Natpara® (parathyroid hormone) for Injection
25 • 50 • 75 • 100 mcg per dose strength

OnePath® Start Form: Authorization for OnePath Services

Phone: 1-866-888-0660 Fax: 1-844-284-3234

Available for patients 18 years of age and older

OnePath
1-866-888-0660
www.OnePath.com

1 Prescribing Physician Information

Name (First, Last) | Site Name

Street Address | City | State | Zip Code

( ) Telephone | ( ) Fax | Office Contact

Tax ID # | State License # | National Provider ID #

2 Patient Information

Name (First, Middle Initial, Last) | ☐ Male ☐ Female | DOB: Month/Day/Year | Age | Last 4 digits of SSN

Street Address | City | State | Zip Code

( ) Home Telephone | ( ) Mobile Telephone | ( ) Work Telephone | E-mail Address

Caregiver Name (First, Last) | Relationship to Patient | ( ) Caregiver Telephone

3 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) and Relationship to Patient

Pharmacy Plan Name | ( ) Pharmacy Telephone

Policy ID # | Group # | Rx Bin # | Rx PCN #

Secondary Insurance | ( ) Insurance Telephone

Policy ID # | Group # | Policy Holder Name (First, Last) and Relationship to Patient

4 Diagnosis

Diagnosis is required. Please see reverse for instructions and limitations of use.

☐ My patient has hypoparathyroidism and is not well-controlled with calcium supplements and active vitamin D alone. Date of Diagnosis: _____

Cause of Hypoparathyroidism: ☐ Surgical – If Surgical: Date of Surgery: _____

☐ Non-Surgical – If Non-Surgical: ☐ Idiopathic ☐ Autoimmune ☐ DiGeorge syndrome ☐ Calcium-sensing receptor mutation ☐ Other

Calcium Dose: _____ mg Calcium Level: _____ mg/dL Active Vitamin D Dose: _____ ☐ mcg or ☐ IU

5 NATPARA *Prescription and Prescribing Physician Signature*

Prescription: **NATPARA® (parathyroid hormone) for Injection**

Strength: ☐ 25 mcg ☐ **50 mcg (recommended starting dose)** ☐ 75 mcg ☐ 100 mcg

Dosing Instructions: _____ **mcg; self-inject once daily in the thigh (alternate thigh every day)**

Injection Type: **Subcutaneous/under the skin**

Quantity: _____ **(1 Box = 2 Cartridges = 28-Day Supply)**

Concurrent medications: _____

Special precautions (eg, allergies): _____

Refill: _____

☑ Q-Cliq™ pen: For use with NATPARA® (parathyroid hormone) for Injection, the Mixing Device, and 31G x 8 mm BD Ultra-Fine™ Pen Needles

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

Prescriber Signature (stamps not acceptable): _____ Date: _____

6 *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 re-disclosed 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.

☐ 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.

Patient Signature: _____ Date: _____

Guardian/Legal Representative Signature (if applicable): _____ Date: _____

ADDITIONAL GUIDANCE FOR COMPLETION OF FORM

1 Prescribing Physician Information

- Fill out completely

2 Patient Information and 3 Insurance Information

- OnePath services are available for patients 18 years of age and older. Limitations to OnePath product support services will apply as shown in the table below
- Do not submit to Shire any documentation of labs, clinical history, or other documents supporting the prior authorization process

4 Diagnosis

- The physician is required to confirm the diagnosis
- NATPARA® (parathyroid hormone) for Injection was not studied in patients with hypoparathyroidism caused by calcium-sensing receptor mutations or in patients with acute post-surgical hypoparathyroidism. NATPARA is only for people who do not respond well to treatment with calcium and active forms of vitamin D alone, because it may increase the possible risk of bone cancer (osteosarcoma). It is not known if NATPARA is safe and effective for children 18 years of age and younger. NATPARA should not be used in children and young adults whose bones are still growing
- Limitations to OnePath services may apply, dependent upon diagnosis type as shown in the table below

5 Prescription and Prescribing Physician Signature

- NATPARA is available in 4 doses (please select 1): 25 mcg, 50 mcg (recommended starting dose), 75 mcg, or 100 mcg
- Please clarify refill instructions
- This is a prescription; therefore, a physician's signature and date are required

<table>
<tr><th>Cause of hypoparathyroidism</th><th>Example of services available to eligible patients through OnePath</th></tr>
<tr><td>Surgical (Non-acute, at least 6 months post-op)</td><td rowspan="4">• Benefits investigation
• Injection training
• Co-pay assistance (when applicable) and information about financial assistance options, as necessary
• Enrollment in OnePath
–Dedicated Patient Support Manager
–Personalized product support services</td></tr>
<tr><td>Non-Surgical (Idiopathic)</td></tr>
<tr><td>Non-Surgical (Autoimmune)</td></tr>
<tr><td>Non-Surgical (DiGeorge syndrome)</td></tr>
<tr><td>Surgical (Acute, less than 6 months post-op)</td><td rowspan="5">• Benefits investigation
• Injection training
• Referral to Specialty Pharmacy (SPP)</td></tr>
<tr><td>Non-Surgical (Calcium-sensing receptor mutation)</td></tr>
<tr><td>Non-Surgical (Other*)</td></tr>
<tr><th>Additional limitation</th></tr>
<tr><td>Patients under 18 years of age</td></tr>
</table>

*See Indications and Usage and Limitations of Use below.

Indications and Usage[1]

NATPARA is a parathyroid hormone indicated as an adjunct to calcium and vitamin D to control hypocalcemia in patients with hypoparathyroidism.

Limitations of Use:

- Because of the potential risk of osteosarcoma, NATPARA is recommended only for patients who cannot be well-controlled on calcium supplements and active forms of vitamin D alone.
- NATPARA was not studied in patients with hypoparathyroidism caused by calcium-sensing receptor mutations.
- NATPARA was not studied in patients with acute post-surgical hypoparathyroidism.

WARNING: POTENTIAL RISK OF OSTEOSARCOMA

- NATPARA is only for people who do not respond well to treatment with calcium and active forms of vitamin D alone, because it may increase the possible risk of bone cancer (osteosarcoma).
- It is not known if NATPARA is safe and effective for children 18 years of age and younger. NATPARA should not be used in children and young adults whose bones are still growing.

Please click here for the Full Prescribing Information, including Boxed Warning for potential risk of osteosarcoma; Medication Guide; and Instructions for Use.

6 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 NATPARA (insurance benefits, self-administration training, transfer Rx to SPP, etc)
- The patient signature allows eligible patients to receive OnePath product support services to assist them in obtaining NATPARA

What Happens Next?

- Once the completed form has been submitted to OnePath, a dedicated Patient Support Manager will be provided for eligible patients and will contact those patients directly to inform them of the process and all services that may be available to them through OnePath
- The Patient Support Manager will determine insurance benefits and, if applicable, OnePath will assess the patient's eligibility for co-pay support and other means to allow the patient to access NATPARA

Reference: 1. NATPARA [package insert]. Shire-NPS Pharmaceuticals, Inc.