vonvendi
[von Willebrand factor (Recombinant)]

FREEDOM OF CHOICE™ ENROLLMENT FORM

Fax Document to: 866-467-7740

PATIENT

Patient Name: Date of Birth: Sex (M/F):

Address: Apt/Unit#: City: State: Zip:

Telephone: E-Mail: Primary Language:

Patient Representative: Representative Telephone (if different):

VWD Diagnosis Type: Current Treatment:

PRESCRIBER

Prescriber Name: Office Contact:

Address: Unit#: City: State: Zip:

Telephone: Fax: E-Mail:

Facility of Prescribers Tax ID #: DEA #: NPI #:

DOSING

For each bleeding episode, administer the first dose of VONVENDI® [von Willebrand factor (Recombinant)] with an approved recombinant (non-von Willebrand factor containing) factor VIII if factor VIII baseline levels are below 40% or are unknown.

If a rFVIII is required, and ADVATE® [Antihemophilic Factor (Recombinant)] is prescribed, ADVATE can be provided with VONVENDI. Please fill out the prescription information below for VONVENDI and if required, ADVATE to be provided as a part of this FREEDOM OF CHOICE Program.

VONVENDI Dosage: (IU/kg)

ADVATE Dosage: (IU/kg)

Total VONVENDI and ADVATE (if required) Doses per shipment: ☐ **2 or** ☐ **3**

Please see page 2 for VONVENDI Indication and Detailed Important Risk Information.
Please see page 3 for ADVATE Indication and Detailed Important Risk Information.

PROGRAM REQUIREMENTS

To be eligible, patients must be ≥ 18 years, with a valid prescription and confirmed diagnosis of Von Willebrand's disease.

TERMS AND CONDITIONS:

1. This free trial offer is solely intended to allow new patients to try VONVENDI (plus ADVATE, only if clinically necessary) and to determine with their healthcare provider whether VONVENDI is right for them. There is no obligation to continue use of VONVENDI after the free trial has been completed.
2. This free trial prescription is valid for one time only with no refills. For any future use, the patient must obtain a new prescription for VONVENDI.
3. Free Trial of VONVENDI may only be delivered to the patient's home or to the prescriber's address listed on this request form (No PO boxes).
4. Free Trial of VONVENDI cannot be exported or transferred in exchange for money, other property, or services.
5. No portion of this Free Trial may be submitted for reimbursement to any third-party payer, including Medicare or Medicaid, either directly or indirectly.
6. This program is valid only for residents of the United States.
7. Shire reserves the right to change or discontinue this program at any time without notice.
8. This is not a financial assistance or cost-savings program.

PRESCRIBER INFORMATION

1. Complete this enrollment form.
2. Sign the authorization and release below.
3. Fax the completed form to Shire's Hematology Support Center (HSC) at (866) 467-7740.

PHYSICIAN/PRESCRIBER AUTHORIZATION AND RELEASE (REQUIRED)

I verify that I have obtained consent from my patient to release this information. I verify that this free trial product will not be exported or transferred in exchange for money, other property, or services. No portion of the free trial will be used for reimbursement purposes, including from Medicare, Medicaid, or any third-party program, which provides cost- or charge-based reimbursement to the participating institution, either directly or indirectly.
I authorize Shire plc and its affiliated companies, agents, representatives, and contracted third parties ("Shire and Shire Parties") to contact this patient regarding Shire programs and services and to forward this enrollment form to the dispensing pharmacy for fulfillment. I authorize the dispensing pharmacy to share information with Shire and Shire Parties about this patient and to use the above information to process trial product provided free of charge to my patient.

PRESCRIBER SIGNATURE (REQUIRED): DATE:

For more information, call Shire's Hematology Support Center at (855) 229-7377

Shire

Important Information for VONVENDI® [von Willebrand factor (Recombinant)]

Indication

VONVENDI is used to treat and control bleeding episodes in adults (age 18 years and older) diagnosed with von Willebrand disease.

DETAILED IMPORTANT RISK INFORMATION

You should not use VONVENDI if you:

- Are allergic to any ingredients in VONVENDI.
- Are allergic to mice or hamsters.

Tell your healthcare provider if you are pregnant or breastfeeding because VONVENDI may not be right for you.

Your first dose of VONVENDI for each bleeding episode may be administered with a recombinant factor VIII as instructed by your healthcare provider.

You should tell your healthcare provider if you:

- Have or have had any medical problems.
- Take any medicines, including prescription and non-prescription medicines, such as over-the-counter medicines, supplements or herbal remedies.
- Have any allergies, including allergies to mice or hamsters.
- Are breastfeeding. It is not known if VONVENDI passes into your milk and if it can harm your baby.
- Are pregnant or planning to become pregnant. It is not known if VONVENDI can harm your unborn baby.
- Have been told that you have inhibitors to von Willebrand factor (because VONVENDI may not work for you).
- Have been told that you have inhibitors to blood coagulation factor VIII.

Your body can form inhibitors to von Willebrand factor or factor VIII. An inhibitor is part of the body's normal defense system. If you form inhibitors, it may stop VONVENDI or FVIII from working properly. Consult with your healthcare provider to make sure you are carefully monitored with blood tests for the development of inhibitors to von Willebrand factor or factor VIII.

You can have an allergic reaction to VONVENDI.
Call your healthcare provider right away and stop treatment if you get a rash or hives, itching, tightness of the throat, chest pain or tightness, difficulty breathing, lightheadedness, dizziness, nausea or fainting.

Side effects that have been reported with VONVENDI include: nausea, tingling or burning at infusion site, chest discomfort, dizziness, hot flashes, itching, nausea, high blood pressure, muscle twitching, unusual taste, and increased heart rate.

Tell your healthcare provider about any side effects that bother you or do not go away.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please click here for VONVENDI full Prescribing Information.

Important Information for ADVATE® [Antihemophilic Factor (Recombinant)]

Indications

ADVATE is a medicine used to replace clotting factor (factor VIII or antihemophilic factor) that is missing in people with hemophilia A (also called "classic" hemophilia).
ADVATE is used to prevent and control bleeding in adults and children (0-16 years) with hemophilia A.
Your healthcare provider may give you ADVATE when you have surgery.
ADVATE can reduce the number of bleeding episodes in adults and children (0-16 years) when used regularly (prophylaxis).

ADVATE is not used to treat von Willebrand disease.

DETAILED IMPORTANT RISK INFORMATION

You should not use ADVATE if you:

- Are allergic to mice or hamsters.
- Are allergic to any ingredients in ADVATE.

Tell your healthcare provider if you are pregnant or breastfeeding because ADVATE may not be right for you.

You should tell your healthcare provider if you:

- Have or have had any medical problems.
- Take any medicines, including prescription and non-prescription medicines, such as over-the-counter medicines, supplements or herbal remedies.
- Have any allergies, including allergies to mice or hamsters.
- Have been told that you have inhibitors to factor VIII (because ADVATE may not work for you).

Your body may form inhibitors to factor VIII. An inhibitor is part of the body's normal defense system. If you form inhibitors, it may stop ADVATE from working properly. Consult with your healthcare provider to make sure you are carefully monitored with blood tests for the development of inhibitors to factor VIII.

You can have an allergic reaction to ADVATE.
Call your healthcare provider right away and stop treatment if you get a rash or hives, itching, tightness of the throat, chest pain or tightness, difficulty breathing, lightheadedness, dizziness, nausea or fainting.

Side effects that have been reported with ADVATE include: cough, headache, joint swelling/aching, sore throat, fever, itching, dizziness, hematoma, abdominal pain, hot flashes, swelling of legs, diarrhea, chills, runny nose/congestion, nausea/vomiting, sweating, and rash.

Tell your healthcare provider about any side effects that bother you or do not go away or if your bleeding does not stop after taking ADVATE.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please click here for ADVATE full Prescribing Information.