Patient Enrollment and Consent Form

Fax completed form to Chiesi Total Care℠ at 1-866-565-7794 | Phone: 1-866-758-7071

Note: If the patient is under 18 years old or unable to act on their own behalf, a legal representative must provide consent to enroll and may complete the process on their behalf.

Chiesi Total Care (the "Program") provides product support to eligible patients who have been prescribed a Chiesi USA, Inc. ("Chiesi") product. Program support may include: (1) reimbursement and financial support, such as investigating insurance coverage, confirming out-of-pocket costs, and reviewing eligibility for financial assistance and copay programs; (2) working with patients and pharmacies to fill prescriptions; (3) home infusion support (if applicable); and (4) providing disease-, medication-, and adherence-related educational resources and communications, including access to a Chiesi Patient Education Liaison ("PEL").

For full terms and conditions of the Program, please visit chiesitotalcare.com

Patient Name/Phone:_____ Date of Birth (MM/DD/YY):_____

Legal Representative Name (if applicable):_____ Phone:_____

ENROLLMENT INTO AND CONSENTS FOR CHIESI TOTAL CARE

Health Insurance Portability and Accountability Act ("HIPAA") Authorization

By signing this authorization form ("Authorization"), I confirm I would like to enroll in the Program and authorize Chiesi USA, Inc., and its affiliates, service providers, agents, and successors (together, "Chiesi") to provide me with Program support. I authorize my healthcare providers and their staff, my health plan, patient assistance programs, and my pharmacies to process and share my protected health information, including, but not limited to: any information relating to my diagnosis, treatment, lab results, care management, and health insurance, as well as any contact information, and any other information provided on this form (together, "Protected Health Information") with Chiesi so that I may be enrolled in the Program, and so Chiesi can provide me Program support, administer the Program, meet legal obligations, conduct other business activities, and complete government-reporting activities.

I further understand that once my Protected Health Information is disclosed to Chiesi, my Protected Health Information may no longer be protected by federal privacy laws, including HIPAA, and could be re-disclosed. However, this disclosed information may be protected by U.S. State privacy laws and/or U.S. State consumer health data laws, depending on my State of residence. I understand that I may find out more about Chiesi's privacy practices, including Chiesi's Privacy Policy, California Notice at Collection, and Consumer Health Data Privacy Policy at www.chiesiusa.com/privacy.

I understand that this Program is optional. I can refuse to sign this Authorization and understand that refusing to sign will not affect my treatment, insurance coverage, or eligibility for benefits or access to Chiesi products. However, I understand that I need to sign this form to participate in the Program.

I understand that I may cancel this Authorization at any time or receive a copy of this Authorization by mailing a letter requesting cancellation to 17877 Chesterfield Airport Rd Chesterfield MO 63005 or by calling the Program phone number listed above. Upon cancellation, to the extent required by applicable law, Chiesi will no longer process my personal information. I understand my cancellation will not apply to any of my personal information already used or disclosed based on this Authorization prior to receipt of the cancellation. Unless canceled earlier, this Authorization expires ten (10) years from the date signed below, or as otherwise required by state or local law.

By signing this form, I acknowledge that my pharmacy will be compensated by Chiesi for providing the necessary personal information needed for the Program services. I acknowledge that if I am eligible for infusion copay assistance, the payment will be submitted to my healthcare facility where the infusion occurred. I acknowledge that if I am enrolled in a government-funded healthcare program, I am not eligible for and will not accept any co-pay assistance from Chiesi Total Care. I understand and agree that if my insurance information changes at any time while I am participating in the Chiesi Total Care Program, I will notify Chiesi Total Care as soon as possible, and any such change may affect my eligibility for such assistance programs.

Telephone Consumer Protection Act ("TCPA") Communication Consent

Please indicate whether you authorize Chiesi to contact you via text message*† for the purposes of sending marketing and informational messages to you. Your consent to receiving text messages is not a condition of receiving medication or services from Chiesi. You may also revoke your authorization by replying STOP to any text from Chiesi Total Care or by contacting Chiesi Total Care in writing at the address above. Text HELP for help or contact us at the number or email at the top of the page.

Message frequency may vary.

*Additional charges may apply.

I understand that my telephone provider may charge me fees for calls or texts I receive, and I agree that Chiesi Total Care will not pay those fees.

☐ YES, I consent to receive messages. ☐ NO, I do not consent to receive messages.

Marketing Communications Consent

Please indicate whether you would like to be contacted, such as by mail, phone, text*†, and email, with marketing communications about products, promotions, services, and research studies, and to ask your opinion about such information and topics, including market research and disease-related surveys. If you opt-in below, and later would like to opt-out of receiving marketing communications from Chiesi, you may do so by notifying a Program representative by telephone at **1-866-758-7071**or email at **chiesitotalcare@eversana.com**. Opting out of these communications will not affect your enrollment in the Program and you will still receive product assistance through the Program, as prescribed by your physician.

☐ YES, I would like to be contacted. ☐ NO, I would not like to be contacted.

Privacy Notice

By enrolling in Chiesi Total Care, I hereby authorize Chiesi and its affiliates to use my personal information to communicate to me (such as by mail, phone, text*† and email) about the Program and disease state. I also understand and agree that my personal information may be de-identified, combined with other de-identified information received by the Program, and used for lawful purposes. For more information on Chiesi's privacy practices, please view our Privacy Policy, California Notice at Collection and Consumer Health Data Privacy Policy at www.chiesiusa.com/privacy. Please note that Chiesi USA, Inc. does not sell or share your personal information as defined in applicable data protection laws.

†You will only receive text messages if you have consented in the TCPA Communication Consent, above.

By signing below, I also acknowledge that I have read and agree to the terms and conditions of the Chiesi Total Care support program on page 2 of this document.

Patient or Legal Representative Signature:_____ **Signature Date** (MM/DD/YY):_____

Prescriber's Name (Print):_____

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CHIESI TOTAL CARE TERMS AND CONDITIONS

To enroll in Chiesi Total Care (the "Program") and to assess eligibility for patient support services of the Program, the patient must complete this form (Chiesi Total Care Patient Enrollment and Consent Form), have a start form on file from your healthcare provider, and have a valid prescription for an eligible product of the Program. Additional documentation may be required. The patient must be a resident of the United States or one of its territories. If the patient is under 18 years of age or is incapable of acting on their own behalf, enrollment into the Program may be completed by another person acting on their behalf (such as a Legal Representative).

A patient who receives healthcare benefits under any plan or program funded in whole or in part by federal or state governments, including Medicare, Medicaid, TRICARE, Veterans Affairs (VA), State Prescription Assistance Plans (SPAPs) (other than health insurance for federal government employees), or any state healthcare program such as the Children's Health Insurance Program, programs funded under Maternal and Child Health Program, or programs funded under Social Services Block Grant (collectively, "Government-funded Plans"), is not eligible for the financial patient support services of the Program. A patient covered under a commercial health plan purchased through a health insurance marketplace or exchange is not a government-funded plan beneficiary even if the costs of such coverage are subsidized by the federal government. If a change in prescription drug coverage should occur, the patient must notify the Program; such change may affect eligibility for the support services provided in the Program. Patients who have been prescribed a product for an indication that is not consistent with the US Food and Drug Administration–approved labeling will not be eligible for financial patient support services offered through the Program.

Patients residing in or receiving treatment in certain states may not be eligible for certain patient support services of the Program. Patients may not seek reimbursement for value received from the Program. The Program does not obligate the use of any specific medication or healthcare provider. Patients who receive treatment or reside in Massachusetts or Rhode Island are not eligible for copay assistance for infusion services or routine testing services. Copay assistance is not available in Massachusetts or California when a generic equivalent to a Product is available. Chiesi Total Care may recommend contacting an independent financial assistance foundation. Independent financial assistance foundations have their own rules for eligibility. Chiesi USA, Inc. does not fund independent financial assistance foundations, nor does Chiesi Total Care have involvement or influence in independent foundation decision making or eligibility criteria and does not know if a foundation will be able to help you. Chiesi Total Care can only refer you to a foundation that supports your disease state. This information is provided as a resource for you. Chiesi Total Care does not endorse or show preference for any foundation. The foundations recommended to you may not be the only ones that might be able to help you.

Chiesi Patient Service Managers ("PSMs") may be available to assist you with the Program services throughout your treatment journey. Chiesi Patient Education Liaisons ("PELs") may be available to assist you with disease education, provide relative educational or informational resources, and to answer questions you may have about your disease. Chiesi Field Reimbursement Managers ("FRMs") may be available to assist your doctor's office with product prescription drug coverage, including prior authorization, appeals, and denials.

PSMs, PELs, and FRMs (collectively, the "Program Team") are employees of Chiesi USA, Inc. Members of the Program Team are not healthcare providers and are not part of your healthcare team. Members of the Program Team will not provide medical care or advice. All treatment decisions should be made by you and your treating healthcare professional. To assist you, members of the Program Team may need your personal information. If you choose to opt out of services by the Program Team, you may do so at any time. Please see Chiesi's Privacy Policy at www.chiesiusa.com/privacy.

Program benefits may not be sold, purchased, traded, or offered for sale, purchase, or trade. The Chiesi Total Care patient support services are not valid where prohibited by law, taxed, or otherwise restricted. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. This is not health insurance.

This is a voluntary program. Patients who choose not to enroll in the Program will be able to receive medication. Patients may participate in Chiesi Total Care without participating in a patient support services program of Chiesi Total Care. After enrolling in Chiesi Total Care, participants may opt out by contacting the Program, as outlined above in this form. Patients must renew their eligibility by December 31 of each year to continue to receive support under the Program.

By participating in the Program, participants acknowledge that they understand and agree to comply with the Program Terms and Conditions.

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