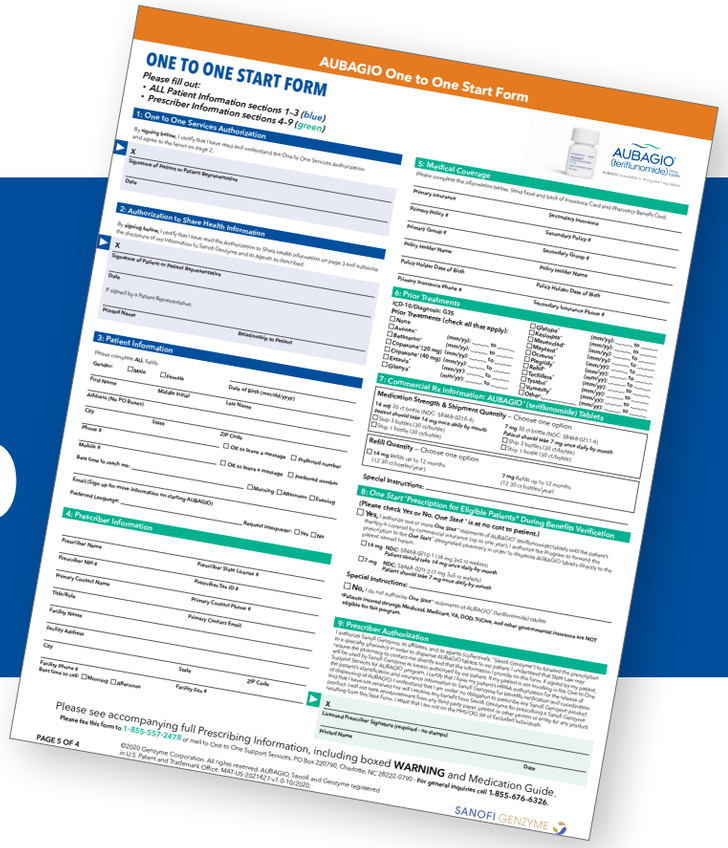
HELPING YOU SUCCESSFULLY PRESCRIBE AUBAGIO TO YOUR PATIENTS


AUBAGIO One to One Start Form

ONE TO ONE START FORM

Please fill out:
- ALL Patient Information sections 1–3 (blue)
- Prescriber Information sections 4–9 (Green)

1: One to One Services Authorization

2: Authorization to Share Health Information

3: Patient Information

4: Prescriber Information

5: Medical Coverage

6: Prior Treatments

7: Commercial Rx Information: AUBAGIO® (teriflunomide) Tablets

8: One Start™ Prescription for Eligible Patients* During Benefits Verification

9: Prescriber Authorization

Please see accompanying full Prescribing Information, including boxed **WARNING** and Medication Guide.

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SANOFI GENZYME

Your guide to filling out the AUBAGIO Start Form and unlocking the personalized patient support of *One to One*

AUBAGIO® (teriflunomide) 14 mg tablets

AUBAGIO is available in 14 mg and 7 mg tablets.

Please see **Full Prescribing Information**, including **boxed WARNING**.

Helpful tips to filling out the Start Form

1 *One to One* Services Authorization

What to do: Explain to the patient that a signature is necessary to document their agreement to the *One to One* Services Authorization and allow the services to be provided.
Why: *One to One* cannot provide services, such as financial support, without patient consent.

2 Authorization to Share Health Information

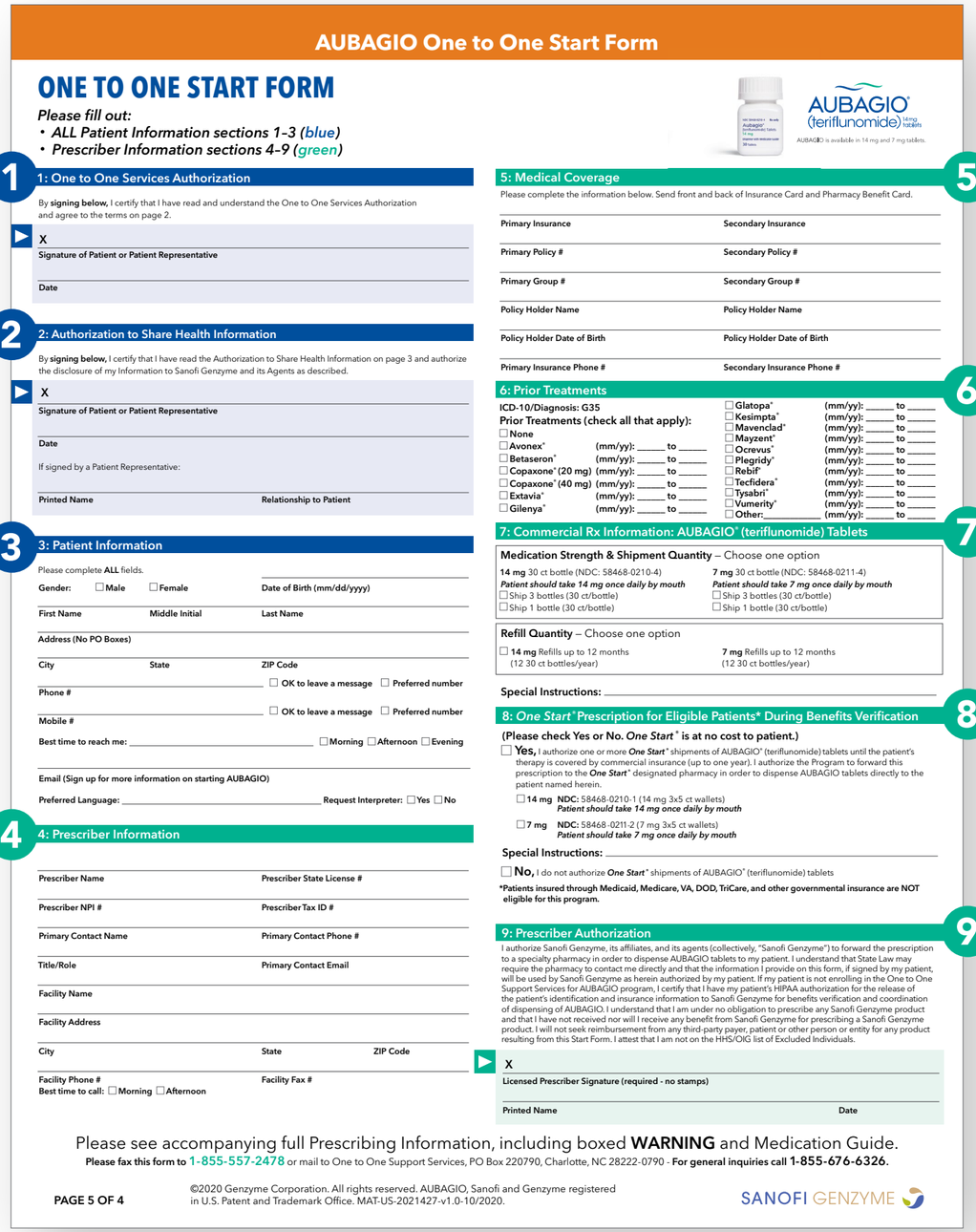
What to do: Explain to the patient that their signature is necessary to certify that they permit *One to One* to use or disclose their health information.
Why: *One to One* cannot provide support without HIPAA consent. If a patient is unavailable to sign in person, inform them that they should expect a call from *One to One* from an unlisted number to walk through signing the consent form online. Patients can also reach out to *One to One* directly at **1-855-676-6326** to complete this process.

3 Patient Information

What to do: Ensure that all fields are complete and accurate.
Why: Without complete information, there may be delays in getting the patient their medication.

4 Prescriber Information

What to do: Ensure that all fields are complete and accurate.
Why: Without complete information, there may be delays in getting the patient their medication.



AUBAGIO One to One Start Form

ONE TO ONE START FORM

Please fill out:
- *ALL Patient Information sections 1–3 (blue)*
- *Prescriber Information sections 4–9 (green)*

AUBAGIO® (teriflunomide) 14 mg tablets
AUBAGIO is available in 14 mg and 7 mg tablets.

1: One to One Services Authorization

By **signing below,** I certify that I have read and understand the One to One Services Authorization and agree to the terms on page 2.

X
Signature of Patient or Patient Representative
Date

2: Authorization to Share Health Information

By **signing below,** I certify that I have read the Authorization to Share Health Information on page 3 and authorize the disclosure of my Information to Sanofi Genzyme and its Agents as described.

X
Signature of Patient or Patient Representative
Date
If signed by a Patient Representative:
Printed Name | Relationship to Patient

3: Patient Information

Please complete **ALL** fields.
Gender: ☐ Male ☐ Female | Date of Birth (mm/dd/yyyy)
First Name | Middle Initial | Last Name
Address (No PO Boxes)
City | State | ZIP Code
Phone # ☐ OK to leave a message ☐ Preferred number
Mobile # ☐ OK to leave a message ☐ Preferred number
Best time to reach me: ☐ Morning ☐ Afternoon ☐ Evening
Email (Sign up for more information on starting AUBAGIO)
Preferred Language: | Request Interpreter: ☐ Yes ☐ No

4: Prescriber Information

Prescriber Name | Prescriber State License #
Prescriber NPI # | Prescriber Tax ID #
Primary Contact Name | Primary Contact Phone #
Title/Role | Primary Contact Email
Facility Name
Facility Address
City | State | ZIP Code
Facility Phone # | Facility Fax #
Best time to call: ☐ Morning ☐ Afternoon

5: Medical Coverage

Please complete the information below. Send front and back of Insurance Card and Pharmacy Benefit Card.

Primary Insurance	Secondary Insurance
Primary Policy #	Secondary Policy #
Primary Group #	Secondary Group #
Policy Holder Name	Policy Holder Name
Policy Holder Date of Birth	Policy Holder Date of Birth
Primary Insurance Phone #	Secondary Insurance Phone #

6: Prior Treatments

ICD-10/Diagnosis: G35
Prior Treatments (check all that apply):
☐ None
☐ Avonex® (mm/yy): ____ to ____
☐ Betaseron® (mm/yy): ____ to ____
☐ Copaxone® (20 mg) (mm/yy): ____ to ____
☐ Copaxone® (40 mg) (mm/yy): ____ to ____
☐ Extavia® (mm/yy): ____ to ____
☐ Gilenya® (mm/yy): ____ to ____
☐ Glatopa® (mm/yy): ____ to ____
☐ Kesimpta® (mm/yy): ____ to ____
☐ Mavenclad® (mm/yy): ____ to ____
☐ Mayzent® (mm/yy): ____ to ____
☐ Ocrevus® (mm/yy): ____ to ____
☐ Plegridy® (mm/yy): ____ to ____
☐ Rebif® (mm/yy): ____ to ____
☐ Tecfidera® (mm/yy): ____ to ____
☐ Tysabri® (mm/yy): ____ to ____
☐ Vumerity® (mm/yy): ____ to ____
☐ Other:_____ (mm/yy): ____ to ____

7: Commercial Rx Information: AUBAGIO® (teriflunomide) Tablets

Medication Strength & Shipment Quantity – Choose one option
14 mg 30 ct bottle (NDC: 58468-0210-4) — *Patient should take 14 mg once daily by mouth*
☐ Ship 3 bottles (30 ct/bottle)
☐ Ship 1 bottle (30 ct/bottle)
7 mg 30 ct bottle (NDC: 58468-0211-4) — *Patient should take 7 mg once daily by mouth*
☐ Ship 3 bottles (30 ct/bottle)
☐ Ship 1 bottle (30 ct/bottle)

Refill Quantity – Choose one option
☐ **14 mg** Refills up to 12 months (12 30 ct bottles/year)
☐ **7 mg** Refills up to 12 months (12 30 ct bottles/year)

Special Instructions: _____

8: *One Start*® Prescription for Eligible Patients* During Benefits Verification

(Please check Yes or No. *One Start*® is at no cost to patient.)
☐ **Yes,** I authorize one or more ***One Start*®** shipments of AUBAGIO® (teriflunomide) tablets until the patient's therapy is covered by commercial insurance (up to one year). I authorize the Program to forward this prescription to the ***One Start*®** designated pharmacy in order to dispense AUBAGIO tablets directly to the patient named herein.
☐ **14 mg** **NDC:** 58468-0210-1 (14 mg 3x5 ct wallets) ***Patient should take 14 mg once daily by mouth***
☐ **7 mg** **NDC:** 58468-0211-2 (7 mg 3x5 ct wallets) ***Patient should take 7 mg once daily by mouth***
Special Instructions: _____
☐ **No,** I do not authorize ***One Start*®** shipments of AUBAGIO® (teriflunomide) tablets
***Patients insured through Medicaid, Medicare, VA, DOD, TriCare, and other governmental insurance are NOT eligible for this program.**

9: Prescriber Authorization

I authorize Sanofi Genzyme, its affiliates, and its agents (collectively, "Sanofi Genzyme") to forward the prescription to a specialty pharmacy in order to dispense AUBAGIO tablets to my patient. I understand that State Law may require the pharmacy to contact me directly and that the information I provide on this form, if signed by my patient, will be used by Sanofi Genzyme as herein authorized by my patient. If my patient is not enrolling in the One to One Support Services for AUBAGIO program, I certify that I have my patient's HIPAA authorization for the release of the patient's identification and insurance information to Sanofi Genzyme for benefits verification and coordination of dispensing of AUBAGIO. I understand that I am under no obligation to prescribe any Sanofi Genzyme product and that I have not received nor will I receive any benefit from Sanofi Genzyme for prescribing a Sanofi Genzyme product. I will not seek reimbursement from any third-party payer, patient or other person or entity for any product resulting from this Start Form. I attest that I am not on the HHS/OIG list of Excluded Individuals.

X
Licensed Prescriber Signature (required - no stamps)
Printed Name | Date

Please see accompanying full Prescribing Information, including boxed **WARNING** and Medication Guide.
Please fax this form to 1-855-557-2478 or mail to One to One Support Services, PO Box 220790, Charlotte, NC 28222-0790 - **For general inquiries call 1-855-676-6326.**

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SANOFI GENZYME

● Patient sections ● Prescriber sections

5 Medical Coverage

What to do: Ensure that all fields are complete and accurate, and, if available, **include a photocopy of the front and back of the patient's insurance and pharmacy benefit card** to include when you fax this form.
Why: *One to One* needs complete information on your patient's insurance to be able to best connect them with any available financial support.

6 Prior Treatments

What to do: Indicate what, if any, treatments the patient has previously received. If the patient is newly diagnosed or has had no previous therapies, check "None".
Why: *One to One* will be able to provide support more efficiently with complete information about the patient's treatment history, and information around prior therapies is important when assessing the patient's benefits and medical policy around prior authorization requirements.

7 Commercial Rx Information: AUBAGIO® (teriflunomide) Tablets

What to do: Ensure shipment quantity is accurate and matches patient preference. **Check only one option.** If your office has a preferred Specialty Pharmacy, indicate it in the Special Instructions here, and remind patients that their Specialty Pharmacy will be reaching out to them to authorize shipment of their prescription. If titration is required, note this in the Special Instructions area.
Why: The 90-day prescription (3 bottles) option may be more convenient for patients so they do not need to refill every month. This option may help decrease the chances for a patient to miss a dose.

8 *One Start*® Prescription for Eligible Patients During Benefits Verification

What to do: Check "Yes" to authorize *One Start*, and then indicate the patient's dose.
Why: *One Start* is no cost to the patient: Within 5 days of being prescribed, *One Start* allows commercially insured, eligible patients to start on therapy at no cost for up to 1 year while benefits are being verified.

9 Prescriber Authorization

What to do: Ensure that the form is signed with an original signature (stamped signatures are not accepted).
Why: The patient will not be able to get their prescription without the prescriber's authorization.

Final Steps

Once all the fields have been filled, fax the form and the insurance card copies to

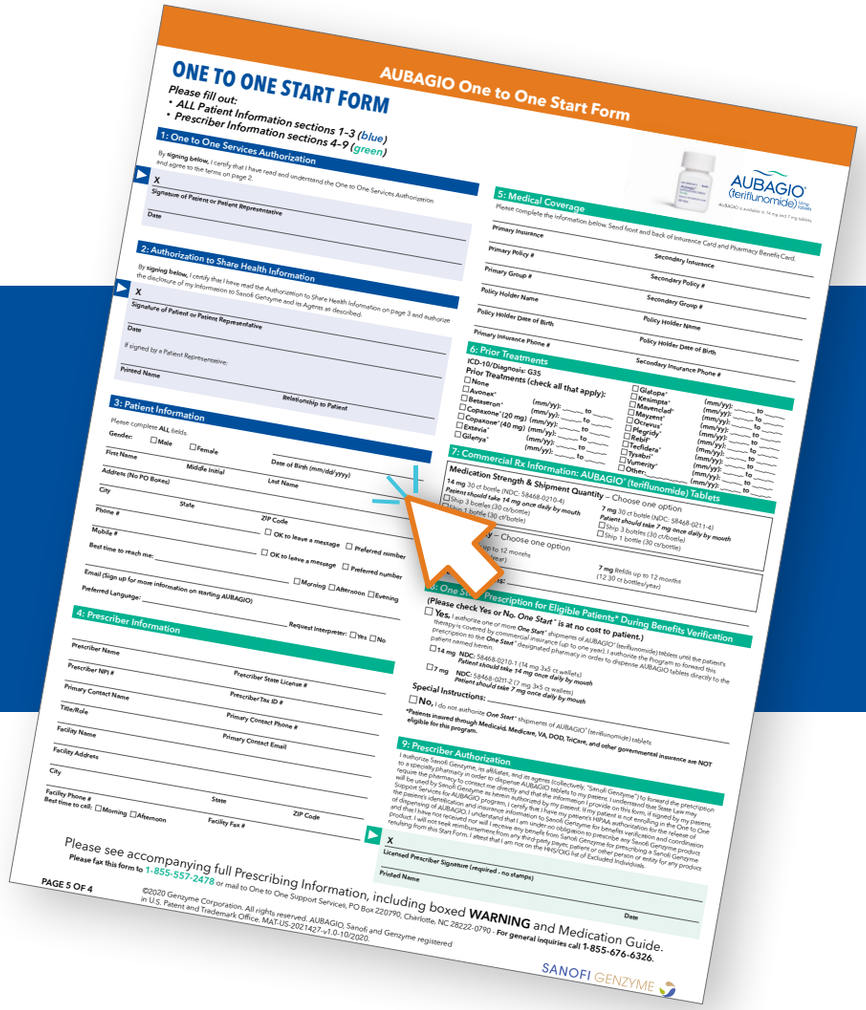
1-855-557-2478.

Please see **Full Prescribing Information**, including **boxed WARNING**.

Inform your patients a *One to One* Nurse will call them within 2-3 business days* from an unlisted phone number once the Start Form is processed

*Timeline is contingent on the Start Form being received with no missing information.

CLICK HERE TO ACCESS THE START FORM



Need additional help?

Contact your Sanofi Genzyme Representative, and they'll be happy to assist.

AUBAGIO® (teriflunomide) 14 mg tablets

AUBAGIO is available in 14 mg and 7 mg tablets.

Colorado Prescribers may click here for Wholesale Acquisition Cost Price Disclosure.
Vermont Prescribers may click here for Average Wholesale Price Disclosure.

Please see **Full Prescribing Information**, including **boxed WARNING**.

SANOFI GENZYME