

ZILRETTA ACCESS GUIDE

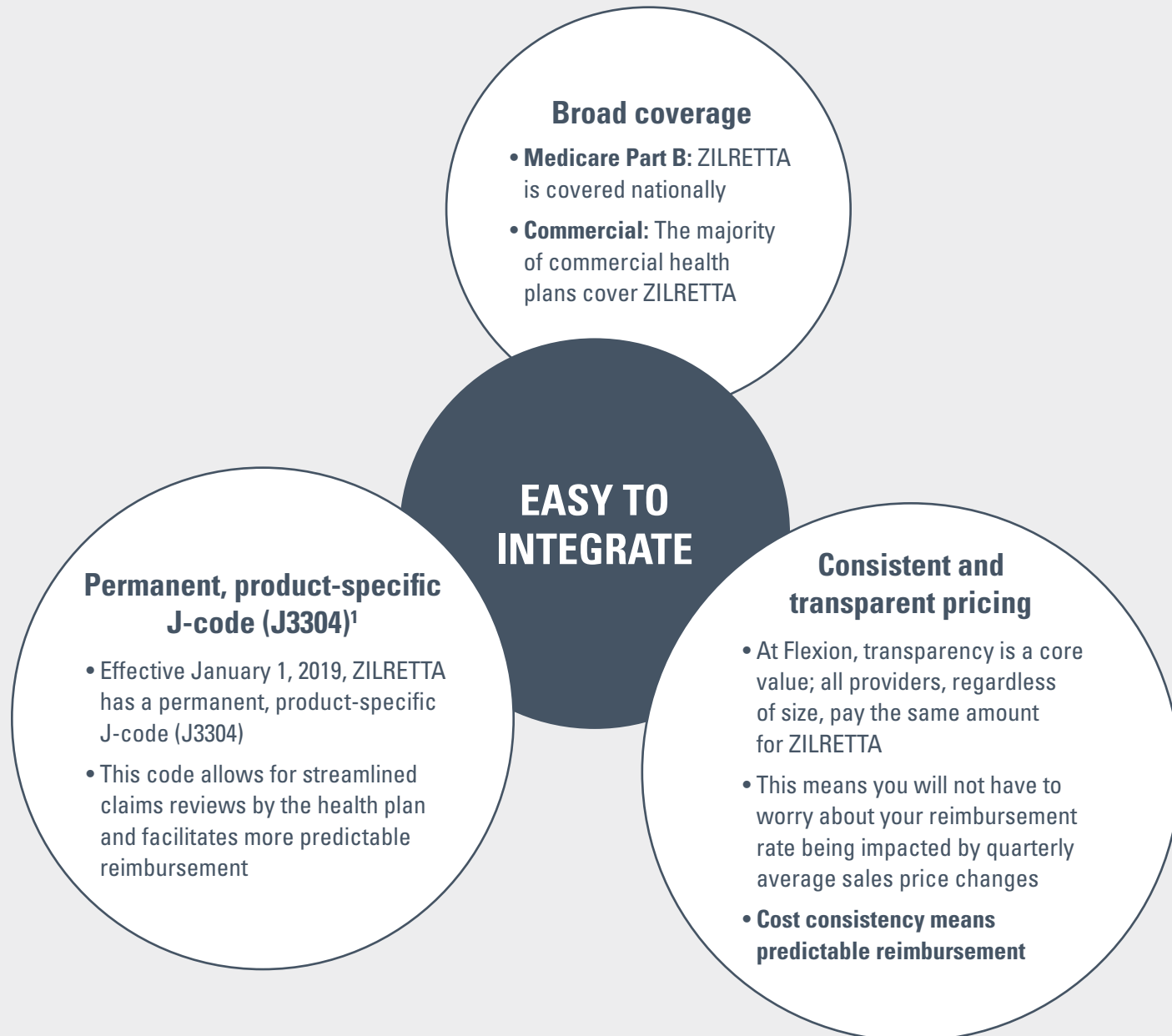
What you need to know to get
your patients started on ZILRETTA

FlexForwardSM
● ● ● ● ● Comprehensive Access Support

 **Zilretta**[®]
triamcinolone acetonide extended release
injectable suspension 32 mg

WE'RE DEDICATED TO HELPING YOU

At Flexion, our goal is to give your practice a positive experience. As a traditional physician-administered product with a permanent, product-specific J-code (J3304), ZILRETTA® (triamcinolone acetonide extended-release injectable suspension) offers a streamlined access and reimbursement process for your office. ZILRETTA is covered by major health plans, including Medicare, ensuring your patients have a path to access. In addition to providing a product that fits into your practice workflow, we also offer expertise and support services to help you get your patients started, and educational resources for added support.



WE'VE MADE IT SIMPLE TO GET ZILRETTA FOR YOUR PATIENTS

We understand you have an established process for ordering products at your practice, and we're committed to minimizing any disruption. That's why we've partnered with a network of experienced specialty distributors known for their high quality of service to ensure you get best-in-class support.

<p>ASD Tel: 1-800-746-6273 Fax: 1-800-547-9413</p> <p>How to set up an account: Call 1-877-654-7808.</p> <p>How to order: Visit ASDHealthcare.com or call 1-800-746-6273. Next day delivery available for orders placed by phone Monday through Thursday before 7 PM ET (orders placed on Friday before 7 PM ET will arrive on the following Tuesday).</p>	<p>CuraScript SD Tel: 1-877-599-7748 Fax: 1-800-862-6208</p> <p>How to set up an account: Call 1-877-599-7748.</p> <p>How to order: Visit CuraScriptOnline.com or call 1-877-599-7748. Next day delivery available for orders placed Monday through Thursday before 7 PM ET (orders placed on Friday before 7 PM ET will arrive on the following Tuesday).</p>
<p>Besse Medical Tel: 1-800-543-2111 Fax: 1-800-543-8695</p> <p>How to set up an account: Visit Besse.com or call 1-800-543-2111.</p> <p>How to order: Visit Besse.com or call 1-800-543-2111. Next day delivery available for orders placed Monday through Thursday before 7 PM ET (orders placed on Friday before 5 PM ET will arrive on the following Monday).</p>	<p>Henry Schein Medical Tel: 1-800-772-4346 Fax: 1-800-329-9109</p> <p>How to set up an account: Visit HenrySchein.com/medical or call 1-800-772-4346.</p> <p>How to order: Visit HenrySchein.com/medical or call 1-800-772-4346. Next day delivery available for orders placed Monday through Thursday before 4 PM ET (orders placed on Friday before 4 PM ET will arrive on the following Tuesday).</p>
<p>Cardinal Specialty Tel: 1-877-453-3972 (physician office) 1-855-855-0708 (acute/hospital)</p> <p>How to set up an account: Call 1-877-453-3972 (physician office) or 1-855-855-0708 (acute/hospital).</p> <p>How to order: Visit SpecialtyOnline.CardinalHealth.com or call 1-877-453-3972 (physician office) or 1-855-855-0708 (acute/hospital). Next day delivery available for orders placed Monday through Thursday before 7 PM ET (orders placed on Friday before 7 PM ET will arrive on the following Tuesday).</p>	<p>Metro Medical Tel: 1-800-768-2002</p> <p>How to set up an account: Visit MetroMedicalOrder.com or call 1-800-768-2002.</p> <p>How to order: Visit MetroMedicalOrder.com or call 1-800-768-2002. Next day delivery available for orders placed Monday through Thursday before 6 PM ET (orders placed on Friday before 5 PM ET will arrive on the following Tuesday).</p>

Keep in mind that most healthcare plans mandate that practices submit for reimbursement after purchase and injection (Buy & Bill); the process is straightforward, so feel confident working directly with our network of specialty distributors



FLEXFORWARDSM IS DESIGNED TO HELP YOU GET YOUR COMMERCIAL AND MEDICARE ADVANTAGE PATIENTS STARTED

At Flexion, we have extensive experience working with health plans to understand coverage for ZILRETTA[®] (triamcinolone acetonide extended-release injectable suspension). Most providers use our services when they start to use ZILRETTA. Here's why:

FlexForwardSM

Comprehensive Access Support

Health plan coverage requirements may vary based on the individual health plan's benefit design. That's where FlexForward comes in. We'll work with you so you can feel confident in what to expect for coverage and reimbursement, no matter your patient's coverage type.



Benefits investigation

Our Case Managers specialize in working with health plans to identify coverage for ZILRETTA. They can find out your patient's coverage and cost share (if any) and confirm if Buy & Bill is required so that you can feel confident in the process



Prior authorizations and appeals support

Our Case Managers can identify any plan-specific prior authorization requirements, guide you through processes, and help you complete and submit necessary paperwork; if a prior authorization request is denied, we can also guide you through the appeals process



Coding and billing assistance

Our experienced Case Managers can provide information, training, and support to help you code and bill for ZILRETTA with confidence

FlexForward has already completed thousands of benefits investigations, the majority of which have shown coverage for ZILRETTA

SUPPORT WHEN YOU NEED IT

We know that every practice is different. That's why we want to make sure you have timely solutions for *your* patient care needs.

- We can help your practice better understand commercial and Medicare access in your area
- We also offer on-demand training to better support your practice along the way



Visit ZilrettaPro.com/getting-zilretta/flexforward-overview/



Contact your Flexion representative



Call a dedicated FlexForward Case Manager at 1-844-Flexion (1-844-353-9466), Monday - Friday, 8 AM - 8 PM ET



IT'S EASY TO ENROLL YOUR PATIENTS IN FLEXFORWARDSM!

To enroll your patients in FlexForward, fill out an enrollment form for each of your patients prescribed ZILRETTA[®] (triamcinolone acetonide extended-release injectable suspension).

Section 1: Be sure to fill in the patient information in full to facilitate the benefits investigation and ensure patients can receive additional support services.

Section 2: Provider information, including the National Provider Identifier number, must be complete and accurate to help avoid delays in processing.

Section 3: It is crucial to enter the plan name and ID number for both primary and secondary insurance; providing a photocopy of the patient's insurance card(s) is highly recommended.

Note: If you select the box that says "Patient is uninsured," the FlexForward team will contact you regarding financial assistance.

Section 4: Select the specific diagnosis code for which ZILRETTA is administered:

- **M17.0** Bilateral primary
- **M17.11** Unilateral primary, right
- **M17.12** Unilateral primary, left
- **M17.2** Bilateral post-traumatic
- **M17.31** Unilateral post-traumatic, right
- **M17.32** Unilateral post-traumatic, left
- **M17.4** Other bilateral secondary
- **M17.5** Other unilateral secondary

The following unspecified codes may also be used to describe the patient's diagnosis: **M17.9**, **M17.10**, and **M17.30**.

Note: Be sure to also include information about the patient's previous treatment.

Sections 5 and 6: Enter the accurate dose quantity and any additional directions here. The healthcare provider must sign the form to authorize the use of ZILRETTA with the patient.

Section 7: Although not mandatory, obtaining patient consent can help maximize the support provided by FlexForward.

Once the form is complete, fax the form and a copy of the patient's insurance card(s) to 1-866-558-7939.



FlexForwardSM Enrollment Form
Fax completed enrollment form to 1-866-558-7939

Page 1 of 2

Services (please check all that apply)
 Full Benefits Support (benefits investigation, prior authorization, and appeals support) Benefits Investigation Only
 Specialty Pharmacy Triage

1. Patient Information
 Last name: _____ First name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Cell phone #: _____ Home phone #: _____ Email: _____
 Gender: Male Female Date of birth: ____/____/____ SSN (for insurance verification purposes only): _____

2. Prescriber Information
 Last name: _____ State license #: _____ First name: _____ DEA #: _____
 Office name: _____ Tax ID #: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone #: _____ Fax #: _____
Primary Contact
 Last name: _____ First name: _____ Title: _____
 Email: _____ Phone #: _____ Fax #: _____
 Preferred method of contact: Phone Email

3. Insurance Information Patient is uninsured
 Attach a copy of both sides of the patient's insurance card(s) and/or fill out the insurance information below.
 Is the patient enrolled in a government-funded healthcare program such as Medicare, Medicaid, VA, DAD, TRICARE, a qualified health plan (QHP), or a plan offered under a state or federal exchange? Yes No
Primary Insurance
 Plan name: _____ Group #: _____
 ID #: _____
 Plan phone #: _____
 Policy holder: _____
 Date of birth of policy holder (if different from patient): ____/____/____
 Relationship to patient: _____
Secondary Insurance
 Plan name: _____ Group #: _____
 ID #: _____
 Plan phone #: _____
 Policy holder: _____
 Date of birth of policy holder (if different from patient): ____/____/____
 Relationship to patient: _____

4. Diagnosis and Clinical Information
 ICD-10 Code: M17.0 M17.11 M17.12 M17.2 M17.31 M17.32 M17.4 M17.5 Other: _____
 Select the appropriate injection-site location: Left knee Right knee Bilateral
Clinical Information — Has the patient tried any of the following? (Please check all that apply)
 Immediate release intra-articular steroids (date of last injection: ____/____/____) NSAIDs Analgesics Physical therapy/exercise program
 Other (list all that apply): _____
 ZILRETTA (date of last injection: ____/____/____) (select previous injection-site location): Left knee Right knee Bilateral
 Known drug allergies and notes: _____

5. Prescription Information
 ZILRETTA[®] (triamcinolone acetonide extended-release injectable suspension), 32 mg (5 mL) Quantity: _____
 Directions for use: Administer ZILRETTA as a single intra-articular injection of triamcinolone acetonide, 32 mg (5 mL) for extended-release. ZILRETTA is supplied as a single-dose kit containing a vial of 32 mg (5 mL) triamcinolone acetonide (extended-release), 5 mL of sterile diluent, and a sterile vial adapter. Prepare using the diluent supplied in the kit. Refer to the "Instructions for Use" provided with the kit for preparation and administration of ZILRETTA.
 Additional directions: _____
 Dispense as written: _____
 Please attach a separate prescription if this section does not comply with your state's prescription law. Prescriptions from New York must be issued electronically.

6. Physician Authorization
 By signing below, I certify that (1) the above therapy is medically necessary and in the best interest of the patient listed above; (2) I authorize Flexion Therapeutics, Inc. and its contractors and business partners ("Contractors") to (a) supply any information to the insurer of the above named patient, (b) forward the above prescription by fax or other means of delivery to a licensed pharmacy, and (c) verify benefits and coordinate the dispensing of ZILRETTA where appropriate; and (3) I understand that information I provide on this form, if signed by the patient, will be used by Flexion Therapeutics, Inc. and its Contractors as authorized by the patient.
 Healthcare professional name (please print): _____
 Healthcare professional signature: _____ Date: ____/____/____

Call us at 1-866-FLEXION (1-866-353-9466), Monday - Friday, 8 am - 8 pm ET. Fax us the completed enrollment form at 1-866-558-7939.

FlexForwardSM Enrollment Form
Fax completed enrollment form to 1-866-558-7939

Page 2 of 2

7. Patient Authorization
 Patient name: _____ Date of birth: ____/____/____
 In order to receive FlexForward services, you must complete this authorization to share protected health information. Please note that you do not need to complete this authorization to start ZILRETTA. You may:
 Fax this completed form to FlexForward at 1-866-558-7939, or
 Call FlexForward at 1-844-FLEXION (1-844-353-9466) for instructions on other methods to complete this authorization
 Some of the information that FlexForward needs to obtain from my healthcare provider(s) and health plan(s) about me, such as my name, address, health insurance benefits, prescription drug coverage, and medical information, including medical conditions and treatment and drug history, is protected health information. The collection, use, and disclosure of such protected health information is protected under federal and some state privacy laws. In order for FlexForward to provide me with the services described in the FlexForward services overview, the FlexForward staff may need to obtain from my healthcare provider(s) and health plan(s) the protected health information about me described above. FlexForward may, in turn, share my clinical experience with my healthcare provider. I have the right to revoke this authorization at any time. Revocation can be completed by calling 1-844-FLEXION (1-844-353-9466) or sending a letter to FlexForward at RxCrossroads-Flexion, PO Box 593783, Orlando, FL 32859. I understand that I do not have to enroll in the program, and that I can still receive ZILRETTA as prescribed by my physician.
 By signing the FlexForward Patient Authorization, I authorize my healthcare providers (such as my doctor and pharmacies and pharmacists) and my health plan and/or health insurer to disclose protected health information about me to Flexion Therapeutics, Inc., the manufacturer of ZILRETTA, and the companies working with it to provide the FlexForward services, so that they may use this information as necessary to assist with:
 (1) researching insurance coverage for ZILRETTA; (2) helping to arrange financial assistance to help me pay for my ZILRETTA treatment by contacting my insurer, other potential funding sources, social workers, patient advocacy organizations, or patient assistance programs on my behalf in order to determine if I am eligible for other financial assistance; (3) coordinating delivery and administration of ZILRETTA to my designated treatment site(s); (4) collecting information related to ZILRETTA treatment to assist in the coordination of my care and care of other osteoarthritis patients; (5) providing me with educational and support services, materials and information related to ZILRETTA treatment to assist in the coordination of care; and (6) providing me with information related to ZILRETTA and knee osteoarthritis or contacting me by mail, email, and/or telephone to ask me about my experiences with, or thoughts about, products, services, and programs that FlexForward offers or sponsors, and to help Flexion Therapeutics, Inc. develop new products, services, and programs. I understand that the companies working with Flexion Therapeutics, Inc. to provide FlexForward receive compensation for the services that they provide, including the service of contacting me to discuss products and services.
 Patient signature: _____ Date: ____/____/____
 Authorized representative name: _____ Relationship/Title: _____
 Authorized representative signature: _____ Date: ____/____/____

Call us at 1-844-FLEXION (1-844-353-9466), Monday - Friday, 8 am - 8 pm ET. Fax us the completed enrollment form at 1-866-558-7939.

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Download the interactive enrollment form at ZilrettaPro.com/files/enrolling-in-flexforward.pdf

GET ANSWERS ON *YOUR* TIME

Still have questions about ZILRETTA® (triamcinolone acetonide extended-release injectable suspension)? We have the answers you need, when you need them.

Information on coding and billing

- Refer to your Coding and Billing Guide for ZILRETTA
- Visit ZilrettaPro.com/getting-zilretta/coding-and-billing/

Questions about coverage

- Contact your Flexion representative
- Call a FlexForwardSM Case Manager

Help with dose preparation

- Refer to your ZILRETTA Dose Preparation Brochure
- Contact your Flexion representative
- Visit ZilrettaPro.com/preparation-and-handling/
- Call FlexForward for clinical support

For more information, talk to your Flexion representative or call a dedicated FlexForward Case Manager at 1-844-FLEXION (1-844-353-9466), Monday - Friday, 8 AM - 8 PM ET

Reference: 1. 2019 table of drugs. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Downloads/2019-Table-of-Drugs.pdf>. Updated October 26, 2018. Accessed November 20, 2018.



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