

## Now that your healthcare provider has prescribed BRIXADI for you, here's what you need to do

BRIXADI is not a medicine that you pick up at your pharmacy. Your healthcare provider will get BRIXADI for you through a specialty pharmacy. The pharmacy will ship BRIXADI directly to your healthcare provider's office, and it will be ready for you when you arrive for your appointment to receive BRIXADI.

**You may need to give the specialty pharmacy some information before your BRIXADI prescription can be shipped to your doctor. If the specialty pharmacy calls or texts, you must answer or return the call from the specialty pharmacy. If you do not speak with them, you will not be able to start treatment on time. **You can also call the specialty pharmacy yourself to provide your information.****

Here is the name and phone number of the specialty pharmacy that received your BRIXADI prescription:

**Name of specialty pharmacy:** \_\_\_\_\_

**Phone number of specialty pharmacy:** \_\_\_\_\_



**IMPORTANT:** To start treatment, you may need to give more information to the specialty pharmacy. If the specialty pharmacy contacts you then you must talk to them.

If you have commercial insurance, you may be eligible\* to receive BRIXADI at no cost if you are enrolled in the BRIXADI Copay Savings Program. Remember to tell the specialty pharmacy if you are commercially insured or already enrolled in the BRIXADI Copay Savings Program.

**Write your copay ID number here:** \_\_\_\_\_

**To learn more and enroll in the BRIXADI Copay Savings Program, visit [BRIXADI.com](https://www.brixadi.com).**

\*Patients are not eligible for copay savings if they participate in a federal or state healthcare program, including, but not limited to, Medicaid, Medicare, Veterans Affairs (VA), Department of Defense (DoD), TRICARE, or other federal and state patient or pharmaceutical assistance program. Void where prohibited by law. Program terms and conditions apply.

**As a reminder, your next appointment is scheduled:**

**Appointment reminder**

**Date of injection:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Healthcare provider name:** \_\_\_\_\_

**Office address:** \_\_\_\_\_

\_\_\_\_\_

**Please see the [BRIXADI Medication Guide](#) and [BRIXADI Full Prescribing Information](#), including [Boxed Warning](#), at [BRIXADI.com](https://www.brixadi.com) or accompanying this document.**

