Patient Assistance Program Enrollment Form for REXULTI® (brexpiprazole)

ASSURE™

FAX COMPLETED FORMS TO 1 (844) 727-6274 | Phone: 1 (855) 727-6274

1. PATIENT INSURANCE INFORMATION

First: MI: Last: Phone: ( ) -

Gender: ◯ M ◯ F DOB: SSN: Cell: ( ) -

Does the patient have insurance or any prescription drug coverage?	◯ Yes	◯ No
Is the patient enrolled in Medicare, Medicaid, VA, or TRICARE?	◯ Yes	◯ No
If no to above, has patient applied for Medicare, Medicaid, VA, or TRICARE?	◯ Yes	◯ No
Is patient a United States citizen or resident?	◯ Yes	◯ No

Patient's annual household income $ _____ Household size, including patient: _____

2. CERTIFICATION AND AUTHORIZATION TO DISCLOSE INFORMATION

The patient, or the patient's authorized representative, MUST sign this form to receive product at no cost from the Otsuka Patient Assistance Program ("PAP"). Before signing, you, the patient or an authorized representative, should review, understand, and agree to the terms of this authorization and release. If you are an authorized representative signing for the patient, please indicate your relationship to the patient.

I verify that the information provided on this form is true and correct.

I will immediately inform the Otsuka PAP and my healthcare provider if my income or insurance status changes while I am receiving help from the PAP.

I authorize my healthcare provider, health insurer, pharmacist and other relevant third parties to disclose to Otsuka America Pharmaceutical, Inc. ("OAPI") and/or its agents (collectively, OAPI), and OAPI to use, my protected health information, including but not limited to insurance information, diagnosis, prescriptions and my city and state (together my "Protected Health Information") for the purposes of administering the program. This includes investigating and resolving coverage, coding, or reimbursement inquiries, administering the Otsuka PAP, coordinating the delivery of product for my treatment, and determining if I am eligible for health insurance coverage or other funds.

I understand that:

- Application to the Otsuka PAP does not guarantee assistance.
- Participation in the Otsuka PAP is subject to approval under program guidelines.
- Approval is for a limited period.
- Periodic re-application is required for continued participation.
- My healthcare providers will not condition my medical treatment on my agreement to sign this Patient Authorization and Release.
- Once information about me is released based on this authorization, Federal and State privacy laws may not prevent the entities described above from re-disclosing my information, although they have agreed to only use or disclose information received for the purposes described in this authorization or as otherwise permitted or required by law.
- This authorization will remain in effect for one (1) year unless revoked earlier.
- I can cancel this authorization at any time by faxing a signed written statement of my cancellation to 1 (844) 727-6274 (1-844-PAP-OAPI), but this would end my eligibility to participate in the Otsuka PAP. Canceling this authorization will prohibit disclosures after the date written revocation is received, but not action that has already been taken by relying on this authorization. This means that, after I revoke this authorization, my information may be disclosed among OAPI and companies that help OAPI administer the programs in order to maintain records of my participation, but it will not be otherwise disclosed or used without my written consent.
- OAPI reserves the right at any time and without notice to modify or change eligibility criteria, or modify or discontinue the Otsuka PAP.
- I can request a copy of this form.

I authorize my insurer, doctor, healthcare provider, and pharmacist to:

- Release information about my prescribed medications and medical condition requested by OAPI;
- Disclose any information obtained from the sources listed above to third parties if required or otherwise permitted by law.

Sign Here ✖

Patient or Legal Authorized Representative's signature Year of Birth Date

Printed Name Relationship to Patient

Please see accompanying Important Safety Information on the inside of the front cover and Full Prescribing Information for REXULTI® (brexpiprazole), including **Boxed WARNING**.