



TZIELD® (teplizumab-mzwv) Injection 2mg/2mL PATIENT START FORM: INSTRUCTIONS

For more information about **Provention Bio COMPASS**, call 1-844-778-2246 Monday through Friday, 8 AM-8 PM ET. Click [here](#) to enroll your patient online.

Now that you have decided to prescribe TZIELD for your patient, complete this Patient START Form with all the necessary information for the TZIELD prescription and to initiate the enrollment process for Provention Bio COMPASS. Provention Bio COMPASS is a patient support program that provides helpful tools and resources, information about financial assistance options, and one-on-one support every step of the way.

To enroll in Provention Bio COMPASS, you and your patient will each fill out a section of the START Form. The START Form can be submitted by fax from the prescriber's office or mail to Provention Bio COMPASS at Sanofi US, PO Box 4996, Trenton, NJ 08650. You may also email the completed form to PRVB-Compass@sanofi.com. A signed START Form is needed in order to receive support through Provention Bio COMPASS. Online enrollment is also available. Please see START Form for more information.

You and your patient should expect to hear from the COMPASS Navigator within 1 business day after submitting the START Form. If you have any questions, call 1-844-778-2246.

Provention Bio COMPASS is a patient support program that helps patients to gain access to TZIELD and provides patients with education and resources related to TZIELD. Provention Bio COMPASS is not a healthcare service or an insurance provider and does not provide care coordination. Provention Bio COMPASS and the COMPASS Navigator will not provide medical or treatment advice. Provention Bio COMPASS services are available only to those who have been prescribed TZIELD for an FDA-approved indication and are intended for US residents only.

INSTRUCTIONS FOR HEALTHCARE PROVIDERS

1 PATIENT INFORMATION & CONSENT

- ☐ Required patient and guardian/caregiver information is composed of patient name and address and patient or guardian/caregiver phone number and email address.
- ☐ Please have the patient or parent/legal guardian sign Section 1 of the START Form, after carefully reading Sections 7, 8, and 9.

2 INSURANCE INFORMATION

- ☐ Provide the patient's primary insurance information, indicate if the patient has secondary insurance coverage, and include both sides of the patient's medical and pharmacy insurance cards when returning the START Form. If secondary insurance is available, please provide that information with submission; **OR**
- ☐ Indicate if the patient is uninsured by checking the corresponding box.

ACQUISITION METHOD

- ☐ If known, please indicate the preferred acquisition method. TZIELD may be acquired through a Specialty Distributor via buy-and-bill, or through a select network of Specialty Pharmacies.

3 PRESCRIBER INFORMATION

- ☐ Prescriber contact information is in this section. The prescriber is the HCP prescribing TZIELD.
- ☐ Include NPI and Tax ID numbers to help facilitate the benefits investigation process.

4 INFUSION SITE OF CARE INFORMATION

- ☐ Infusion site of care contact information is in this section. Infusion site of care is the treating facility where the infusion will take place. In some instances, this is the same as the prescriber contact information, if you are infusing in your office. If you are not infusing in your office, these will be different.
- ☐ Include NPI and Tax ID numbers to help facilitate the benefits investigation process.
- ☐ If known, include infusion site details. If you would like assistance with infusion site identification, please indicate so by checking the corresponding box.

5 CLINICAL DIAGNOSIS

- ☐ Indicate which tests have been conducted to confirm the patient's diagnosis, and attach recent clinical documentation of the test results.

6 TZIELD PRESCRIPTION INFORMATION

This section serves as the official prescription for TZIELD. The prescriber is to comply with state-specific prescription requirements, such as e-prescribing, state-specific prescription form(s), fax language, etc. Noncompliance with state-specific requirements may result in outreach to the prescriber.

- ☐ All fields in this section are required. Please sign, date, and return the form by email or fax (908-425-4840).



Please fax the signed TZIELD Patient START Form to 908-425-4840 as soon as it has been completed.

You may also email the form to PRVB-Compass@sanofi.com. Online enrollment is also available. If you have any questions or would like to learn more about Provention Bio COMPASS, call 1-844-778-2246 Monday through Friday, 8 AM-8 PM ET.

Please see the Prescribing Information, including Medication Guide.