Inbrija™
(levodopa inhalation powder)

# INBRIJA™ PRESCRIPTION REQUEST FORM

Fax completed form to: 1 855-886-2484

For assistance please call Prescription Support Services at: 1 888-887-3447

**FREE TRIAL PROGRAM**

PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAYS IN PROCESSING.

## PATIENT INFORMATION

First Name | MI | Last Name

Gender: ◯ M ◯ F | Last 4 Digits of SSN | DOB (mm/dd/yyyy)

Address (No PO Box)

City | State | Zip

Preferred Phone | Phone Type: ◯ Home ◯ Cell ◯ Work

Alternate Phone | Email

## INSURANCE INFORMATION

***Please copy the front and back of the prescription drug and medical insurance cards and include with fax.***

**Prescription Drug Insurance** ☐ Patient Has NO Prescription Drug Insurance

Prescription Insurer Name | Phone

ID # | BIN# | PCN# | Group #

**Medical Insurance** ☐ Patient has NO Medical Insurance

Primary Medical Insurance | Cardholder Name

Relationship to Cardholder: ◯ Self ◯ Spouse ◯ Child ◯ Other | ID #

Group # | Phone

Secondary Medical Insurance | Cardholder Name

Relationship to Cardholder: ◯ Self ◯ Spouse ◯ Child ◯ Other | ID #

Group # | Phone

## PATIENT AUTHORIZATION

☐ **Request for Marketing Materials in Spanish.**

I have read and agree to the ***Patient Authorization*** on page 3.

Patient or Guardian/Legal Representative Signature ***(Signature and date required for services)***

Print Name | Date

Initial Here ____ The signature above also denotes that I authorize Prescription Support Services to leave information regarding my Inbrija prescription, insurance coverage, and Specialty Pharmacy Provider on my answering machine or voicemail (participation optional).

Initial Here ____ The signature above also denotes that I have read and agree to the ***Patient Marketing Consent*** on page 3 (participation optional).

## PRESCRIBER INFORMATION

Prescriber First and Last Name | NPI # | DEA #

**Specialty:** ◉ Neurology ◯ Other (Please specify):

Practice Name: Abington Neuro Assoc | Phone: 215-957-9250 | Ext | Fax: 215-957-9254

Address: 1151 Old York Road, Suite 200

City: Abington | State: PA | Zip: 19001

Office Contact Name | Contact Phone | Ext

Contact Fax: 215-957-9254 | Email

## PRESCRIPTION

***Laws governing prescriptions vary from state to state. Please observe your state's requirements.***

**PLEASE SELECT APPLICABLE PRESCRIPTION CHECK BOXES BELOW**

☐ **Maintenance Prescription:**

**Rx:** Inbrija 42 mg capsules

**Sig:** Orally inhale contents of 2 capsules (84mg) as needed, for symptoms of an OFF period. Not to exceed 5 doses a day.

**Dispense:** ____ Number of cartons | Refills: ____

1 Carton = 1 Inhaler + 60 capsules (treats 30 OFF periods)

**Indicate ICD-10 Diagnosis:**

◯ G20 Parkinson's Disease

◯ Other Diagnosis Code ____

**Allergies:** ____

Patient is taking concomitant carbidopa/levodopa regimen. ◯ Y ◯ N

Patient is currently taking or within the last two weeks has taken non-selective MAO inhibitor (e.g., phenelzine and tranylcypromine). ◯ Y ◯ N

Patient has asthma, COPD, or chronic underlying lung disease. ◯ Y ◯ N

☐ **Free Trial Program:**

***Patients with Medicaid, Medicare Part D, TRICARE, or other government funded coverage are not eligible for the Free Trial Program***

**Rx:** Inbrija 42 mg capsules **Dispense:** 1 carton **Refills:** 0

**Sig:** Orally inhale contents of 2 capsules (84mg) as needed, for symptoms of an OFF period. Not to exceed 5 doses a day.

## PRESCRIBER AUTHORIZATION

I certify that this therapy is medically necessary and that this is accurate to the best of my knowledge. I authorize Covance Market Access Services Inc. ("Covance"), as the operator of Prescription Support Services on behalf of Acorda Therapeutics, Inc. ("Acorda"), to use and disclose the patient information herein contained to the patient's insurers and pharmacies and to obtain information, including any protected health information (as defined in 45 CFR § 160.103), from the patient, or from the patient's insurer or pharmacy, to facilitate dispensing as well as the patient's enrollment and participation in services offered by Prescription Support Services in a manner consistent with the HIPAA minimum necessary standard. I authorize Covance to contact the patient to report insurance coverage information, to inform the patient about the financial assistance programs offered by Acorda, and to obtain any patient consent(s) that may be necessary in order to support the patient's treatment with Inbrija as prescribed by me. I authorize Covance to transmit the above prescription to the pharmacy.

Prescriber Signature ***(Manual signature and date required)***

Dispense as Written | Date

**OR**

Substitution Permissible | Date

Please see Indication and Important Safety Information on page 2.

## Indication

INBRIJA is indicated for intermittent treatment of OFF episodes in patients with Parkinson's disease (PD) treated with carbidopa/levodopa.

## Important Safety Information

- INBRIJA is contraindicated in patients taking or who have recently taken (within 2 weeks) nonselective monoamine oxidase (MAO) inhibitors (e.g., phenelzine and tranylcypromine) due to risk of hypertension. Discontinue use of nonselective MAO inhibitors at least 2 weeks prior to initiating INBRIJA.

- Patients treated with levodopa, the active ingredient in INBRIJA, have reported falling asleep during activities of daily living, including operation of motor vehicles, which sometimes resulted in accidents. Many patients reported somnolence but some reported no warning signs (sleep attack). This may occur more than a year after initiating treatment. Reassess patients for drowsiness/sleepiness including occurrence during specific activities. Advise patients of potential for drowsiness and ask about factors that may increase this risk (e.g., sedating medications, sleep disorders).

  - Consider discontinuing INBRIJA in patients who report significant daytime sleepiness or falling asleep during activities that require active participation. If continuing INBRIJA, advise patients not to drive and to avoid activities that may result in harm. There is insufficient information that dose reduction will eliminate episodes of falling asleep during activities of daily living.

- Neuroleptic malignant syndrome-like symptoms (e.g., elevated temperature, muscular rigidity, altered consciousness, autonomic instability) have been reported with rapid dose reduction, withdrawal of, or changes in dopaminergic therapy.

- Hallucinations (with or without confusion, insomnia, and excessive dreaming) may occur and may respond to reducing levodopa therapy. Abnormal thinking and behavior may present with paranoid ideation, delusions, hallucinations, confusion, psychotic-like behavior, disorientation, aggressive behavior, agitation, and delirium.

- INBRIJA should ordinarily not be used in patients with major psychotic disorder due to risk of exacerbating psychosis. Dopamine antagonists used to treat psychosis may exacerbate symptoms of PD and may decrease INBRIJA efficacy.

- Patients on medications that increase central dopaminergic tone such as INBRIJA can experience intense urges to gamble or spend money, increased sexual urges, binge eating, and/or other intense urges, and inability to control them. In some cases, these urges stopped with dose reduction or medication discontinuation. Since some patients may not recognize these behaviors as abnormal, ask patients or their caregivers about development of new or increased urges and consider stopping INBRIJA if this occurs.

- INBRIJA may cause or exacerbate dyskinesias. If troublesome dyskinesias occur, consider stopping INBRIJA or adjusting other PD medications.

- INBRIJA is not recommended in patients with asthma, COPD, or other chronic underlying lung disease because of the risk of bronchospasm.

- Monitor patients with glaucoma for increased intraocular pressure.

- Abnormalities in laboratory tests may include elevations of liver function tests (e.g., alkaline phosphatase, AST, ALT, lactic dehydrogenase, bilirubin), blood urea nitrogen, hemolytic anemia, and positive direct antibody test. Increased levels of catecholamines and their metabolites in plasma and urine may result in false-positive results suggesting pheochromocytoma.

- The most common adverse reactions (≥ 5% and > placebo) were cough (15% vs 2%), upper respiratory tract infection (6% vs 3%), nausea (5% vs 3%), and sputum discolored (5% vs 0%).

- Use of selective MAO-B inhibitors with INBRIJA may be associated with orthostatic hypotension. Monitor patients taking these drugs concurrently.

- Dopamine D2 receptor antagonists (e.g., phenothiazines, butyrophenones, risperidone, metoclopramide) and isoniazid may reduce levodopa efficacy; monitor for worsening symptoms.

- Iron salts or multivitamins with iron salts may reduce levodopa bioavailability.

- INBRIJA should be used during pregnancy/nursing only if potential benefit justifies potential risk. There are no adequate data on INBRIJA in pregnant women or breastfed infants. Animal data shows carbidopa/levodopa is developmentally toxic (including teratogenicity). Levodopa may affect milk production, interfering with lactation. Levodopa has been detected in human milk.

- Safety and effectiveness in pediatric patients have not been established.

- Geriatric patients (n=56) experienced more of the following adverse reactions than patients <65 (n=58): cough (25% vs 5%), upper respiratory tract infection (11% vs 2%), nausea (7% vs 3%), vomiting (4% vs 2%), pain in extremities (4% vs 0%), and discolored nasal discharge (4% vs 0%).

**Please see Full Prescribing Information available at www.inbrija.com/prescribing-information.pdf**

## Patient Authorization

By signing this authorization, I authorize my health plans, physicians, and pharmacies (collectively, my "Providers") to disclose my personal health information relating to my medical condition, treatment, care management, and health insurance, as well as information provided on this form and any prescription (collectively, "Personal Health Information"), to Acorda Therapeutics, Inc. ("Acorda") and its representatives, agents, and contractors, including but not limited to Acorda's Prescription Support Services operated by Covance Market Access Services, Inc. on behalf of Acorda (collectively "the Entities") for purposes of (1) providing services to me by Prescription Support Services; (2) facilitating the provision of products, supplies or services by Acorda; (3) registering me in any applicable Acorda product registration program; (4) evaluating the effectiveness of Acorda's INBRIJA education programs; (5) enrolling me in Acorda's patient assistance program, copay mitigation program, or similar programs which may be deployed by Acorda (if one or more such programs apply to me); and (6) to facilitate the provision of information and training to me by third parties regarding the use of INBRIJA and its inhaler device. I understand that my pharmacies will disclose to the Entities certain personal health information regarding the dispensing of my INBRIJA prescription and that such disclosure will result in remuneration to my pharmacies. I understand that once my Personal Health Information is disclosed to the Entities under this authorization, it is no longer protected by Federal privacy laws and may be further disclosed by the Entities. I understand that I may refuse to sign this authorization and my healthcare provider(s) and health plan(s) will not condition my treatment or benefits on whether I sign this Patient Authorization and Notice form. I understand, however, that if I do not sign this authorization, I may not be able to receive assistance through Prescription Support Services. I understand that I am entitled to a copy of this authorization. I understand that I may cancel this authorization at any time by mailing a letter requesting such cancellation to Acorda Therapeutics, Inc., 9801 Washingtonian Boulevard, Gaithersburg, MD 20878 but that this cancellation will not apply to any information already used or disclosed pursuant to this authorization before notice of the cancellation is received by each of the Entities. This authorization expires ten (10) years from the date of execution or upon such earlier date as may be mandated by state law, if applicable. I understand that my prescription may be shipped to my provider on my behalf if requested by my provider.

## Patient Marketing Consent

I authorize the release of information provided in this enrollment form to Acorda Therapeutics, Inc. ("Acorda") for the provision of education, training, and ongoing support on the use of INBRIJA and other products and services. Acorda may provide me with educational or product related informational materials. Covance Market Access Services, Inc., which operates Prescription Support Services for Acorda Therapeutics, Inc. ("Acorda"), may receive compensation from Acorda for providing such services and information. I authorize Acorda to contact me with promotional materials related to my treatment, to use and give out my information to send me information or materials related to INBRIJA or any other related products or services, to contact me occasionally to obtain feedback (for market research purposes) about Acorda, INBRIJA, or Prescription Support Services, to operate (and improve the quality of) the INBRIJA program, or otherwise as required or permitted by law. If I do not wish to receive information related to INBRIJA or any related products or services or to be contacted occasionally for market research purposes, I understand that I may call Prescription Support Services toll-free number, 1 888-887-3447 at any time.

# WHAT YOU SHOULD EXPECT NEXT

### 1 PRESCRIPTION SUPPORT SERVICES CALLS PATIENT DIRECTLY

After determining coverage, a specialist will call you to:

- Review coverage and financial assistance options (if eligible)
- Ensure you know how to use INBRIJA
- Tell you which specialty pharmacy will handle your prescription

**You must speak to the specialist** who calls to obtain this information. Calls from the Prescription Support Services specialist will come from the phone number 1 888–887–3447.

### 2 SPECIALTY PHARMACY DELIVERY OF INBRIJA

- A specialty pharmacy representative will call you to arrange payment details and delivery of INBRIJA
- The specialty pharmacy will follow up with refills as prescribed

**You must speak to the specialty pharmacy representative** who calls to confirm your shipment. Calls may be from an unrecognized phone number.

## QUESTIONS?

Call Prescription Support Services toll free 1 888-887-3447
Mon-Fri 8:00am - 8:00pm ET