



To get a patient started on FILSUVEZ® topical gel, follow 2 steps outlined in this guide



Visit chiesitotalcare.com or call 1-833-670-6464 We're ready to help!

Indication and Important Safety Information

Indication

FILSUVEZ is indicated for the treatment of wounds associated with dystrophic and junctional epidermolysis bullosa (EB) in adult and pediatric patients 6 months of age and older.

Warnings & Precautions

Local hypersensitivity and skin reactions have been reported in patients treated with FILSUVEZ, including urticaria and dermatitis. If signs or symptoms of hypersensitivity occur, discontinue use immediately and initiate appropriate therapy.

Please see accompanying full Prescribing Information for FILSUVEZ topical gel.



A. Prescriber Information												
First Name	Last Name		Specia	-								
Address			Phone		Ext	ct.	Fax					
City	State	ZIP	Office/	/Clinic/Institution Name								
State License #		Prescriber Tax ID		NPI						_		• Chies
Primary Contact Name		Primary Contact Phone	9	Prin	nary Contact E	Email			ent I	Form		
3. Patient Information			Pre	eferred Contact Language					Chic	esi Total C	ara SM at	IVIA
First Name M	.I. Last Name		Da	ate of Birth / /	O Male O	Female O	Non-binary			: 1-833-67		CAN
llergies	<u> </u>				O NKDA				HOHE	1-033-07	0-0404	
Concurrent Topical Medications												
arent/Guardian First & Last Name (if a	applicable)		Rel	elationship		Email			en preso	cribed a Chiesi US	SA, Inc. ("Chiesi") produ	ct. Program support may inc
Cell Home		Work	Pre	eferred Contact O Email	O Phone O 0				en prescribed a Chiesi USA, Inc. ("Chiesi") product. Program support may incluning out-of-pocket costs, and reviewing eligibility for financial assistance and of			
arent/Guardian 2 First & Last Name (i	f applicable)	1		elationship		Email					iu (4) providing disease	-, medication-, and adheren
Cell Home		Work		eferred Contact O Email	O Phone O C	OK to leave m	nessage		lucation Liaison.			
atient Address		1	177						Date	of Birth (MM/DD	/YY):	
rescription Insurance Information A	Attach copies of both	sides of the patient's insu	surance card(s))								
rimary Insurance Name	22,000,000	patient o mod		surance Company Phone								
olicy #				oup #								
Policy Holder Name		Date of Birth /		st 4 Digits of Policy Holder S	SSN	Pharmacy Re	enefit Manager		ram and authorize Chiesi USA, Inc., and its affiliates, service providers, agents, althcare providers, and their staff, my health plan, patient assistance programs out my diagnosis, treatment, and lab results), personal identifying information			
BM Phone RxBIN		RxPCN	, ,	RxGroup		RxID	, none manager					
Check if patient has secondary insu	irance	150 011		Tistaroup		1000						der to enroll me in the Progra
econdary Insurance Name	nanoo		Ins	surance Company Phone								activities. For example, Chie
condary modrance warne				surance company mone							i communications and s	ervices to my needs, and sha
Policy #				oun #							, combine it with inform	ation about other patients, ar
		Data of Pirth /	Gro	oup #	PCNI PCNI	Dharmanu Br	onofit Managor		de-ident ation is d	ify my Information lisclosed, my Infor	mation may no longer b	ation about other patients, ar e protected by federal privac
olicy Holder Name		Date of Birth /	Gro	oup # st 4 Digits of Policy Holder S RxGroup		Pharmacy Be	enefit Manager		de-ident ation is d	ify my Information lisclosed, my Infor	mation may no longer b	
Policy Holder Name RXBIN	e is determined, the p	RxPCN	/ Las	st 4 Digits of Policy Holder S			enefit Manager		de-ident ation is o described to sign v	ify my Information lisclosed, my Infor I in this Authorizat	mation may no longer b tion. Additional informati	e protected by federal privac
Policy Holder Name PBM Phone RXBIN C) Check if no coverage (If no coverage	e is determined, the p	RxPCN	/ Las	st 4 Digits of Policy Holder S			enefit Manager		de-ident ation is o described to sign v am.	ify my Information lisclosed, my Infor I in this Authorizat vill not affect my to	mation may no longer b tion. Additional informati reatment, insurance cov	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit
colicy Holder Name PBM Phone RXBIN D Check if no coverage (If no coverage) C. Clinical Information		RxPCN patient will be considered	/ Las	RxGroup nt Assistance Program)			enefit Manager		de-ident ation is o described to sign v ram.	ify my Information lisclosed, my Infor I in this Authorizat vill not affect my to mailing a letter re	mation may no longer b tion. Additional informati reatment, insurance cov questing cancellation to	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit Chiesi Total Care, 17877 Che
colicy Holder Name PBM Phone RxBIN Check if no coverage (If no coverage) Chinical Information CD-10 Codes: Q 81.1 Epidermolysic	s bullosa letalis (JEB)	RxPCN patient will be considered	/ Las	RxGroup nt Assistance Program)			enefit Manager		de-ident ation is of described to sign v ram. zation by calls or t	ify my Information lisclosed, my Information of the thick Authorization of	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any tea and personal data rights	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit Chiesi Total Care, 17877 Che tt from Chiesi Total Care or by , Chiesi will no longer proces
rolicy Holder Name PBM Phone RXBIN Check if no coverage (If no coverage) Clinical Information CD-10 Codes: Q 81.1 Epidermolysicatient Height cm Weight	s bullosa letalis (JEB)	RxPCN patient will be considered	/ Las	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) strophica (DEB) Other		RxID			de-ident ation is o described to sign v ram. zation by calls or t required d or discl	ify my Information ilsclosed, my Information ilsclosed, my Inford in this Authorizat will not affect my transiling a letter reext messages by by applicable law osed based on thi	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any tes and personal data rights s Authorization prior to r	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit Chiesi Total Care, 17877 Che tt from Chiesi Total Care or by
colicy Holder Name PBM Phone RXBIN Check if no coverage (If no coverage) Clinical Information CD-10 Codes: Q 81.1 Epidermolysicatient Height cm Weight (artient Total BSA (Body Surface Area)	s bullosa letalis (JEB) ghtkg	RxPCN patient will be considered O 081.2 Epidermolysis	/ Las	RxGroup nt Assistance Program)		RxID			de-ident ation is of described to sign veram. cation by calls or the required d or discolute.	ify my Information isclosed, my Infor isclosed, my Infor it in this Authorizat will not affect my to mailing a letter reext messages by by applicable law osed based on thi required by state is	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any ter and personal data rights s Authorization prior to r or local law.	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit Chiesi Total Care, 17877 Che t from Chiesi Total Care or by , Chiesi will no longer proces exceipt of the cancellation. Un
olicy Holder Name BM Phone RXBIN Check if no coverage (If no coverage) Clinical Information CD-10 Codes: Q 81.1 Epidermolysis attent Height cm Weigatient Total BSA (Body Surface Area) requency of wound dressing changes	s bullosa letalis (JEB) ght kg m² :: Up to every	RxPCN Datient will be considered O 081.2 Epidermolysisdays	Grown	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) etrophica (DEB) Other	O 10-30 O	RxID			de-ident ation is o described to sign v ram. ration by calls or t equired d or discl therwise losing m	ify my Information isclosed, my Infor isclosed, my Infor it in this Authorizat will not affect my the mailing a letter reext messages by by the most open control in the most open control in the most open control in the most open control is my	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any tex and personal data rights a Authorization prior to r or local law.	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit Chiesi Total Care, 17877 Che tt from Chiesi Total Care or by , Chiesi will no longer proces
olicy Holder Name BM Phone RXBIN Check if no coverage (If no coverage) Clinical Information CD-10 Codes: Q 81.1 Epidermolysis attent Height cm Weigatient Total BSA (Body Surface Area) requency of wound dressing changes	s bullosa letalis (JEB) ght kg m² :: Up to every	RxPCN Datient will be considered O 081.2 Epidermolysisdays	Grown	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) etrophica (DEB) Other	O 10-30 O	RxID			de-ident ation is o described to sign v ram. ration by calls or t required d or disci therwise losing my ed. I acks stand and	ify my Information isclosed, my Infor isclosed, my Infor in this Authorizat will not affect my to mailing a letter reext messages by by applicable law osed based on thi required by state of the information to CI onwledge that if I is a gree that if my	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any tes and personal data rights s Authorization prior to ro ro local law. niesi. I acknowledge tha am enrolled in a governi insurance information c	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit Chiesi Total Care, 17877 Che t from Chiesi Total Care or by, Chiesi will no longer proceseceipt of the cancellation. Un
olicy Holder Name BM Phone RxBIN Check if no coverage (If no coverage CD-10 Codes: O 081.1 Epidermolysis attient Height cm Weig attient Total BSA (Body Surface Area) requency of wound dressing changes ine tube of FILSUVEZ covers up to 250	s bullosa letalis (JEB) ght kg m² :: Up to every	RxPCN Datient will be considered O 081.2 Epidermolysisdays	Grown	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) etrophica (DEB) Other	O 10-30 O	RxID			de-ident ation is o described to sign v ram. ration by calls or t required d or disci therwise losing my ed. I acks stand and	ify my Information isclosed, my Infor isclosed, my Infor in this Authorizat will not affect my to mailing a letter reext messages by by applicable law osed based on thi required by state of the information to CI onwledge that if I is a gree that if my	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any tes and personal data rights s Authorization prior to ro ro local law. niesi. I acknowledge tha am enrolled in a governi insurance information c	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet from Chiesi Total Care or by Chiesi will no longer proceseceipt of the cancellation. Until the ligible for infusion central funded healthcare progenent-funded healthcare progenent.
olicy Holder Name BM Phone RxBIN Check if no coverage (If no coverage CD-10 Codes: O 081.1 Epidermolysis attient Height cm Wei attient Total BSA (Body Surface Area) requency of wound dressing changes ine tube of FILSUVEZ covers up to 250. Prescription Information	s bullosa letalis (JEB) ght kg m² :: Up to every O cm² surface area. A	RxPCN Datient will be considered O 081.2 Epidermolysisdays	Grown	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) etrophica (DEB) Other	O 10-30 O	RxID	50-70 O>70	Refills	de-ident ation is described to sign v arm. ration by calls or 1 required d or discitherwise losing my ed. I ack. I ack and and et. and and at a characteristics of the control of the con	ify my Information isclosed, my Infor isclosed, my Infor I in this Authorizat will not affect my transiling a letter revert messages by by applicable law osed based on this required by state of Information to Clowledge that if I is a gree that if my by such change my	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te- and personal data rights s Authorization prior to ro ro local law. niesi. I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility for	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet from Chiesi Total Care or by chiesi will no longer proceseceipt of the cancellation. Until 1 am eligible for infusion c nent-funded healthcare programages at any time while I ar r such assistance programs.
olicy Holder Name BM Phone RxBIN Check if no coverage (If no coverage C. Clinical Information CD-10 Codes: O 081.1 Epidermolysis attient Height cm Weig attient Total BSA (Body Surface Area) requency of wound dressing changes ne tube of FILSUYEZ covers up to 250 C. Prescription Information ledication	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A	RxPCN patient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or	Grown Case Grown Case	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 C and should be discarded one	D 10-30 Oce opened.	RxID 30-50 O	50-70 O >70 Days Supply	Refills	de-ident ation is of described to sign v am. ration by calls or required d or discitherwise losing amed. I acks stand and and and inditions	ify my Information isclosed, my Infor is closed, my Infor I in this Authorizat will not affect my transition and infect my transition and information and information to Clowledge that if I if a gree that if my such change my of the Chiesi To the Chiesi To the Chiesi To the Chiesi To the Information to Clowledge that if I if a gree that if my such change my such change my of the Chiesi To the	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te- and personal data rights s Authorization prior to ro ro local law. hiesi. I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility for tal Care support prog	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet from Chiesi Total Care or by chiesi will no longer proceseceipt of the cancellation. Under the cancellation of the cancel at any time while I are resuch assistance programs.
Dicy Holder Name BM Phone RXBIN D Check if no coverage (If no coverage C. Clinical Information CD-10 Codes: O 081.1 Epidermolysis attent Heightcm Weig attent Total BSA (Body Surface Area) requency of wound dressing changes ne tube of FILSUVEZ covers up to 250 C. Prescription Information ledication D FILSUVEZ 10% birch triterpenes	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A	RxPCN patient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or	Grown Case Grown Case	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) etrophica (DEB) Other	D 10-30 Oce opened.	RxID	50-70 O >70 Days Supply	Refills	de-ident ation is of described to sign v am. ration by calls or required d or discitherwise losing amed. I acks stand and and and inditions	ify my Information isclosed, my Infor is closed, my Infor I in this Authorizat will not affect my transition and infect my transition and information and information to Clowledge that if I if a gree that if my such change my of the Chiesi To the Chiesi To the Chiesi To the Chiesi To the Information to Clowledge that if I if a gree that if my such change my such change my of the Chiesi To the	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te- and personal data rights s Authorization prior to ro ro local law. hiesi. I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility for tal Care support prog	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet from Chiesi Total Care or by chiesi will no longer proceseceipt of the cancellation. Until 1 am eligible for infusion c nent-funded healthcare programages at any time while I ar r such assistance programs.
Colicy Holder Name PBM Phone RXBIN D Check if no coverage (If no coverage C. Clinical Information CD-10 Codes: O Q81.1 Epidermolysis ratient Height cm Weig ratient Total BSA (Body Surface Area) requency of wound dressing changes one tube of FILSUVEZ covers up to 250 D. Prescription Information Addication D FILSUVEZ 10% birch triterpenes topical gel	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1 mm layer of the wound is healed	RxPCN patient will be considered O Q81.2 Epidermolysis days tube of FILSUVEZ is for or	/ Last // L	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) trophica (DEB) Other BSA affected O<10 (and should be discarded one ce(s) at each dressing change	D 10-30 Oce opened.	RxID 30-50 uuntity tubes	50-70		de-ident ation is of described to sign v am. ration by calls or required d or discitherwise losing amed. I acks stand and and and inditions	ify my Information isclosed, my Infor is closed, my Infor I in this Authorizat will not affect my transition and infect my transition and information and information to Clowledge that if I if a gree that if my such change my of the Chiesi To the Chiesi To the Chiesi To the Chiesi To the Information to Clowledge that if I if a gree that if my such change my such change my of the Chiesi To the	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te- and personal data rights s Authorization prior to ro ro local law. hiesi. I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility for tal Care support prog	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet from Chiesi Total Care or by chiesi will no longer proceseceipt of the cancellation. Under the cancellation of the cancel at any time while I are resuch assistance programs.
Policy Holder Name PBM Phone RxBIN Check if no coverage (If no coverage C. Clinical Information CD-10 Codes: Q Q81.1 Epidermolysi Patient Height cm Weig Patient Total BSA (Body Surface Area) Prequency of wound dressing changes Check to the company of the	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1 mm layer of the wound is healed	RxPCN patient will be considered O Q81.2 Epidermolysis days tube of FILSUVEZ is for or	/ Last // L	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) trophica (DEB) Other BSA affected O<10 (and should be discarded one ce(s) at each dressing change	D 10-30 Oce opened.	RxID 30-50 uuntity tubes	50-70		de-ident atton is of described to sign viam. Lation by calls or 1 equired direction of discontinuous	ify my Information isclosed, my Infor is closed, my Infor I in this Authorizat will not affect my transition and infect my transition and information and information to Clowledge that if I if a gree that if my such change my of the Chiesi To the Chiesi To the Chiesi To the Chiesi To the Information to Clowledge that if I if a gree that if my such change my such change my of the Chiesi To the	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te: and personal data rights s Authorization prior to ro ro local law. niesi. I acknowledge tha me enrolled in a governi insurance information c ay affect my eligibility for tal Care support prog- bout opportunities for y	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet from Chiesi Total Care or by chiesi will no longer proceseceipt of the cancellation. Under the cancellation of the cancel at any time while I are resuch assistance programs.
Colicy Holder Name PBM Phone RxBIN Check if no coverage (If no coverage C. Clinical Information CD-10 Codes: O 081.1 Epidermolysic ratient Height cm Weighten Height requency of wound dressing changes che tube of FILSUVEZ covers up to 250 Covers up	s bullosa letalis (JEB) ght kg kg ght kg " " " " " " " " " " " " " " " " " " "	RXPCN patient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected the specially pharmacy to or d on behalf of my patient	d for the Patier / Las. d for the Patier sis bullosa dyst % one-time use a d wound surfact of dispense necent to (1) forwarra	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) etrophica (DEB) Other BSA affected O<10 (and should be discarded one ce(s) at each dressing changes essary wound care supplies a d this statement of medical	D 10-30 O ce opened. Que until	and the application of the appli	Days Supply 30 days on of FILSUVEZ to this formation on this for	e skin	de-ident ation is of described to sign viam. cation by calls or required direction discribed therwise losing mile, and an inditions be contacted contacted.	ify my Information isclosed, my Infor is this Authorizat will not affect my transition and in the same and in	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro local law. ilesi, I acknowledge tha am enrolled in a govern insurance information c ay affect my eligibility for tal Care support prog bout opportunities for y ack.	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Until the cancellation of the cancellation of the cancellation will be considered to the cancellation of the cancellati
olicy Holder Name BM Phone RxBIN Check if no coverage (if no coverage CD-10 Codes: O Q81.1 Epidermolysi attent Heightcm Weig attent Total BSA (Body Surface Area) requency of wound dressing changes ne tube of FILSUVEZ covers up to 250 Description Information Redication FILSUVEZ 10% birch triterpenes topical gel Trescriber Authorization Your authorize Chiesi and its agents as my olivery, to the pharmacy. I certify that	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN Datient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected its specially pharmacy to or did on behalf of my patient or of above-named patient	Grown Case Grown Case	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 (and should be discarded one ce(s) at each dressing change assary wound care supplies a dr this statement of medical and this prescription, by any	ce opened. Que until	antity tubes the applicable to applicable to a population of the applicabl	Days Supply 30 days on of FILS/IVEZ to this formation on this for	e skin	de-ident ation is of described to sign viam. cation by calls or required direction discribed therwise losing mile, and an inditions be contacted contacted.	ify my Information isclosed, my Infor is this Authorizat will not affect my transition and in the same and in	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro local law. ilesi, I acknowledge tha am enrolled in a govern insurance information c ay affect my eligibility for tal Care support prog bout opportunities for y ack.	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet from Chiesi Total Care or by chiesi will no longer proceseceipt of the cancellation. Under the cancellation of the cancel at any time while I are resuch assistance programs.
Dicy Holder Name BM Phone RxBIN Check if no coverage (if no coverage CCInical Information CD-10 Codes: Q 081.1 Epidermolysi attent Heightcm Weig attent Total BSA (Body Surface Area) requency of wound dressing changes me tube of FILSUVEZ covers up to 250 D. Prescription Information Medication D. FILSUVEZ 10% birch triterpenes topical gel authorize Chiesi and its agents as my authorize Chiesi and its agents as my and recruit necessary patient inform elivery, to the pharmacy. I certify that lease select 1 option and sign only	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN Datient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected its specially pharmacy to or did on behalf of my patient or of above-named patient	d for the Patier / Last d for the Patier // Last d for the Patier // // // // // // // // // /	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) trophica (DEB) Other BSA affected O<10 (and should be discarded one ce(s) at each dressing chang assary wound care supplies a d this statement of medical vard this prescription, by any nosis of EB and I will be sup	D 10-30 Oce opened. Que until	RxID auantity tubes tubes the application r applicable la atient's treation	Days Supply 30 days 30	e skin rm de of	de-ident ation is of described to sign viam. cation by calls or required direction discribed therwise losing mile, and an inditions be contacted contacted.	ify my Information isclosed, my Infor is this Authorizat will not affect my transition and in the same and in	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro local law. ilesi, I acknowledge tha am enrolled in a govern insurance information c ay affect my eligibility for tal Care support prog bout opportunities for y ack.	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Until the cancellation of the cancellation of the cancellation will be considered to the cancellation of the cancellati
Colicy Holder Name PBM Phone RXBIN Check if no coverage (If no coverage Check if no coverage (If no coverage Check if no coverage (If no coverage Check if no coverage Ch	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN Datient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected its specially pharmacy to or did on behalf of my patient or of above-named patient	d for the Patier / Last / La	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) etrophica (DEB) Other BSA affected O<10 C and should be discarded one ce(s) at each dressing change cessary wound care supplies a rd this statement of medical vard this prescription, by any nosis of EB and I will be sup- makes no representation th	D 10-30 Oce opened. Decopered. Decopered	and the application of the application of the application of a policy of the application	Days Supply 30 days on of FILSUVEZ to the formation on this for aw, fax or other mod ment accordingly.	e skin rm de of	de-ident ation is of described to sign viam. cation by calls or required direction discribed therwise losing mile, and an inditions be contacted contacted.	ify my Information isclosed, my Infor is this Authorizat will not affect my transition and in the same and in	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro local law. ilesi, I acknowledge tha am enrolled in a govern insurance information c ay affect my eligibility for tal Care support prog bout opportunities for y ack.	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Until the cancellation of the cancellation of the cancellation will be considered to the cancellation of the cancellati
Colicy Holder Name PBM Phone RXBIN Check if no coverage (If no coverage Check if no coverage (If no coverage Check if no coverage (If no coverage Check if no coverage Ch	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN Datient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected its specially pharmacy to or did on behalf of my patient or of above-named patient	d for the Patier / Las d for the Patier sis bullosa dyst % one-time use a d wound surfact d wound surfact of spense nece nt to (1) forwarn th and (2) forwarn thand (2) forwar primary diagram Chiesi of any or that	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 O and should be discarded one ce(s) at each dressing change assary wound care supplies a d this statement of medical yard this prescription, by any nosis of EB and I will be sup makes no representation th t any payment received will t any payment received will	ce opened. Quality Qu	auantity tubes turnish any infi r applicable le attent's treatr attion will com formation do sts. Special n	Days Supply 30 days 30	e skin rm de of ements ayment s	de-ident ation is a described to sign viam. ation by calls or i equired d or disci herwise losing miled, and an inditions be contacted in provide	ify my Information ilsclosed, my Infor Ilsclosed, my Infor I in this Authorizat in this Authorizat in the Authorizat in the Information as letter reext messages by on applicable law osed based no seed based no seed based not seed based not included by State in Information to Clowledge that if I is agree that if my ny such change me of the Chiesi To acted by Chiesi a later the I in the I information to I in the I information to Clowledge that if I is acted by Chiesi a later the I information to I in the I information the I	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to r or local law. niesi. I acknowledge tha am enrolled in a govern insurance information c ay affect my eligibility fo tal Care support prog bout opportunities for y ack. eceiving text messages i	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Until the cancellation of the cancellation of the cancellation will be considered to the cancellation of the cancellati
Dicy Holder Name BM Phone RXBIN Check if no coverage (if no coverage) CCInical Information CD-10 Codes: Q Q81.1 Epidermolysis attent Heightcm Weig attent Total BSA (Body Surface Area) requency of wound dressing changes me tube of FILSUVEZ covers up to 250 D. Prescription Information Medication D. FILSUVEZ 10% birch triterpenes topical gel topical gel authorize Chiesi and its agents as my elivery, to the pharmacy, I certify that lease select 1 option and sign only mescripters' Signarure famps not acceptable. MESCRIBER'S SIGNATURE (substitution	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN Datient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected its specially pharmacy to or did on behalf of my patient or of above-named patient	d for the Patier / Last d for the Patier sis bullosa dyst % one-time use a d wound surfact to (1) forwarnt and (2) forwarnt and (2) forwarnt and (2) forwarnt and (2) forwar primary diagree Chiesi of any or than to to than to the control of the control o	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 C and should be discarded one ce(s) at each dressing change ce(s) at each dressing change discarded one discarded one cetal this statement of medical ard this prescription, by any nosis of EB and I will be sup makes no representation the particular payer/insurer. The tary payment received will not provided the received w	D 10-30 Oce opened. Decopered. Decopered	tuantity tubes turnish any initr applicable leatient's treatient will comformation de sts. Special nequirements	Days Supply 30 days on of FILSUVEZ to the formation on this for aw, fax or other modern accordingly. ply with the require es not guarantee pa other. The physician see prescribil such as e-prescribil.	e skin rm de of ements ayment s ing,	de-ident ation is a described to sign viam. ation by calls or i equired d or disci herwise losing miled, and an inditions be contacted in provide	ify my Information isclosed, my Infor is this Authorizat will not affect my transition and in the same and in	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to r or local law. niesi. I acknowledge tha am enrolled in a govern insurance information c ay affect my eligibility fo tal Care support prog bout opportunities for y ack. eceiving text messages i	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Under the content of the cancellation of the cancellation will be seen to the cancellation of the c
olicy Holder Name BM Phone RxBIN Check if no coverage (if no coverage Clinical Information CD-10 Codes: Q 081.1 Epidermolysis attent Height	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN Datient will be considered O 081.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected its specially pharmacy to or did on behalf of my patient or of above-named patient	/ Last d for the Patier	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 O and should be discarded one ce(s) at each dressing change assary wound care supplies a d this statement of medical yard this prescription, by any nosis of EB and I will be sup makes no representation th t any payment received will t any payment received will	D 10-30 O ce opened. ge until ssociated with necessity to fur means under weans under the informa to use of this in cover your cost prescription rule to knampage, the to	tuantity tubes turnish any init rapplicable la tatlent's treation will com formation do sts. Special n requirements tct. Non-comp	Days Supply 30 days on of FILSUVEZ to the formation on this for aw, fax or other modern accordingly. ply with the require es not guarantee pa other. The physician see prescribil such as e-prescribil.	e skin rm de of ements ayment s ing,	de-ident ation is a described to sign viam. ation by calls or i equired d or disci herwise losing miled, and an inditions be contacted in provide	ify my Information isclosed, my Infor isclosed, my Infor I in this Authorizat vill not affect my transling a letter reext messages by by applicable law soed based on soed based on the required by state or Information to Clowledge that if I is a gree that if I a gree that if I a gree that if I agree that if I is a gree that I is a gree	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to r or local law. niesi. I acknowledge tha am enrolled in a govern insurance information c ay affect my eligibility fo tal Care support prog bout opportunities for y ack. eceiving text messages i	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Under the content of the cancellation of the cancellation will be seen to the cancellation of the c
olicy Holder Name BM Phone RxBIN Check if no coverage (if no coverage Clinical Information CD-10 Codes: Q Q81.1 Epidermolysi attent Height cm Weig attent Total BSA (Body Surface Area) requency of wound dressing changes ne tube of FILSUVEZ covers up to 256 Prescription Information Redication FILSUVEZ 10% birch triterpenes topical gel Crescriber Authorization Your authorize Chiesi and its agents as my and recruit necessary patient inform elivery, to the pharmacy. I certify that lease select 1 option and sign only RESCRIBER'S SIGNATURE (dispense as riftlen). Signature stamps not acceptable. RESCRIBER'S SIGNATURE (substitution remitted). Signature stamps not acceptable.	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN patient will be considered O Q81.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected the specially pharmacy to or d on behalf of my patient or of above-named patient cribing FILSUVEZ is for a	d wound surface of any of any or that to communications.	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 (and should be discarded one ce(s) at each dressing change ce(s) at each dressing change dthis statement of medical arard this prescription, by any nosis of EB and I will be sup makes no representation the particular payer/insurer. The tary payment received will phy with their state-specific specific prescription form, fements could result in outre	D 10-30 O ce opened. Queen the content of the c	uantity tubes turnish any information do statistics. Non-comp sscriber. We the thiese Group the Chiese Grou	Days Supply 30 days an of Fil.SUVEZ to the formation on this for aw, fax or other mod ment accordingly. By with the require es not guarantee per to the physician is such as e-prescribiliance of state-spec	e skin rm de of ements ayment s s ing, ciffic	de-ident ation is a described to sign v am. ation by calls or i equired d or disci therwise losing m ed. I ack stand an ele, and al moditions be contacted in provide sages.	ify my Information isclosed, my Infor isclosed, my Infor I in this Authorizat vill not affect my transling a letter reext messages by by applicable law soed based on soed based on the required by state or Information to Clowledge that if I is a gree that if I a gree that if I a gree that if I agree that if I is a gree that I is a gree	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro ro local law. niesi, I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility fo tal Care support prog bout opportunities for y ack. eceiving text messages i	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Under the content of the cancellation of the cancellation will be seen to the cancellation of the c
olicy Holder Name BM Phone RxBIN Check if no coverage (if no coverage Clinical Information CD-10 Codes: Q Q81.1 Epidermolysis attent Height cm Weig attent Total BSA (Body Surface Area) requency of wound dressing changes ne tube of FILSUVEZ covers up to 250 Prescription Information Redication FILSUVEZ 10% birch triterpenes topical gel Prescriber Authorization Your authorize Chiesi and its agents as policial gel and recruit necessary patient inform elivery, to the pharmacy. I certify that lease select 1 option and sign only rescriber's Signature stamps not acceptable. RESCRIBER'S SIGNATURE (substitution ermitted). Signature stamps not acceptable.	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN patient will be considered O Q81.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected the specially pharmacy to or d on behalf of my patient or of above-named patient cribing FILSUVEZ is for a	d wound surface of any of any or that to communications.	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) trophica (DEB) Other BSA affected O<10 (and should be discarded one and should be discarded one ce(s) at each dressing chang assary wound care supplies a d this statement of medical variety in the company of the compan	D 10-30 O ce opened. Queen the content of the c	uantity tubes turnish any information do statistics. Non-comp sscriber. We the thiese Group the Chiese Grou	Days Supply 30 days an of Fil.SUVEZ to the formation on this for aw, fax or other mod ment accordingly. By with the require es not guarantee per to the physician is such as e-prescribiliance of state-spec	e skin rm de of ements ayment s s ing, ciffic	de-ident ation is a described to sign v am. ation by calls or i equired d or disci therwise losing m ed. I ack stand an ele, and al moditions be contacted in provide sages.	ify my Information isclosed, my Infor isclosed, my Infor in this Authorizat will not affect my transition and in the same and in the same and information to Clowledge that if I is dargee that if my such change m of the Chiesi To acted by Chiesi a It to provide feedb to your consent to not signature Date mation:	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro ro local law. niesi, I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility fo tal Care support prog bout opportunities for y ack. eceiving text messages i	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Under the content of the cancellation of the cancellation will be seen to the cancellation of the c
Check if no coverage (if no coverage C. Clinical Information CD-10 Codes: O Q81.1 Epidermolysis CD-10 CD-1	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN patient will be considered O Q81.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected the specially pharmacy to or d on behalf of my patient or of above-named patient cribing FILSUVEZ is for a	d for the Patier / Las d for the Patier sis bullosa dyst % one-time use a d wound surfact d wound surfact of signers nece a primary diagr of that to com state-s require Chiesi Tot	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 (and should be discarded one ce(s) at each dressing change ce(s) at each dressing change dthis statement of medical arard this prescription, by any nosis of EB and I will be sup makes no representation the particular payer/insurer. The tary payment received will phy with their state-specific specific prescription form, fements could result in outre	D 10-30 O ce opened. Que until necessity to fur means under rervising the part of the	uantity tubes turnish any information do statistics. Non-comp sscriber. We the thiese Group the Chiese Grou	Days Supply 30 days an of Fil.SUVEZ to the formation on this for aw, fax or other mod ment accordingly. By with the require es not guarantee per to the physician is such as e-prescribiliance of state-spec	e skin rm de of ements ayment s s ing, ciffic	de-ident ation is a described to sign v am. ation by calls or i equired d or disci therwise losing m ed. I ack stand an ele, and al moditions be contacted in provide sages.	ify my Information isclosed, my Infor isclosed, my Infor in this Authorizat will not affect my transition and in the same and in the same and information to Clowledge that if I is dargee that if my such change m of the Chiesi To acted by Chiesi a It to provide feedb to your consent to not signature Date mation:	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro ro local law. niesi, I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility fo tal Care support prog bout opportunities for y ack. eceiving text messages i	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Under the content of the cancellation of the cancellation will be seen to the cancellation of the c
Policy Holder Name PBM Phone PBM PBM Phone PBM	s bullosa letalis (JEB) ght kg m² :: Up to every 0 cm² surface area. A Directions Apply a 1mm layer of the wound is healed signature authorizes to designated agent an anation from the insure the rationale for pres	RXPCN patient will be considered O Q81.2 Epidermolysis days tube of FILSUVEZ is for or FILSUVEZ to the affected the specially pharmacy to or d on behalf of my patient or of above-named patient cribing FILSUVEZ is for a	d for the Patier / Las d for the Patier // Las // La	st 4 Digits of Policy Holder S RxGroup nt Assistance Program) throphica (DEB) Other BSA affected O<10 C and should be discarded one ce(s) at each dressing change assary wound care supplies a d this statement of medical arad this prescription, by any nosis of EB and I will be sup makes no representation the particular payer/insurer. The tarny payment received will phy with their state-specific prescription form, treements could result in outer testered. FILSIVEZ is a registered treater country in a service mark owned by	D 10-30 O ce opened. Que until necessity to fur means under rervising the part of the	uantity tubes turnish any information do statistics. Non-comp sscriber. We the thiese Group the Chiese Grou	Days Supply 30 days an of Fil.SUVEZ to the formation on this for aw, fax or other mod ment accordingly. By with the require es not guarantee per to the physician is such as e-prescribiliance of state-spec	e skin rm de of ements ayment s s ing, ciffic	de-ident ation is a described to sign v am. ation by calls or i equired d or disci therwise losing m ed. I ack stand an ele, and al moditions be contacted in provide sages.	ify my Information isclosed, my Infor isclosed, my Infor in this Authorizat will not affect my transition and in the same and in the same and information to Clowledge that if I is dargee that if my such change m of the Chiesi To acted by Chiesi a It to provide feedb to your consent to not signature Date mation:	mation may no longer b ion. Additional informati reatment, insurance cov questing cancellation to replying STOP to any te and personal data rights s Authorization prior to ro ro local law. niesi, I acknowledge tha am enrolled in a governi insurance information c ay affect my eligibility fo tal Care support prog bout opportunities for y ack. eceiving text messages i	e protected by federal privacy on on Chiesi's privacy practic erage, or eligibility for benefit chiesi Total Care, 17877 Chet tfrom Chiesi Total Care or by Chiesi Will no longer proceed to the cancellation. Under the content of the cancellation of the cancellation will be seen to the cancellation of the c

Indication and Important Safety Information

Adverse Reactions

The most commonly reported adverse reaction in clinical trials was pruritus and pain at the wound application site (7.3%).

Please see accompanying full Prescribing Information for FILSUVEZ topical gel.

Specify clinical information related to patient body surface area

	Patient Total BSA (Body Surface Area) m²					
	% BSA affected □<10 □10-30 □30-50 □50-70 □>70					
A	Frequency of wound dressing changes: Up to every days One tube of FILSUVEZ covers up to 250 cm² surface area. A tube of FILSUVEZ is for one-time use and should be discarded once opened.					

Specify prescription information

Use the specified clinical information from the section above to calculate the quantity of tubes required.

Medication	Directions	Quantity	Days Supply	Refills
O FILSUVEZ 10% birch triterpenes topical gel	Apply a 1mm layer of FILSUVEZ to the affected wound surface(s) at each dressing change until the wound is healed	tubes	30 days	

Ask each patient to sign the Patient Consent Form

Please ask each patient to sign the Patient Consent Form before they leave the office and fax it along with the Enrollment Form for each patient.

Participation in the Chiesi Total Care program is optional.

Step 2: Once you have completed the form:

- 1. Attach copies of patient insurance and prescription cards front and back.
- 2. First prescription for the patient:
 THE FIRST COPY OF THE FORM MUST BE FAXED FOR

THE FIRST COPY OF THE FORM MUST BE FAXED FOR EACH PATIENT. Fax completed form to Chiesi Total CareSM at **1-877-914-0591**. PLEASE COMPLETE ONE FORM PER PATIENT.

3. Subsequent prescriptions:

After the initial script is filled, future prescriptions can be made via telephone or e-script. If you wish to send additional forms via e-script please search for "PANTHERX" in your EMR/HMR's e-prescribing software.

The fillable pdf can be downloaded and saved for future use.

Scan the QR code to download a copy.





В







If you have questions, visit chiesitotalcare.com or call 1-833-670-6464 – we're ready to help!

Indication and Important Safety Information

Indication

FILSUVEZ is indicated for the treatment of wounds associated with dystrophic and junctional epidermolysis bullosa (EB) in adult and pediatric patients 6 months of age and older.

Important Safety Information

Warnings & Precautions

Local hypersensitivity and skin reactions have been reported in patients treated with FILSUVEZ, including urticaria and dermatitis. If signs or symptoms of hypersensitivity occur, discontinue use immediately and initiate appropriate therapy.

Adverse Reactions

The most commonly reported adverse reaction in clinical trials was pruritus and pain at the wound application site (7.3%).

Patient Counseling Information

Please refer to Prescribing Information for administration instructions.

To report SUSPECTED ADVERSE REACTIONS, contact Chiesi USA Inc. at 1-888-661-9260 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying full Prescribing Information for FILSUVEZ topical gel.

For more information, visit FILSUVEZ.com/HCP

References: 1. FILSUVEZ® (birch triterpenes) Prescribing Information. Amryt, December, 2023

