Patient Support Program
ENROLLMENT FORM

CELLTRION CONNECT® PATIENT SUPPORT PROGRAM | Vegzelma® bevacizumab-adcd

Monday - Friday, 8 AM - 8 PM ET | Phone: (877) 812-6662 | Fax: (877) 431-6444 | www.CelltrionConnect.com

Instructions for Enrollment - Celltrion CONNECT® offers 2 options for enrollment:

Option 1: Submit through the Portal

At **www.CelltrionConnect.com/VEGZELMA/hcpportal**, a healthcare provider can:

- Enroll a patient in Celltrion CONNECT
- Instruct the patient to complete electronic consent as applicable
- Inform the patient a Celltrion CONNECT Case Coordinator will contact them by phone with the next steps and to verify their information

OR

Option 2: Complete this form

- Attach both sides of the patient's insurance card(s)
- Attach the patient's demographics, chart notes, and clinical documentation
- Ensure the patient and prescriber sign the form
- Fax the completed form, along with attachments, to **(877) 431-6444**

Complete and sign the patient consent online at www.celltrionconnect.ehipaa.com

Requested Services - Please check all that apply:

☐ **Select All** ☐ Benefit Verification ☐ Prior Authorization Support ☐ Appeals Support ☐ Medical Claims Support ☐ Co-pay Support for Commercially Insured Patients

*For co-pay assistance only, visit **www.CelltrionCARES.com** to enroll*

☐ eHIPAA Consent Support (form sent to patient via text or email). **Patient signature is required to obtain full support.**

Patient Information - All fields marked with an * are required.

*First Name _____ MI _____ *Last Name _____

*Address _____ *City _____ *State _____ *ZIP _____

*Date of Birth _____ Sex ☐ Male ☐ Female ☐ Prefer Not to Answer Weight _____ lb or _____ kg

*Email _____ Preferred Language ☐ English ☐ Other _____

*Primary Phone _____ ☐ Cell ☐ Home Secondary Phone _____ ☐ Cell ☐ Home

Preferred Contact ☐ Patient ☐ Alternate Contact *By providing alternate contact information, I hereby authorize the release of my protected health information to the authorized alternate contact.*

Alternate Contact Name _____ Relationship to Patient _____

Primary Phone _____ ☐ Cell ☐ Home Secondary Phone _____ ☐ Cell ☐ Home

Provide required patient/authorized representative signature on page 3 or at www.celltrionconnect.ehipaa.com

Patient Insurance Information - All fields marked with an * are required.

Please attach a copy of the patient's insurance card(s) (both front and back). If not available, please complete the following:

Primary Insurance* _____ Policyholder Name* _____

Primary Policy #* _____ Primary Group #* _____ Policyholder Date of Birth* _____

Secondary Insurance _____ Policyholder Name _____

Secondary Policy # (*if applicable*) _____ Secondary Group # _____ Policyholder Date of Birth _____

Does the patient have a separate pharmacy benefit card? ☐ Yes ☐ No

Cardholder Name _____ Pharmacy Benefit Name _____ Policy/Identification # _____

Rx BIN _____ Rx PCN _____ Group # _____

Please see Important Safety Information, on pages 4-5 and full Prescribing Information.

Patient Name | Patient Date of Birth

Prescriber Information - All fields required.

Prescriber First Name | MI | Prescriber Last Name | Prescriber NPI

Tax ID # | Medicare PTAN | Prescriber Address

City | State | ZIP | Phone | Fax

Practice Name | Practice Contact Name

Practice Contact Title | Phone | Practice Contact Email Address

Clinical Information - All fields marked with an * are required.

***Primary Diagnosis**

- ☐ Metastatic colorectal cancer (mCRC)
- ☐ First-line non-squamous non-small cell lung cancer (NSCLC)
- ☐ Persistent, recurrent, or metastatic cervical cancer
- ☐ Epithelial ovarian, fallopian tube, or primary peritoneal cancer
- ☐ Metastatic renal cell carcinoma (mRCC)
- ☐ Recurrent glioblastoma (GBM)

***Primary ICD-10 Code:** | Other ICD-10 Code:

Administration Information - All fields required.

Site of Administration: ☐ Prescribing Physician's Office ☐ Non-prescribing Physician's Office ☐ Hospital Outpatient Infusion Center ☐ Other

If preferred administration site has a different address than the prescribing physician's practice above, please complete the following:

Name of Preferred Site of Administration or Home Infusion Company:

Contact Name: | Phone: | Fax:

VEGZELMA® (bevacizumab-adcd) Prescribing Information - All fields required.

VEGZELMA Single-Dose Vial: ☐ 100 mg/4 mL ☐ 400 mg/16 mL Patient Weight lb or kg

Infuse: mg every weeks **Number of Infusions:** CPT Code

Prescriber Attestation/Authorization - All fields marked with an * are required.

I certify that the information provided in this VEGZELMA Enrollment Form is complete and accurate to the best of my knowledge. I have prescribed VEGZELMA based on my judgment of medical necessity. I certify that I have obtained my patient's written authorization in accordance with applicable state and federal law, including the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, to provide the individually identifiable health information on this form to agents and service providers of Celltrion Inc. and to the Celltrion CONNECT program for benefits eligibility, coverage authorization, coordination and dispensing of VEGZELMA, and providing my patient and me with other educational and support services associated with VEGZELMA. I agree that the Celltrion CONNECT program may contact me for additional information relating to VEGZELMA, including but not limited to via email, fax, and telephone. I authorize the Celltrion CONNECT program to transmit the above prescription to the pharmacy.

SIGN & DATE ***Prescriber Signature and Date (no stamps)** Dispense as Written/Brand Medically Necessary | Date

May Substitute/Product Selection Permitted | Date

CA, MA, NC, and PR: Interchange is mandated unless the prescriber writes the words "No Substitution" HERE

ATTN: Please submit the electronic prescription as required by your state law

Please see Important Safety Information, on pages 4-5 and full Prescribing Information.

Patient Name _____ Patient Date of Birth _____

Patient Authorization to Share Health Information

By signing this form, the patient gives their permission for their physicians, pharmacies, laboratories, and other healthcare providers ("Healthcare Providers") and their health insurers to share their individually identifiable health information with Celltrion USA, Inc., the Celltrion Patient Assistance Foundation, and Celltrion affiliates and its vendors (collectively, "Celltrion").

The patient understands that their individually identifiable health information may include their full name, address, date of birth, demographic information, financial information, insurance information, and information related to their medical condition, treatment, care management, medication history, and prescriptions (collectively, "Health Information"), whether in written or verbal form, including portions of their medical record.

The patient's Health Information will be shared with Celltrion so that Celltrion may provide them with various support and information to help them access a Celltrion medicine, which may include the following, depending on the program (collectively, "Patient Support Activities"):

- Processing this application
- Verifying the information provided in this application
- Providing benefit investigation/verification and reimbursement support, including:
  - Assisting with identification of prior authorization requirements
  - Assisting with the identification of requirements of their insurer for appeal of a denied claim
- Determining their eligibility for and helping them access co-pay support or free drug programs
- Communicating with their Healthcare Providers about a Celltrion medicine and Patient Support Activities
- Coordinating the dispensing and delivery of medication
- Providing them with financial assistance resources and information if they are eligible
- Providing them with disease management and other educational materials, as well as information about Celltrion's products, services, and programs, and may include sending them surveys about their experience with Celltrion products, services, and programs

Celltrion also may use their Health Information for auditing for compliance with Program requirements, for quality assurance purposes, and to evaluate and improve our operations and services.

The patient understands that Celltrion may de-identify their Health Information and use it in performing research, education, business analytics, marketing studies, or for other commercial purposes, including linkage with other de-identified data Celltrion receives from other sources.

The patient understands that they do not have to sign this form, and choosing not to sign will not affect their ability to receive treatment from their Healthcare Providers or payment from their health insurer. However, if they do not sign this form, Celltrion may not be able to provide them with assistance.

The patient understands that once their Health Information is shared, it may no longer be protected by federal privacy law. However, Celltrion agrees to protect their Health Information and to use it for the purposes described in this form or as required or permitted by law. Select pharmacies may receive remuneration from Celltrion in exchange for their Health Information and/or for any Patient Support Activities provided to them. The patient understands that this form will remain in effect for six (6) years from the date of their signature or shall otherwise expire at a shorter duration as required under applicable state law unless they provide written notice that they would like to withdraw their approval to share their Health Information sooner. If the patient would like to withdraw their approval, they may contact Celltrion at (877) 812-6662. This withdrawal will not affect the use or sharing of their Health Information that took place before they withdraw their approval. The patient understands that they may receive a copy of this form.

SIGN & DATE **Patient or Patient-Authorized Representative Signature** _____ **Date** _____

Patient Representative First and Last Name (print): _____ Relationship to Patient _____

Patient Authorization to Telephone Consumer Protection Act (TCPA) Information

By signing up for text messages from Celltrion, the patient agrees that they are the primary owner of the phone number(s) provided and consent to receiving promotional communications in the form of phone calls or text messages relating to Celltrion products and services and/or their condition or treatment at the phone number(s) provided. These communications may be sent from an automated system for the selection and dialing of telephone numbers, including an automatic telephone dialing system, or may use an artificial or pre-recorded voice, including recording messages or pre-recorded voicemails.

Your agreement and consent are not required as a condition for the purchase of any goods or services. Message and data rates may apply. Unsubscribe at any time by replying STOP or clicking the unsubscribe link (where available). Text HELP for help. Message frequency varies. To the maximum extent permitted by law: (i) all information contained in SMS text messages is provided "as is" without warranty of any kind, either express or implied, including but not limited to the implied warranties of merchantability, fitness for a particular purpose, or noninfringement; and (ii) Celltrion expressly excludes any liability for any direct, indirect, or consequential loss or damage incurred by any user in connection with the receipt, use, failure of, or inability to use SMS text messages.

The patient also gives their permission to receive communications from Celltrion and parties acting on its behalf, including calls or messages made with an automated system for the selection and dialing of telephone numbers, including an automatic telephone dialing system, or may use an artificial or pre-recorded voice, including recorded messages or prerecorded voicemails at the phone number(s) provided to determine their eligibility and provide benefits verification, prior authorization/appeals assistance, and financial assistance resources and information, such as co-pay support or free drug programs, Nurse Connectors™ educational support communications, and/or other nonmarketing purposes. The patient understands that they can opt out of these telephonic communications concerning Patient Support Activities at any time by contacting Celltrion at (877) 812-6662, Monday - Friday, 8 AM - 8 PM ET.

Celltrion CONNECT®: View our privacy policy: **https://www.celltrionconnect.com/patient-privacy-policy** | View our terms of use: **https://www.celltrionconnect.com/terms-of-use/**

By signing below, the patient expressly consents to the terms of this section.

☐ By checking this box, the patient accepts receiving SMS messages with the cell phone number(s) provided in the Patient Information section.

SIGN & DATE **Patient or Patient-Authorized Representative Signature** _____ **Date** _____

Patient Representative First and Last Name (print) _____ Relationship to Patient _____

Indication and Important Safety Information for VEGZELMA® (bevacizumab-adcd)

INDICATIONS

Metastatic Colorectal Cancer (mCRC)
- VEGZELMA, in combination with intravenous fluorouracil-based chemotherapy, is indicated for the first- or second-line treatment of patients with mCRC
- VEGZELMA, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy, is indicated for the second-line treatment of patients with mCRC who have progressed on a first-line bevacizumab product-containing regimen

Limitations of Use: VEGZELMA is not indicated for adjuvant treatment of colon cancer.

First-Line Non-Squamous Non-Small Cell Lung Cancer (NSCLC)
VEGZELMA, in combination with carboplatin and paclitaxel, is indicated for the first-line treatment of patients with unresectable, locally advanced, recurrent, or metastatic non-squamous NSCLC.

Recurrent Glioblastoma (GBM)
VEGZELMA is indicated for the treatment of recurrent GBM in adults.

Metastatic Renal Cell Carcinoma (mRCC)
VEGZELMA, in combination with interferon alfa, is indicated for the treatment of mRCC.

Persistent, Recurrent, or Metastatic Cervical Cancer
VEGZELMA, in combination with paclitaxel and cisplatin or paclitaxel and topotecan, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Gastrointestinal Perforations and Fistulae: Serious, and sometimes fatal, gastrointestinal perforation occurred at a higher incidence in patients receiving bevacizumab products vs chemotherapy. The incidence ranged from 0.3% to 3% across clinical studies, with the highest incidence in patients with a history of prior pelvic radiation. Serious fistulae ranged from <1% to 1.8% across clinical studies, with the highest incidence in patients with cervical cancer. Avoid VEGZELMA in patients with ovarian cancer who have evidence of recto-sigmoid involvement by pelvic examination or bowel involvement on CT scan or clinical symptoms of bowel obstruction. Discontinue in patients who develop gastrointestinal perforation, tracheoesophageal fistula, or any Grade 4 fistula. Discontinue in patients with fistula formation involving any internal organ.

Surgery and Wound Healing Complications: The incidence of surgery and wound healing complications, including serious and fatal complications, was increased in patients receiving bevacizumab products. In patients who experience wound healing complications during treatment, withhold VEGZELMA until adequate wound healing. Discontinue VEGZELMA in patients who develop necrotizing fasciitis.

Hemorrhage: Severe or fatal hemorrhage occurred up to 5-fold more frequently in patients receiving bevacizumab products vs chemotherapy alone. Discontinue VEGZELMA in patients who develop a Grades 3-4 hemorrhage.

Arterial Thromboembolic Events: Serious, sometimes fatal, arterial thromboembolic events (ATE) occurred at a higher incidence in patients receiving bevacizumab vs chemotherapy. Discontinue VEGZELMA in patients who develop a severe ATE. The safety of reinitiating bevacizumab products after an ATE is resolved is not known.

Venous Thromboembolic Events: An increased risk of venous thromboembolic events (VTE) was observed across clinical studies. Discontinue VEGZELMA in patients with a Grade 4 VTE, including pulmonary embolism.

Hypertension: Severe hypertension occurred at a higher incidence in patients receiving bevacizumab products vs chemotherapy alone. Monitor blood pressure every two to three weeks during treatment with VEGZELMA. Treat with appropriate anti-hypertensive therapy and monitor blood pressure regularly. Discontinue in patients who develop hypertensive crisis or hypertensive encephalopathy.

Posterior Reversible Encephalopathy Syndrome: Posterior reversible encephalopathy syndrome (PRES) was reported in <0.5% of patients across clinical studies. Discontinue VEGZELMA in patients who develop PRES.

Renal Injury and Proteinuria: The incidence and severity of proteinuria was higher in patients receiving bevacizumab products vs chemotherapy. Nephrotic syndrome occurred in <1% of patients receiving bevacizumab products across clinical studies, in some instances with fatal outcome. Discontinue VEGZELMA in patients who develop nephrotic syndrome.

Infusion-Related Reactions: In clinical studies, infusion-related reactions with the first dose of bevacizumab products occurred in <3% of patients and severe reactions occurred in 0.4% of patients. Decrease the rate of infusion for mild, clinically insignificant infusion-related reactions. Interrupt the infusion in patients with clinically significant infusion-related reactions and consider resuming at a slower rate following resolution. Discontinue VEGZELMA in patients who develop a severe infusion-related reaction and administer appropriate medical therapy.

Embryo-Fetal Toxicity: Bevacizumab products may cause fetal harm when administered to pregnant women. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with VEGZELMA and for 6 months after the last dose.

Ovarian Failure: The incidence of ovarian failure was 34% vs 2% in premenopausal women receiving bevacizumab with chemotherapy vs chemotherapy alone for adjuvant treatment of a solid tumor. Inform females of reproductive potential of the risk of ovarian failure prior to initiating treatment with VEGZELMA.

Congestive Heart Failure (CHF): VEGZELMA is not indicated for use with anthracycline-based chemotherapy. Discontinue VEGZELMA in patients who develop CHF.

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions observed in patients receiving bevacizumab products as a single agent or in combination with other anti-cancer therapies at a rate >10% were epistaxis, headache, hypertension, rhinitis, proteinuria, taste alteration, dry skin, hemorrhage, lacrimation disorder, back pain, and exfoliative dermatitis.

Across clinical studies, bevacizumab was discontinued in 8% to 22% of patients because of adverse reactions.

ADVERSE REACTIONS BY INDICATION

Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment

- **Study AVF2107g:** Grades 3-4 adverse reactions occurring at higher incidence (≥2%) in patients receiving bevacizumab with IFL (N=392) vs placebo with IFL (N=396) were leukopenia (37% vs 31%), neutropenia (21% vs 14%), diarrhea (34% vs 25%), abdominal pain (8% vs 5%), constipation (4% vs 2%), hypertension (12% vs 2%), deep vein thrombosis (9% vs 5%), intra-abdominal thrombosis (3% vs 1%), syncope (3% vs 1%), asthenia (10% vs 7%), and pain (8% vs 5%)

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Indication and Important Safety Information for VEGZELMA® (bevacizumab-adcd)

Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen

- **Study E3200:** Selected Grades 3≥5 (non-hematologic) and Grades 4≥5 (hematologic) reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with FOLFOX4 (N=521) vs FOLFOX4 alone were fatigue (19% vs 13%), diarrhea (18% vs 13%), sensory neuropathy (17% vs 9%), nausea (12% vs 5%), vomiting (11% vs 4%), dehydration (10% vs 5%), hypertension (9% vs 2%), abdominal pain (8% vs 5%), hemorrhage (5% vs 1%), other neurological (5% vs 3%), ileus (4% vs 1%), and headache (3% vs 0%)

Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment

- **Study E4599:** Grades 3-5 (non-hematologic) and Grades 4-5 (hematologic) adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with paclitaxel and carboplatin (N=422) vs chemotherapy alone were neutropenia (27% vs 17%), fatigue (16% vs 13%), hypertension (8% vs 0.7%), infection without neutropenia (7% vs 3%), venous thromboembolism (5% vs 3%), febrile neutropenia (5% vs 2%), pneumonitis/pulmonary infiltrates (5% vs 3%), infection with Grade 3 or 4 neutropenia (4% vs 2%), hyponatremia (4% vs 1%), headache (3% vs 1%), and proteinuria (3% vs 0%)

Recurrent glioblastoma in adults

- **Study EORTC 26101:** In the bevacizumab with lomustine arm (N=278), 22% of patients discontinued treatment due to adverse reactions vs 10% of patients in the lomustine arm. In patients receiving bevacizumab with lomustine, the adverse reaction profile was similar to that observed in other approved indications

Metastatic renal cell carcinoma in combination with interferon alfa

- **Study BO17705:** Grades 3-5 adverse reactions occurring at a higher incidence (>2%) in patients receiving bevacizumab with interferon alfa (N=337) vs placebo with interferon alfa (N=304) were fatigue (13% vs 8%), asthenia (10% vs 7%), proteinuria (7% vs 0%), hypertension (6% vs 1%; including hypertension and hypertensive crisis), and hemorrhage (3% vs 0.3%; including epistaxis, small intestinal hemorrhage, aneurysm ruptured, gastric ulcer hemorrhage, gingival bleeding, hemoptysis, hemorrhage intracranial, large intestinal hemorrhage, respiratory tract hemorrhage, and traumatic hematoma)

Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan

- **Study GOG-0240:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with chemotherapy (N=218) vs chemotherapy alone (N=222) were abdominal pain (12% vs 10%), hypertension (11% vs 0.5%), thrombosis (8% vs 3%), diarrhea (6% vs 3%), anal fistula (4% vs 0%), proctalgia (3% vs 0%), urinary tract infection (8% vs 6%), cellulitis (3% vs 0.5%), fatigue (14% vs 10%), hypokalemia (7% vs 4%), hyponatremia (4% vs 1%), dehydration (4% vs 0.5%), neutropenia (8% vs 4%), lymphopenia (6% vs 3%), back pain (6% vs 3%), and pelvic pain (6% vs 1%)

Epithelial ovarian, fallopian tube, or primary peritoneal cancer in combination with carboplatin and paclitaxel, followed by VEGZELMA as a single agent, for stage III or IV disease following initial surgical resection

- **Study GOG-0218:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in either of the bevacizumab arms (N=608, N=607) vs control arm (N=602) were fatigue (CPB15+ - 9%, CPB15 - 6%, CPP - 6%), hypertension (CPB15+ - 10%, CPB15 - 6%, CPP - 2%), thrombocytopenia (CPB15+ - 21%, CPB15 - 20%, CPP - 15%), and leukopenia (CPB15+ - 51%, CPB15 - 53%, CPP - 50%)

Epithelial ovarian, fallopian tube, or primary peritoneal cancer in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens

- **Study MO22224:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with chemotherapy (N=179) vs chemotherapy alone (N=181) were hypertension (6.7% vs 1.1%) and palmar-plantar erythrodysaesthesia syndrome (4.5% vs 1.7%)

Epithelial ovarian, fallopian tube, or primary peritoneal cancer in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by VEGZELMA as a single agent, for platinum-sensitive recurrent disease

- **Study AVF4095g:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with chemotherapy (N=247) vs placebo with chemotherapy (N=233) were thrombocytopenia (40% vs 34%), nausea (4% vs 1.3%), fatigue (6% vs 4%), headache (4% vs 0.9%), proteinuria (10% vs 0.4%), dyspnea (4% vs 1.7%), epistaxis (5% vs 0.4%), and hypertension (17% vs 0.9%)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see full Prescribing Information by scanning the QR Code.

CELLTRION USA