

PLEASE VERIFY TYPE OF ENROLLMENT:

New Enrollment

Update to Existing Enrollment

12-Month Re-Enrollment

SECTION 1: PATIENT INFORMATION

(Please attach an enlarged copy of the front and back of the applicant's insurance card and/or other insurance information along with this form)

First Name: _____ Last Name: _____ MI: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Date of Birth (XXXXXX): _____ Gender: Male Female

Primary Phone: _____ Secondary Phone: _____

Email (name@domain.com): _____

Primary Insurance Name: _____

Primary Insurance Phone: _____ Group#: _____ ID#: _____

Secondary Insurance Name: _____ Secondary Insurance Phone: _____

Prescription Insurance Phone: _____ Prescription Insurance Phone: _____

BIN: _____ PCN: _____ Group#: _____ ID#: _____

- | | | |
|-----|----|--|
| Yes | No | Have you received botulinum neurotoxin therapy in the past? |
| Yes | No | Is this your first XEOMIN treatment? |
| Yes | No | Do you have healthcare insurance? |
| Yes | No | Are you at least 18 years of age and less than 65 years of age? |
| Yes | No | Are you currently a resident of the United States or Puerto Rico? |
| Yes | No | Do you live in one of the following states: Massachusetts, Michigan, Rhode Island, or Minnesota? |
| Yes | No | Are you eligible for, or covered by any state or federally funded prescription insurance program such as Medicare Part D, Part B, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare? |

You must have commercial insurance that pays for XEOMIN in order to receive assistance through this program. If you or your physician would like assistance determining your insurance coverage and out-of-pocket costs for XEOMIN before you receive the product, please call 1-888-4-XEOMIN (1-888-493-6646). The information in this section is to evaluate your eligibility for the XEOMIN[®] Patient Savings Program which is designed to assist patients with out-of-pocket costs related to XEOMIN treatment. If you have any questions regarding the enrollment decision or the XEOMIN[®] Patient Savings Program, please contact us at 1-888-4-XEOMIN (1-888-493-6646) between 8:00AM and 8:00PM (Eastern Time)

SECTION 2: PATIENT'S HEALTHCARE PROVIDER INFORMATION

Physician Name: _____ Practice Name: _____

Practice Contact Name: _____ Practice Phone: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

SECTION 3: SIGNATURES

To process the Application and authorize enrollment, patient must sign this Application form.

Enrollment

By signing this form, I understand that PSKW LLC (Administrator) is administering the XEOMIN[®] Patient Savings Program (Program) on behalf of Merz North America, Inc. (Merz). Administrator will review my Application form and determine my eligibility for the Program based on the information I provide. Administrator may at any time require additional information to determine or confirm my eligibility. Administrator will notify me if I am eligible and may provide me with additional information by mail.

Authorization to Use and Disclose Information

By signing below and submitting this Application, I understand and authorize the release of the personal health information contained in this Application to Administrator and to Merz (Administrator/Merz) and authorize Administrator/Merz to contact me in connection with this Program and as described below. Further, I authorize Administrator/Merz to contact my insurer and my physician to confirm coverage for XEOMIN and eligibility for this Program. I authorize Administrator/ Merz to use my information to administer the Program and to communicate with me, my physician, and my insurer. I may revoke this authorization at any time, but I understand that I will no longer be permitted to participate in the Program after the date I revoke this authorization.

I understand that the information I have given will remain confidential as will any information I provide about myself or others. Merz or parties acting on its behalf may contact me in the future for market research, clinical trials, and other information it believes to be of interest to me. I can request that my name and other information be removed from future contacts by calling 1-888-4XEOMIN (1-888-493-6646) between 8 AM and 8 PM (EST). The Program does not sell personal information to third party companies.

Eligibility, Terms and Conditions, and Program Limitations

From and after July 1, 2016, the Program covers eligible patients' actual out-of-pocket XEOMIN medication costs and related administration fees up to a maximum amount of \$3,500 per 12 month period beginning with patient's acceptance into Program (no earlier than July 1, 2016). The Program does not cover (a) office visit co-pays not directly associated with XEOMIN treatment; (b) facility co-pays not directly associated with XEOMIN treatment; or (c) any other costs excluded by the Program guidelines not specifically mentioned herein, which are subject to change. Prior Program benefits and limitations apply up to and through June 30, 2016.

Eligible patients must be clinically appropriate patients for therapeutic treatment with XEOMIN. Patient must be prescribed XEOMIN. Eligible patients must be at least 18 years of age and less than 65 years of age.

This offer is valid only in the United States, excluding where it is otherwise prohibited by law. Patients residing in the states of Massachusetts, Michigan, Rhode Island, and Minnesota are eligible for drug co-payment assistance only and are not eligible for other types of co-payment assistance, including but not limited to costs related to administration of the drug.

Eligible patients must have private commercial insurance that covers medication costs for XEOMIN, and acceptance of this offer must be consistent with the terms of that insurer's drug benefit. Eligible patients must not have coverage for XEOMIN through Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, TRICARE, Veterans Affairs (VA), the Department of Defense (DoD), or other federally funded or state funded healthcare programs. Patients who move from commercial to federally funded or state funded insurance will no longer be eligible for the Program. Proof required for receiving payment for out of pocket drug costs must be a valid explanation of benefits (EOB) or specialty pharmacy invoice, which must be submitted within 120 days after each treatment.

Patient may not seek reimbursement for value received from the Program from any third-party payers, including flexible spending accounts or healthcare savings accounts. If at any time patient begins receiving coverage under any federal, state or government funded healthcare program, Patient is no longer eligible to participate in the Program and must call 1-888-4XEOMIN (1-888-493-6646) between 8 AM and 8 PM (ET) to stop participation. Restrictions may apply. **This is not health insurance.**

Patient and patient's pharmacist is responsible for notifying insurance carriers or any other third party who pays for or reimburses any part of the prescription filled using the Program as may be required by the insurance carrier's terms and conditions and applicable law.

Enrollment in the Program may be reviewed on an annual basis to determine continued eligibility. This offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer for XEOMIN.

This is a limited time offer, and Merz reserves the right to rescind, revoke, amend, or terminate this offer, or the program in its entirety, at any time without notice.

Your signature certifies that you have received, understand, accept, and will comply with all eligibility requirements, terms and conditions of the XEOMIN[®] Patient Savings Program as stated above, and that you consent to share your personal health information included in this Application with the Administrator and Merz as stated above.

Patient Name (please print): _____

Patient's Signature: _____

Date: _____

XEOMIN® IMPORTANT CONSUMER SAFETY INFORMATION

Read the Medication Guide before you start receiving XEOMIN® (Zeo-min) and each time

XEOMIN® is given to you as there may be new information. The risk information provided here is not comprehensive. To learn more:

- Talk to your health care provider or pharmacist
- Visit www.xeomin.com to obtain the FDA-approved product labeling
- Call 1-888-4-XEOMIN

Uses XEOMIN® is a prescription medicine that is injected into muscles and used to treat:

- increased muscle stiffness in the arm of adults with upper limb spasticity
- abnormal head position and neck pain in adults with cervical dystonia (CD)
- abnormal spasm of the eyelids (blepharospasm) in adults who have had prior treatment with onabotulinumtoxinA (BOTOX®)

It is not known whether XEOMIN® is safe or effective in children.

Warnings

XEOMIN® may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems anytime (hours to week) after treatment with XEOMIN®:

- **Problems with swallowing, speaking, or breathing can happen within hours to weeks after an injection of XEOMIN®** if the muscles that you use to breathe and swallow become weak. Death can happen as a complication if you have severe problems with swallowing or breathing after treatment with XEOMIN®.
- People with certain breathing problems may need to use muscles in their neck to help them breathe and may be at greater risk for serious breathing problems with XEOMIN®.
- Swallowing problems may last for several months, and during that time you may need a feeding tube to receive food and water. If swallowing problems are severe, food or liquids may go into your lungs. People who already have swallowing or breathing problems before receiving XEOMIN® have the highest risk of getting these problems.
- **Spread of toxin effects.** In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a serious condition called botulism. The symptoms of botulism include: loss of strength and muscle weakness all over the body, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, trouble swallowing.

These problems could make it unsafe for you to drive a car or do other dangerous activities.

Do not take XEOMIN® if you: are allergic to XEOMIN® or any of the ingredients in XEOMIN® (see the end of this Guide for a list of ingredients in XEOMIN®), had an allergic reaction to any other botulinum toxin product such as rimabotulinumtoxinB (Myobloc®), onabotulinumtoxinA (Botox®, Botox® Cosmetic), or abobotulinumtoxinA (Dysport®) or have a skin infection at the planned injection site.

Ask a doctor before use if you

- have a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease], myasthenia gravis or Lambert-Eaton syndrome)
- have had any side effect from any other botulinum toxin in the past
- have a breathing problem such as asthma or emphysema
- have a history of swallowing problems or inhaling food or fluid into your lungs (aspiration)
- have bleeding problems
- have drooping eyelids
- have plans to have surgery
- have had surgery on your face
- are pregnant or plan to become pregnant. It is not known if XEOMIN® can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if XEOMIN® passes into breast milk.

Tell your doctor about all of your medical conditions and all of the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Using XEOMIN® with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received XEOMIN in the past.**

Especially tell your doctor if you

- have received any other botulinum toxin product in the last four months
- have received injections of botulinum toxin such as rimabotulinumtoxinB (MYOBLOC®), onabotulinumtoxinA (BOTOX®, BOTOX® COSMETIC) and bobotulinumtoxinA (DYSPORT®) in the past. Be sure your doctor knows exactly which product you received. The dose of XEOMIN® may be different from other botulinum toxin products that you have received.
- have recently received an antibiotic by injection
- take muscle relaxants
- take an allergy or cold medicine
- take a sleep medicine
- take a blood thinner medicine

Ask your doctor if you are not sure if your medicine is one that is listed above.

Possible Side Effects

XEOMIN® can cause serious side effects that can be life threatening. See "Warnings."

The most common side effects of XEOMIN® include:

- dry mouth
- discomfort or pain at the injection site
- tiredness
- headache
- neck pain
- muscle weakness
- eye problems, including double vision, blurred vision, drooping eyelids, swelling of your eyelids, and dry eyes. Reduced blinking can also occur. Tell your doctor or get medical help right away if you have eye pain or irritation following treatment.

XEOMIN® may cause other serious side effects including allergic reactions. Symptoms of an allergic reaction to XEOMIN® may include: itching, rash, redness, swelling, wheezing, asthma symptoms, dizziness or feeling faint. Tell your doctor or get medical help right away if you have wheezing or asthma symptoms, or if you get dizzy or faint.

These are not all the possible side effects of XEOMIN®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Directions

- XEOMIN® is a shot (injection) that your doctor will give you.
- XEOMIN® is injected into your affected muscles.
- Your doctor may change your dose of XEOMIN® until you and your doctor find the best dose for you.

General information about the safe and effective use of XEOMIN

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use XEOMIN for a condition for which it was not prescribed. Do not give XEOMIN to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or doctor for information about XEOMIN that is written for health professionals.

Active Ingredient: incobotulinumtoxinA

Inactive Ingredients: human albumin and sucrose