

ForgingBridges Free Trial Program

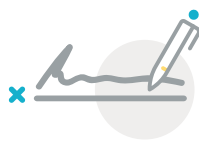
Help your eligible patients start Attruby with the Free Trial Program

The Free Trial Program provides a 1-month supply of Attruby at no cost to eligible patients who are new to Attruby. See full Terms and Conditions below.

To get your patient started:



Fill out the **Free Trial Form** on the reverse side for your patient



Sign and date where indicated



Fax the completed form to **1-877-738-0545**

Questions? Call ForgingBridges at
1-888-55-BRIDGE (1-888-552-7434)
Mon–Fri, 8 AM to 8 PM ET or visit [ForgingBridges.com](https://www.ForgingBridges.com)

Free Trial Program Terms and Conditions

The ForgingBridges QuickStart Program (“Program”), sponsored by BridgeBio Pharma Inc. (“BridgeBio”), the manufacturer of Attruby[®], provides up to a 2-month supply of Attruby (dispensed in 28-day increments) at no cost to eligible patients with prescription insurance coverage who are prescribed Attruby for an FDA-approved indication, are new to therapy, and who are pursuing insurance coverage but whose insurance coverage is delayed. Prescribers must complete the QuickStart Program prescription on the ForgingBridges Support Program start form. Patients must meet all Program eligibility requirements. Patients must be residents of the United States or one of the U.S. Territories. The Program is not available to patients who are uninsured or where prohibited by law. Patients may be asked to reverify insurance coverage status during the course of the Program. Once coverage is approved by the patient’s insurance plan, the patient will no longer be eligible for the Program. Participating patients and their prescribers agree not to seek reimbursement for all, or any part of the free product received by the patient through this Program from health insurance or any third-party payer. Patients must not count the free product as an expense incurred for purposes of determining out-of-pocket costs for any plan, including true out-of-pocket (TrOOP) costs for purposes of calculating the out-of-pocket threshold for Medicare Part D plans. For patients with Medicare Part D coverage, ForgingBridges will notify the patient’s Medicare Part D plan that the patient is enrolled in the Program and will be receiving Attruby at no cost for up to 2 months outside of the Medicare Part D benefit. The Program does not provide health insurance, and participation in the Program does not guarantee any insurance coverage. Other limitations may apply. BridgeBio reserves the right to rescind, revoke, or amend the Program and to discontinue support at any time without notice.

Please see full Prescribing Information for Attruby at [Attruby.com/PI](https://www.Attruby.com/PI).

Free Trial Program Form

Please fax this page to 1-877-738-0545

PATIENT INFORMATION

First Name: _____
 Last Name: _____
 Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female
 Address: _____
 City: _____ State: _____ ZIP: _____
 Mobile Phone: _____
 Alternate Phone: _____
 Email Address: _____
 Alternate Contact/Care Partner Name: _____
 Care Partner Communication Preference:
☐ Phone: _____
☐ Email Address: _____
 Relationship to Patient: _____

PRESCRIBER INFORMATION

Prescriber Name: _____
 Prescriber Title: _____
 Prescriber Phone: _____
 Prescriber NPI: _____
 Facility Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Office Contact Name: _____
 Phone: _____
 Email Address: _____
 Fax: _____

CLINICAL INFORMATION

☐ New to Attruby (required)

ICD-10-CM Diagnosis Code (select one)*:

☐ E85.2: Heredofamilial amyloidosis, unspecified ☐ E85.4: Organ-limited amyloidosis ☐ E85.82: Wild-type transthyretin-related (ATTR) amyloidosis

☐ Other: _____

Medication Allergies: ☐ Known Drug Allergies: _____ ☐ No Known Allergies

Medication List: _____

Current or Previous Therapy: ☐ None

☐ Tafamidis Dose: _____ Duration: _____ ☐ Tafamidis meglumine Dose: _____ Duration: _____

☐ Vutrisiran Dose: _____ Duration: _____ ☐ Other: _____ Dose: _____ Duration: _____

PRESCRIPTION INFORMATION

The Free Trial Program is available to eligible patients with any form of insurance who are new to Attruby. For full Terms and Conditions, see [Page 1](#).

Attruby Free Trial Prescription

Drug Name	Dosing Instructions	Quantity	Refills
☐ Attruby 356-mg tablets NDC: 82228-712-28	Take 2 tablets by mouth twice daily	Dispense 28-day supply	0 refills

Wet signature required. If wet signature cannot be obtained, eRx may be sent to RareMed Solutions (NPI: 1043877996).

SIGN

Prescriber Signature: _____ Date: ____/____/____

*Example ICD-10 codes do not suggest approval, coverage, or reimbursement for specific uses or indications.

Prescriber certification:

My signature certifies that the patient named on this form is my patient, that the information provided by me in the form is, to the best of my knowledge, complete and accurate, and that therapy with Attruby is medically necessary for my patient. I certify that I have obtained from my patient written authorization, in accordance with all applicable state and federal law, to release the patient's individually identifiable health information included on this form to ForgingBridges and that such authorization permits ForgingBridges to contact the patient and otherwise the patient's individually identifiable information to (i) verify my patient's insurance coverage (including by sharing the information with the patient's insurance plan); (ii) determine my patient's eligibility for ForgingBridges benefits; and (iii) coordinate ForgingBridges programs for the benefit of my patient. For Specialty Pharmacy prescriptions, I authorize ForgingBridges to transmit the above prescription to the appropriate Specialty Pharmacy for my patient. I understand I am under no obligation to prescribe any BridgeBio product, and I certify that I have not received, nor will I receive, any benefit from BridgeBio for doing so. I understand that completing this enrollment form does not guarantee that assistance will be provided to my patient. I will not seek reimbursement for any medication dispensed under the ForgingBridges program from any third-party payer, patient, or other person or entity. Any medication I receive on behalf of my patient from ForgingBridges will be appropriately secured and stored until it is dispensed at no charge to the above-named patient only, and will not be resold nor offered for sale, trade, or barter and will not be returned for credit. I agree to comply with and abide by all applicable state practitioner dispensing laws for authorized prescribers. I attest I am not on the HHS/OIG list of excluded individuals. I understand that BridgeBio reserves the right to rescind, revoke, or amend the program and to discontinue support at any time without notice.

Special Note: New York prescriber, please use an original New York State prescription form. The prescriber is to comply with the prescriber's state-specific prescription requirements.

HHS=US Department of Health and Human Services; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code; NPI=National Provider Identifier; OIG=Office of Inspector General.

Please see full Prescribing Information for Attruby at [Attruby.com/PI](https://www.attruby.com/PI).