SENTYNL CARES | Nulibry® (fosdenopterin) for injection

NULIBRY
Acute Site QuickStart Program

The Nulibry Acute Site QuickStart Program (the "Program") is designed to rapidly provide free drug to patients in the acute care setting with a newly confirmed or suspected diagnosis of MoCD Type A.

Requests can be processed 24/7, and drug delivered within 24 hours in most cases.

STEP 1:

Complete Nulibry Acute Site QuickStart Request Form (not completing all sections will result in a delay in processing).

STEP 2:

Fax completed Nulibry Acute Site QuickStart Request Form to 877-977-0011. If fax is sent outside of standard business hours (8:00 AM to 8:00 PM ET), please also call 1-888-251-2800 and select option 3 for Acute Site QuickStart Program.

STEP 3:

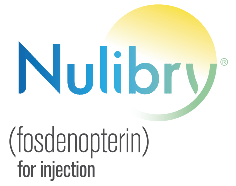
Delivery Coordination Contact on page 3 will be contacted by Sentynl Cares to confirm receipt of request and verify information provided.

STEP 4:

Once the prescription has been processed and delivery scheduled, the Delivery Coordination Contact will receive a call from a pharmacist from the Specialty Pharmacy to provide shipping and tracking information.

STEP 5:

During standard business hours, the Sentynl Cares team will follow up with additional information regarding Program enrollment and access to Nulibry.



NULIBRY Acute Site QuickStart Request Form

Healthcare professional to fill out
Print and fax completed Request Form to 877-977-0011
All pages must be completed and received to process enrollment

Phone: 1-888-251-2800
Fax: 877-977-0011
Web: NULIBRY.com/sentynlcares

The following healthcare professional specialties can request Acute Site QuickStart Program (the "Program") enrollment: neonatologist, pediatrician, pediatric intensivist, pediatric neurologist, neonatal neurologist, and geneticist.

PATIENT INFORMATION

Name: ______________________ (First, MI, Last) DOB: ____________ (mm/dd/yyyy)

Street: ______________________ Apt #: ____________

City: ______________________ State: ____________ ZIP: ____________

Gender: ☐ Male ☐ Female

PARENT/CAREGIVER INFORMATION (PARTY RESPONSIBLE FOR PATIENT)

Parent/Caregiver Name: ______________________ (First, MI, Last) Relationship to Patient: ____________

Primary Phone: ______________________ Primary Email: ____________

Preferred Language (If not English): ______________________

Same address as patient: ☐ Yes ☐ No

If caregiver address is different from patient information above, please complete the following address information:

Street: ______________________ Apt #: ____________

City: ______________________ State: ____________ ZIP: ____________

Additional Contact Permitted to Receive Patient Information

Name: ______________________ (First, MI, Last) Relationship to Patient: ____________

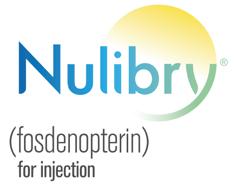
Primary Phone: ______________________ Primary Email: ____________

Preferred Language (If not English): ______________________

PATIENT/CAREGIVER CONSENT TO ENROLL IN ACUTE SITE QUICKSTART PROGRAM IF DEEMED ELIGIBLE

If I enroll in the Acute Site QuickStart Program (the "Program"), I understand and agree that no free product received via the Program may be submitted for reimbursement to any payer, including Medicare and Medicaid; and no free product may be sold, traded, or distributed for sale. I understand that this Program is not meant to encourage me or my physician to use or prescribe NULIBRY. I also understand that the Program only provides drug and that I will need to find alternative means to support other medical costs associated with the use of this medication. Sentynl Therapeutics, Inc. reserves the right to review patient profiles, grant requests based on patient need, and change Program guidelines or terminate the Program at any time without notification.

SIGN HERE ______________________ Parent/Caregiver or Legal Representative ______________________ Print Name ____________ Date



NULIBRY Acute Site QuickStart Request Form

Healthcare professional to fill out
Print and fax completed Request Form to 877-977-0011
All pages must be completed and received to process enrollment

Phone: 1-888-251-2800
Fax: 877-977-0011
Web: NULIBRY.com/sentynlcares

The following healthcare professional specialties can request Acute Site QuickStart Program (the "Program") enrollment: neonatologist, pediatrician, pediatric intensivist, pediatric neurologist, neonatal neurologist, and geneticist.

PRESCRIBER INFORMATION (PRESCRIBER TO FILL OUT)

Prescriber Name: ______________________ NPI #: ______________________

Prescriber Facility: ______________________

Specialty: ☐ Neonatologist ☐ Pediatrician ☐ Pediatric Intensivist ☐ Pediatric Neurologist ☐ Neonatal Neurologist ☐ Geneticist

Primary Contact Email: ______________________

Street: ______________________ Primary Contact Phone: ______________________

City: ______________ State: ______ ZIP: ______ Primary Contact Fax: ______________________

HOSPITAL DELIVERY INFORMATION

Hospital Name: ______________________

Hospital Inpatient Pharmacy Contact Information:

Contact Name: ______________________ Contact Email: ______________________

Contact Phone: ______________________ Contact Fax: ______________________

Prescription Delivery Address:

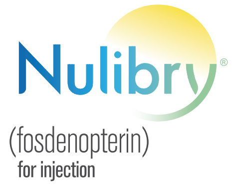
Street: ______________________ Building Name: ______________________

City: ______________________ State: ______________ ZIP: ______________

Delivery Coordination Contact Information (this is the person who will be contacted by courier when the product is delivered to the facility):

Name or Title: ______________________ Phone Number: ______________________

Additional Delivery Instructions: ______________________



NULIBRY Acute Site QuickStart Request Form

Healthcare professional to fill out
Print and fax completed Request Form to 877-977-0011
All pages must be completed and received to process enrollment

Phone: 1-888-251-2800
Fax: 877-977-0011
Web: NULIBRY.com/sentynlcares

The following healthcare professional specialties can request Acute Site QuickStart Program (the "Program") enrollment: neonatologist, pediatrician, pediatric intensivist, pediatric neurologist, neonatal neurologist, and geneticist.

TREATMENT AND PRESCRIPTION INFORMATION

Complete this section to prescribe NULIBRY for your patient. Please submit a separate prescription if required by state law (e.g., New York prescribers).

Prescription for NULIBRY

An infusion pump and supplies are required for adequate administration of NULIBRY. Please see the full Prescribing Information for details, specifically the Instructions for Use section.

☐ Confirmed or presumptive diagnosis: molybdenum cofactor deficiency Type A (MoCD Type A)

Patient Name: ______________________________ DOB: ____________________ (mm/dd/yyyy)

Current Weight: ______________________________

NULIBRY for injection 9.5 mg fosdenopterin hydrobromide per vial:

(Provides up to 2 dispenses of 14 days of therapy to patient.)

Dosage: ______________________________ mg Quantity: 14 vials Refills: 1

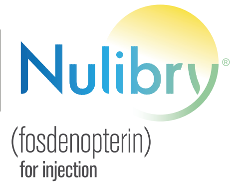
Recommended initial dosage and titration schedule of NULIBRY for patients less than one year of age by gestational age

TitrationSchedule	Preterm Neonates (Gestational age less than 37 weeks)	Term Neonates (Gestational age 37 weeks and above)
Initial Dosage	☐ 0.4 mg/kg once daily	☐ 0.55 mg/kg once daily
Dosage at Month 1	☐ 0.7 mg/kg once daily	☐ 0.75 mg/kg once daily
Dosage at Month 3	☐ 0.9 mg/kg once daily	☐ 0.9 mg/kg once daily

Recommended dosage and administration in patients one year of age or older

For patients one year of age or older, the recommended dosage of NULIBRY is 0.9 mg/kg (based on actual body weight) administered as an intravenous infusion once daily.

SIGN HERE ______________________________ Prescriber Signature Required – No Stamps ______________________________ Print Name ____________ Date



NULIBRY Acute Site QuickStart Request Form

Healthcare professional to fill out
Print and fax completed Request Form to 877-977-0011
All pages must be completed and received to process enrollment

Phone: 1-888-251-2800
Fax: 877-977-0011
Web: NULIBRY.com/sentynlcares

The following healthcare professional specialties can request Acute Site QuickStart Program (the “Program”) enrollment: neonatologist, pediatrician, pediatric intensivist, pediatric neurologist, neonatal neurologist, and geneticist.

HEALTHCARE PROFESSIONAL CONSENT

I certify that (1) the prescribed medicine is medically necessary for this patient and the treatment decision was based solely on my independent medical judgment; (2) services provided by Sentynl Therapeutics, Inc. (“Sentynl”) on behalf of any patient are not made in exchange for any express or implied agreement or understanding that I will recommend, prescribe, or use any Sentynl product or service; (3) the patient provided me with an authorization to release their personal health information to Biologics Specialty Pharmacy (together with its affiliates, including but not limited to its third-party business partners, vendors, and other agents) for purposes of enrollment in the Program and receipt of patient support services; and

If my patient is eligible for free product, I understand that receiving free product is not contingent on any purchase obligations. I also understand that no free product may be submitted for reimbursement to any payer, including Medicare and Medicaid; nor should it be sold, traded, or distributed for sale. I will notify Biologics immediately if NULIBRY is no longer medically necessary for this patient’s treatment or if my patient’s insurance status changes. I agree to comply with my state-specific prescription requirements, such as e-prescribing, state-specific prescription form, fax language, etc. I understand that noncompliance with state-specific requirements could result in outreach to me as the prescriber.

SIGN HERE ______________________ Prescriber Signature Required – No Stamps ______________________ Print Name ______________ Date

NULIBRY is a trademark of Sentynl Therapeutics, Inc.
Sentynl Cares is a trademark of Sentynl Therapeutics, Inc.
©2023 Sentynl Therapeutics, Inc. All rights reserved. MOC-2023-1351-v1