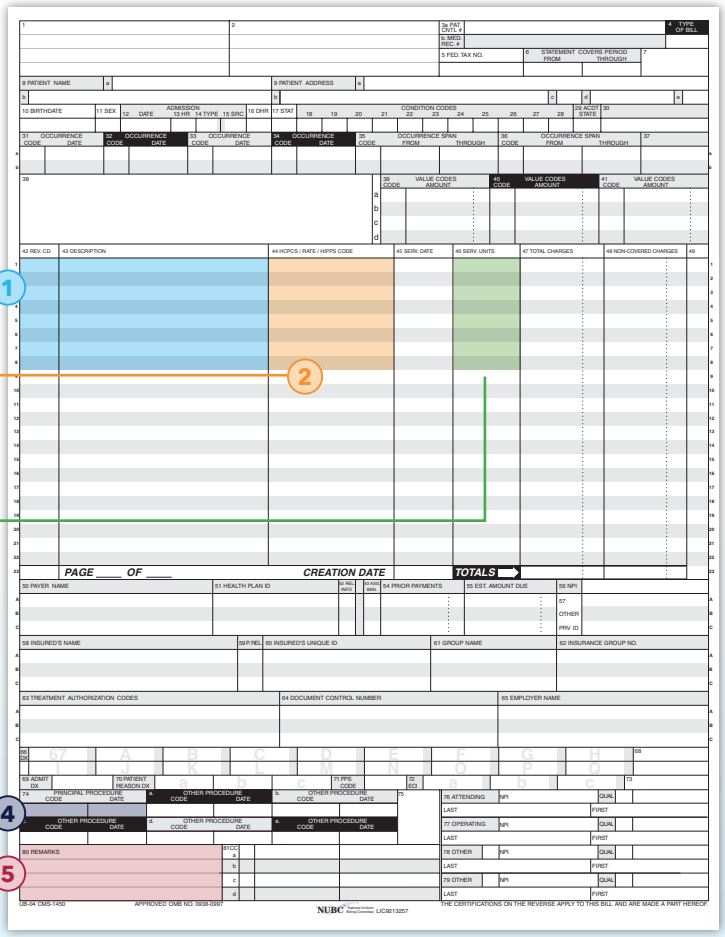
1 Fields 42 and 43[2,7]
Enter the appropriate revenue codes and descriptions corresponding to the HCPCS codes in field 44. *Other revenue codes may be acceptable and vary by location.*

2 Field 44[2,3,7]
Enter the appropriate HCPCS and CPT codes. PRIALT® (ziconotide) intrathecal infusion will be reported with HCPCS code J2278, which will map to APC 1694 for separate payment.

3 Field 46
Enter the number of units billed that corresponds to the vial size used. J2278 is billed per 1 mcg. Depending on the vial administered, 100 or 500 units should be reported. Contact your Medicare contractor and/or all the other contracted/non-contracted payer(s) for any questions regarding filing guidelines or coverage, coding, and payment.

4 Field 74
Enter the appropriate ICD-10-CM diagnosis code. Additional diagnosis codes may apply.

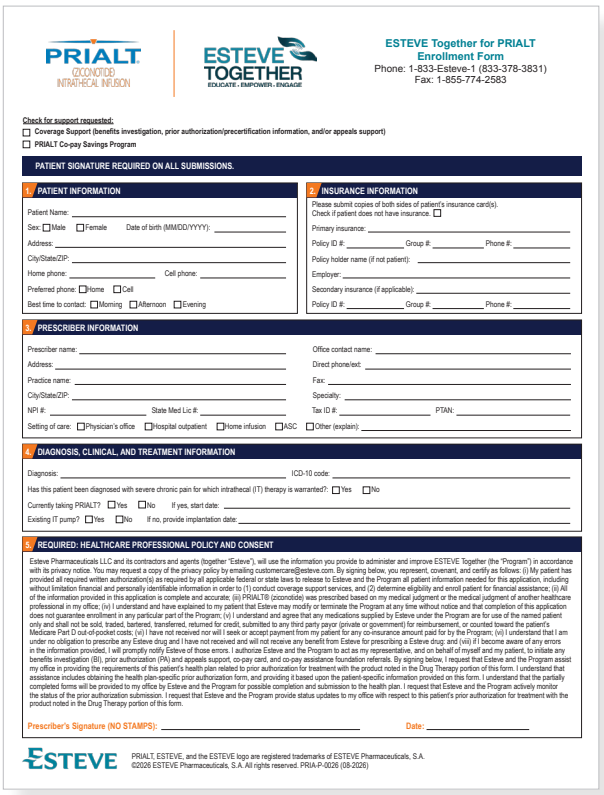
5 Field 80
Billing with a specific HCPCS code allows for faster payment through electronic billing. Manual billing may still be required in certain circumstances. In those cases, it may be necessary to provide the following information for payment. Report the NDC, quantity of the drugs administered (expressed in unit of measure applicable to the drug or biological), and the date the drug was administered to the patient.



CMS Manual System, Publication 100-4, Medicare Claims Processing Manual, chapters 17 (Rev. 2437, 04-04-12) and 20 (Rev. 2464, 05-04-12), addresses the payment of claims for infusion drugs furnished through an implanted DME infusion pump.[3]

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BENEFITS INVESTIGATION



PRIALT (ziconotide) INTRATHECAL INFUSION

ESTEVE TOGETHER EDUCATE · EMPOWER · ENGAGE

ESTEVE Together for PRIALT Enrollment Form
Phone: 1-833-Esteve-1 (833-378-3831)
Fax: 1-855-774-2583

Check for support requested:
☐ Coverage Support (benefits investigation, prior authorization/precertification information, and/or appeals support)
☐ PRIALT Co-pay Savings Program

PATIENT SIGNATURE REQUIRED ON ALL SUBMISSIONS.

1. PATIENT INFORMATION
Patient Name:
Sex: ☐ Male ☐ Female Date of birth (MM/DD/YYYY):
Address:
City/State/ZIP:
Home phone: Cell phone:
Preferred phone: ☐ Home ☐ Cell
Best time to contact: ☐ Morning ☐ Afternoon ☐ Evening

2. INSURANCE INFORMATION
Please submit copies of both sides of patient's insurance card(s).
Check if patient does not have insurance: ☐
Primary insurance:
Policy ID #: Group #: Phone #:
Policy holder name (if not patient):
Employer:
Secondary insurance (if applicable):
Policy ID #: Group #: Phone #:

3. PRESCRIBER INFORMATION
Prescriber name: Office contact name:
Address: Direct phone/ext:
Practice name: Fax:
City/State/ZIP: Specialty:
NPI #: State Med Lic #: Tax ID #: PTAN:
Setting of care: ☐ Physician's office ☐ Hospital outpatient ☐ Home infusion ☐ ASC ☐ Other (explain):

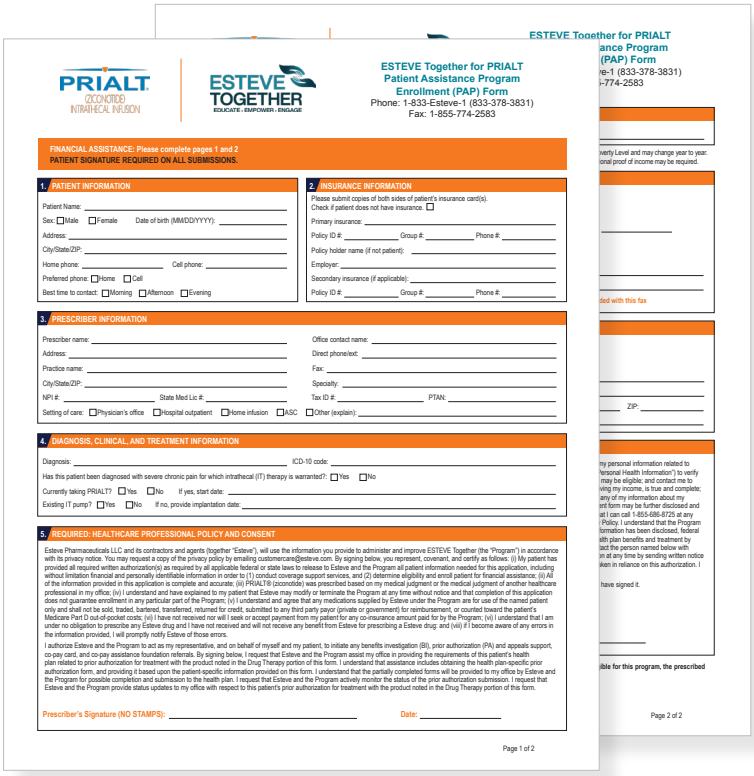
4. DIAGNOSIS, CLINICAL, AND TREATMENT INFORMATION
Diagnosis: ICD-10 code:
Has this patient been diagnosed with severe chronic pain for which intrathecal (IT) therapy is warranted? ☐ Yes ☐ No
Currently taking PRIALT? ☐ Yes ☐ No If yes, start date:
Existing IT pump? ☐ Yes ☐ No If no, provide implantation date:

5. REQUIRED: HEALTHCARE PROFESSIONAL POLICY AND CONSENT

Esteve Pharmaceuticals LLC and its contractors and agents (together "Esteve"), will use the information you provide to administer and improve ESTEVE Together (the "Program") in accordance with its privacy notice. You may request a copy of the privacy policy by emailing customercare@esteve.com. By signing below, you represent, covenant, and certify as follows: (i) My patient has provided all required written authorization(s) as required by all applicable federal or state laws to release to Esteve and the Program all patient information needed for this application, including without limitation financial and personally identifiable information in order to (1) conduct coverage support services, and (2) determine eligibility and enroll patient for financial assistance; (ii) All of the information provided in this application is complete and accurate; (iii) PRIALT® (ziconotide) was prescribed based on my medical judgment or the medical judgment of another healthcare professional in my office; (iv) I understand and have explained to my patient that Esteve may modify or terminate the Program at any time without notice and that completion of this application does not guarantee enrollment in any particular part of the Program; (v) I understand and agree that any medications supplied by Esteve under the Program are for use of the named patient only and shall not be sold, traded, bartered, transferred, returned for credit, submitted to any third party payor (private or government) for reimbursement, or counted toward the patient's Medicare Part D out-of-pocket costs; (vi) I have not received nor will I seek or accept payment from my patient for any co-insurance amount paid for by the Program; (vii) I understand that I am under no obligation to prescribe any Esteve drug and I have not received and will not receive any benefit from Esteve for prescribing a Esteve drug; and (viii) if I become aware of any errors in the information provided, I will promptly notify Esteve of those errors. I authorize Esteve and the Program to act as my representative, and on behalf of myself and my patient, to initiate any benefits investigation (BI), prior authorization (PA) and appeals support, co-pay card, and co-pay assistance foundation referrals. By signing below, I request that Esteve and the Program assist my office in providing the requirements of this patient's health plan related to prior authorization for treatment with the product noted in the Drug Therapy portion of this form. I understand that assistance includes obtaining the health plan-specific prior authorization form, and providing it based upon the patient-specific information provided on this form. I understand that the partially completed forms will be provided to my office by Esteve and the Program for possible completion and submission to the health plan. I request that Esteve and the Program actively monitor the status of the prior authorization submission. I request that Esteve and the Program provide status updates to my office with respect to this patient's prior authorization for treatment with the product noted in the Drug Therapy portion of this form.

Prescriber's Signature (NO STAMPS): Date:

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PRIALT (ziconotide) INTRATHECAL INFUSION

ESTEVE TOGETHER EDUCATE · EMPOWER · ENGAGE

ESTEVE Together for PRIALT Patient Assistance Program Enrollment (PAP) Form
Phone: 1-833-Esteve-1 (833-378-3831)
Fax: 1-855-774-2583

FINANCIAL ASSISTANCE: Please complete pages 1 and 2
PATIENT SIGNATURE REQUIRED ON ALL SUBMISSIONS.

1. PATIENT INFORMATION
Patient Name:
Sex: ☐ Male ☐ Female Date of birth (MM/DD/YYYY):
Address:
City/State/ZIP:
Home phone: Cell phone:
Preferred phone: ☐ Home ☐ Cell
Best time to contact: ☐ Morning ☐ Afternoon ☐ Evening

2. INSURANCE INFORMATION
Please submit copies of both sides of patient's insurance card(s).
Check if patient does not have insurance: ☐
Primary insurance:
Policy ID #: Group #: Phone #:
Policy holder name (if not patient):
Employer:
Secondary insurance (if applicable):
Policy ID #: Group #: Phone #:

3. PRESCRIBER INFORMATION
Prescriber name: Office contact name:
Address: Direct phone/ext:
Practice name: Fax:
City/State/ZIP: Specialty:
NPI #: State Med Lic #: Tax ID #: PTAN:
Setting of care: ☐ Physician's office ☐ Hospital outpatient ☐ Home infusion ☐ ASC ☐ Other (explain):

4. DIAGNOSIS, CLINICAL, AND TREATMENT INFORMATION
Diagnosis: ICD-10 code:
Has this patient been diagnosed with severe chronic pain for which intrathecal (IT) therapy is warranted?: ☐ Yes ☐ No
Currently taking PRIALT? ☐ Yes ☐ No If yes, start date:
Existing IT pump? ☐ Yes ☐ No If no, provide implantation date:

5. REQUIRED: HEALTHCARE PROFESSIONAL POLICY AND CONSENT

Esteve Pharmaceuticals LLC and its contractors and agents (together "Esteve"), will use the information you provide to administer and improve ESTEVE Together (the "Program") in accordance with its privacy notice. You may request a copy of the privacy policy by emailing customercare@esteve.com. By signing below, you represent, covenant, and certify as follows: (i) My patient has provided all required written authorization(s) as required by all applicable federal or state laws to release to Esteve and the Program all patient information needed for this application, including without limitation financial and personally identifiable information in order to (1) conduct coverage support services, and (2) determine eligibility and enroll patient for financial assistance; (ii) All of the information provided in this application is complete and accurate; (iii) PRIALT® (ziconotide) was prescribed based on my medical judgment or the medical judgment of another healthcare professional in my office; (iv) I understand and have explained to my patient that Esteve may modify or terminate the Program at any time without notice and that completion of this application does not guarantee enrollment in any particular part of the Program; (v) I understand and agree that any medications supplied by Esteve under the Program are for use of the named patient only and shall not be sold, traded, bartered, transferred, returned for credit, submitted to any third party payor (private or government) for reimbursement, or counted toward the patient's Medicare Part D out-of-pocket costs; (vi) I have not received nor will I seek or accept payment from my patient for any co-insurance amount paid for by the Program; (vii) I understand that I am under no obligation to prescribe any Esteve drug and I have not received and will not receive any benefit from Esteve for prescribing a Esteve drug; and (viii) if I become aware of any errors in the information provided, I will promptly notify Esteve of those errors.

I authorize Esteve and the Program to act as my representative, and on behalf of myself and my patient, to initiate any benefits investigation (BI), prior authorization (PA) and appeals support, co-pay card, and co-pay assistance foundation referrals. By signing below, I request that Esteve and the Program assist my office in providing the requirements of this patient's health plan related to prior authorization for treatment with the product noted in the Drug Therapy portion of this form. I understand that assistance includes obtaining the health plan-specific prior authorization form, and providing it based upon the patient-specific information provided on this form. I understand that the partially completed forms will be provided to my office by Esteve and the Program for possible completion and submission to the health plan. I request that Esteve and the Program actively monitor the status of the prior authorization submission. I request that Esteve and the Program provide status updates to my office with respect to this patient's prior authorization for treatment with the product noted in the Drug Therapy portion of this form.

Prescriber's Signature (NO STAMPS): Date:

Page 1 of 2

Page 2 of 2

- Visit www.PRIALT.com/hcp
- Click "Access and Reimbursement" in the top navigation bar
- Scroll down to these forms and click "Download form"
- Complete all requested information on required pages of each form
- Fax the completed form to 1-855-774-2583

ESTEVE embrace
SUPPORT BY YOUR SIDE

CLINICAL NURSE EDUCATOR

Connect your patients with a Clinical Nurse Educator who offers nursing support by:

- Answering questions about PRIALT and chronic pain
- Keeping patients on track with their treatment
- Offering additional support throughout their PRIALT journey

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PRIALT ASSURANCE

A program that addresses reimbursement concerns by providing a replacement vial if a patient's qualified claim is denied. The practice must run a benefits investigation through ESTEVE Together prior to product administration.

CO-PAY ASSISTANCE

- Eligible patients may pay as little as $20*
- Submit the PRIALT Enrollment and Authorization Form to check eligibility

PRIALT PATIENT ASSISTANCE

Help for eligible patients with established financial need to receive free product. Terms and conditions apply.

Scan the QR code or visit PRIALT.com/hcp/access-and-reimbursement to download resources.

*ESTEVE Together can provide assistance to eligible, commercially insured patients to help reduce out-of-pocket costs for a PRIALT prescription. Eligible patients may pay as little as $20 for their PRIALT prescription, subject to an annual limit. Patients are not eligible if prescriptions are paid for by any state or other federally funded programs, including, but not limited to, Medicare or Medicaid, Medigap, VA, DOD, TRICARE, or where prohibited by law. ESTEVE Pharmaceuticals, S.A. reserves the right to rescind, revoke, or amend this offer at any time. Additional terms and conditions apply.

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Improving lives together

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