

## ForgingBridges Free Trial Program

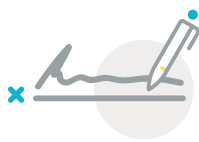
Help your eligible patients start Attruby<sup>™</sup> with the Free Trial Program

Your patients may be eligible for the Free Trial Program, which provides a 1-month supply of Attruby at no cost. The Free Trial Program is available to eligible patients with any form of insurance who are new to Attruby. See full Terms and Conditions below.

### To get your patient started:



Fill out the attached  
**Free Trial Form** 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 Free Trial Program (“FTP”), sponsored by BridgeBio Pharma Inc. (“BridgeBio”), the manufacturer of Attruby, provides a 1-month supply of Attruby at no cost to patients who meet FTP eligibility requirements and who agree to the FTP terms and conditions by submitting a signed FTP start form. FTP is a free trial offer, intended solely to allow new patients to try Attruby and to determine with their healthcare provider whether Attruby is right for them. There is no obligation to continue use of Attruby after the free trial has been completed. To be eligible, a patient must: (1) reside in the United States or Puerto Rico; (2) have a valid prescription for Attruby for an FDA-approved indication; and (3) be a new patient not currently using Attruby and who has not previously filled a prescription for or received a sample of Attruby, or received Attruby through the FTP. Attruby supplied through the FTP will (i) be dispensed only by a pharmacy designated by BridgeBio; (ii) be delivered only to the patient’s home address (no P.O. boxes) and (iii) not exceed a 1-month supply. It is unlawful for any person to sell, purchase, trade, barter, or export Attruby supplied through the FTP or make an offer to do so. Patients, pharmacists, and prescribers may not seek reimbursement, either directly or indirectly, for Attruby supplied through the FTP from health insurance or any third-party payer, including Medicare, Medicaid, and commercial insurance plans. Patients must not count the value of the FTP product as an expense incurred for purposes of determining patient out-of-pocket costs under any health insurance program, including Medicare Part D True Out-of-Pocket Costs (“TrOOP”). For patients with Medicare Part D coverage, ForgingBridges will notify the patient’s Medicare Part D plan that the patient is enrolled in the FTP and will be receiving Attruby at no cost outside of the Medicare Part D benefit. The FTP does not provide health insurance and is not a discount, rebate, coupon, cost-sharing program, or other form of financial assistance. Obtaining Attruby through the FTP is not contingent on any past, present, or future purchase of Attruby. This offer is limited to one use per patient per lifetime and is non-transferable. To continue a patient on therapy after such one-time use, a separate prescription must be written by the healthcare provider. Use of the FTP is void where prohibited by law and where use is prohibited by the patient’s insurance provider. BridgeBio reserves the right to rescind, revoke, or amend the FTP 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/Caregiver Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 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)\*:

E85.4: Organ-limited amyloidosis     E85.82: Wild-type transthyretin-related (ATTR) amyloidosis     E85.9: Amyloidosis, unspecified     Other: \_\_\_\_\_

Medication Allergies:  Known Drug Allergies: \_\_\_\_\_  No Known Allergies

Current or Previous Therapy:

Tafamidis Dose: \_\_\_\_\_ Duration: \_\_\_\_\_ Tafamidis meglumine Dose: \_\_\_\_\_ Duration: \_\_\_\_\_

Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Duration: \_\_\_\_\_  None

## 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
<input type="checkbox"/> Attruby 356 mg tablets NDC: 82228-712-28	Take 2 tablets by mouth twice daily	Dispense 28-day supply	0 refills

**Wet signature is required. For eRx sent to the RareMed Specialty Pharmacy (NPI: 1043877996), RareMed will follow up to obtain the wet signature.**

**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) coordinating 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, Tenth 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](http://Attruby.com/PI).