Fax this completed form to: 1-888-990-0008 **Phone: 1-866-888-0660**

VPRIV® START Form and Authorization for Shire OnePath® Services

VPRIV® velaglucerase alfa for injection

OnePath®

1 Prescribing Physician Information

Name (First, Last)

Street Address | City

AL | Zip Code | ( ) Telephone | ( ) Fax

Office Contact | Tax ID #

State Licence # | National Provider ID #

2 Site of Care Information

Site of Care Name | ☐ Home Infusion (provide address of Home Infusion Company below)

Street Address | City

AL | Zip Code | ( ) Telephone | ( ) Fax

Office Contact | National Provider ID #

3 Patient Information

First Name | Middle Initial | ☐ Male ☐ Female

Last Name | DOB: Month/Day/Year

Age | Last 4 digits of SSN | Patient weight (kg)

Street Address | City

AL | Zip Code | ( ) Mobile Telephone | Email Address

( ) Home Telephone | ( ) Work Telephone | ( ) Caregiver Telephone

Caregiver Name (First, Last) | 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 ID # | Group #

Policy Holder Name (First, Last) | Relationship to Patient

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 to Initiate VPRIV®

☐ VPRIV® (Box must be checked to initiate therapy)

I appoint Shire, its affiliates and their representatives (collectively "Shire") to convey on my behalf the prescription described herein to a pharmacy, if applicable.

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. See reverse for additional details.

7 Patient Authorization to Share Personal Health Information and OnePath® Enrollment

☑ I authorize any health plan, physician, health care professional, hospital, clinic, pharmacy provider or other health care provider (collectively, "Health Care Providers") to disclose my personal health information, including information relating to my medical condition, treatment, care management, and health insurance, as well as all information provided on this form and any prescription, personal health information obtained by Health Care Providers prior to the date of this authorization ("Personal Health Information"), to Shire Human Genetic Therapies, Inc., its affiliates and their representatives, agents, and contractors (collectively, "Shire") and to receive financial remuneration from Shire in exchange, for the following purposes: for Shire to provide product support services, including coordination of benefits and therapy; reimbursement support; investigating insurance coverage; communicating with me by mail, email, or telephone about my medical condition, treatment, care management, and health insurance; and internal use by Shire, including data analysis. I understand that my Personal Health Information disclosed under this authorization may be redisclosed by Shire and no longer protected by federal privacy laws. I understand, however, that Shire agrees to undertake reasonable efforts to maintain my Personal Health Information in a secure manner and not to disclose it to third parties without a legitimate reason for doing so. I understand that I may refuse to sign this Authorization and that my treatment, payment, enrollment or eligibility for benefits, including my access to therapy, is not conditioned on my signing this Authorization. I understand that I am entitled to a signed copy of this Authorization. This Authorization expires one year from the date of execution, or one year after the date of my last prescription, whichever is later. I understand that I may revoke this Authorization at any time by sending written notice of revocation to OnePath®, 300 Shire Way, Lexington, MA 02421, which becomes effective upon receipt by any Health Care Provider subject to federal privacy laws, except to the extent that action already has been taken in reliance on this Authorization.

Check here

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

I certify that all of the information provided on this form is complete and accurate. I authorize Shire to collect Personal Health Information from me, my caregivers, and Health Care Providers, and to use and disclose such Personal Health Information to provide product support services, including but not limited to coordination of benefits and therapy; reimbursement support; investigating insurance coverage; communicating with me by mail, email, or telephone about my medical condition, treatment, care management, and health insurance.

Sign here

Patient Signature: _____

Date: _____

Legal Representative Signature (if applicable): _____

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 Shire any documentation of labs, clinical history, or other documents supporting the prior authorization process

Section 5 Physician Authorization to Initiate VPRIV®

- 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

Shire 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 Personal Health Information and OnePath® Enrollment

- The patient signature is required to allow personal health information to be shared by third parties to Shire 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

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

Please fax this completed form to: 1-888-990-0008

Shire