

GETTING STARTED WITH ZILRETTA

How to integrate ZILRETTA into your practice

FlexForwardSM
● ● ● ● ● Comprehensive Access Support

 **Zilretta**TM
triamcinolone acetonide extended release
injectable suspension 32 mg

WE'RE DEDICATED TO HELPING YOU

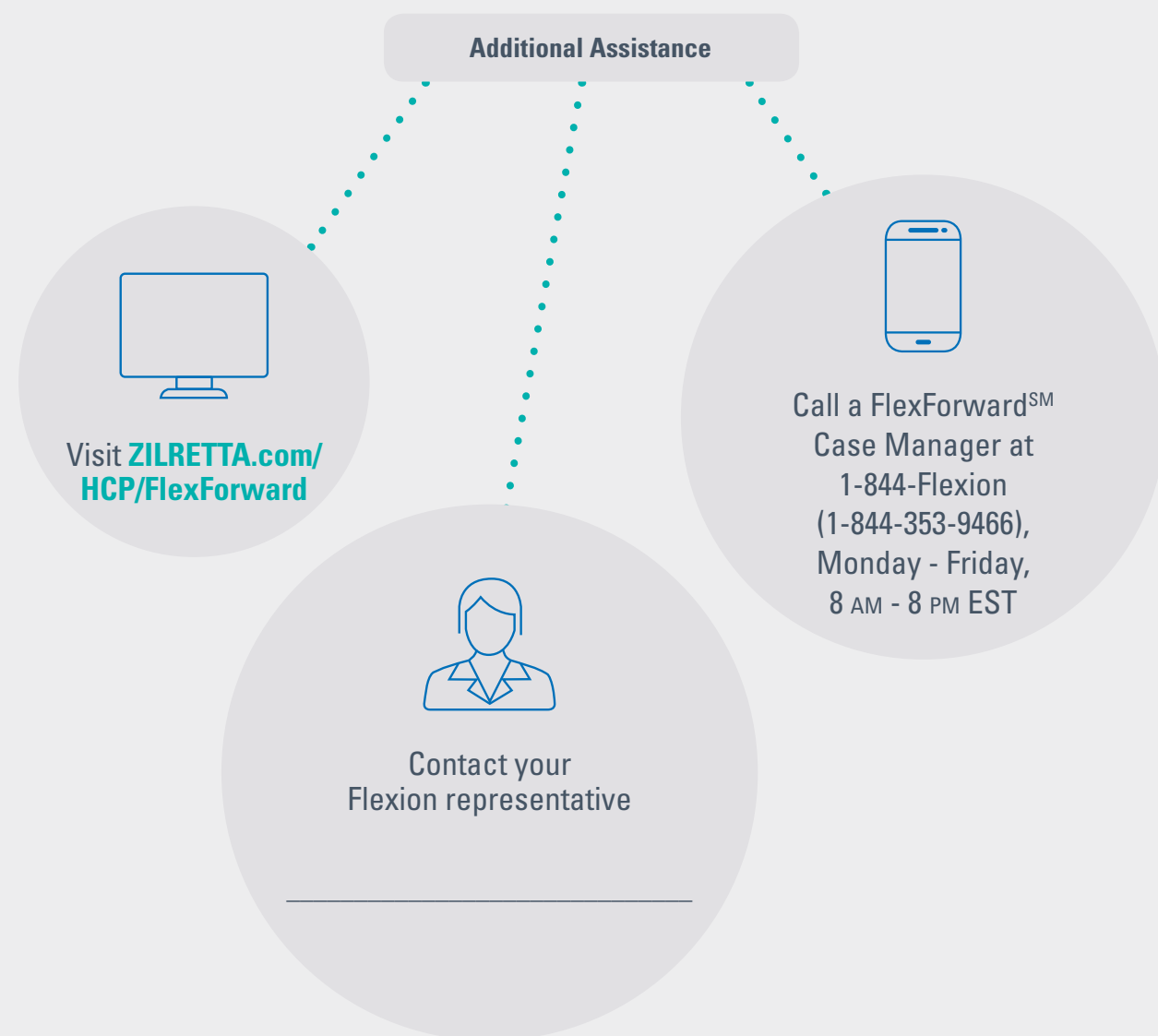
At Flexion, we understand that your practice has an established workflow and process. Our goal is to work within *your* process to minimize the disruption for your practice and make sure you have **comprehensive support at every step**.

With ZILRETTA™ (triamcinolone acetonide extended-release injectable suspension), we're not just offering a treatment. We're also offering expertise and support services to help you navigate a complex healthcare environment. We can provide your patients with educational resources for added support.

Support when you need it

We want to make sure you have timely solutions for your patient care needs.

- Our dedicated team of Flexion representatives can provide your practice with national, regional, and local expertise to help address any 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



FLEXION PROVIDES COMPREHENSIVE ACCESS SUPPORT

Flexion offers an array of services to help your patients access ZILRETTA. And we work with your established process to provide you tailored services without burdening your practice.



Even though a new product may be covered by insurance, we understand there is a degree of uncertainty that can come with integrating a new therapy into your practice. Rest assured, FlexForward offers customized solutions to support you with access and reimbursement. Our team of experienced FlexForward Case Managers is focused on supporting you at every step of *your* process.



Benefits investigation

Our Case Managers conduct a complimentary benefits investigation to determine your patient's insurance coverage, so that you have the confidence to prescribe ZILRETTA



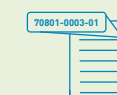
Prior authorizations

In the case of coverage requirements such as a prior authorization, our Case Managers can provide you information, help you complete necessary paperwork, and may be able to submit to the patient's health plan on your behalf



Appeals support

If the prior authorization request is denied, our Case Managers can guide you through the appeals process and help you understand the supporting documentation required



Coding and billing assistance

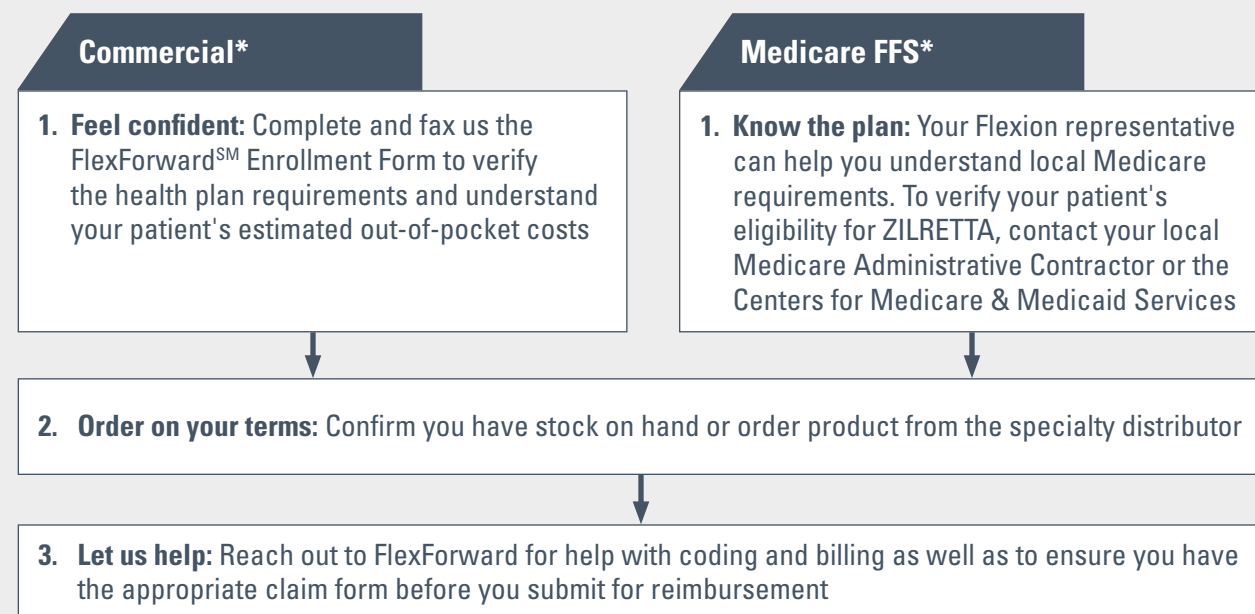
Our experienced Case Managers can provide information, training, and support to assist you with coding and billing and help you navigate any issues, if they arise

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



WE'LL WALK YOU THROUGH THE ORDERING PROCESS

We understand each practice is different and will work with you to fit ZILRETTA™ (triamcinolone acetonide extended-release injectable suspension) into your process. The sample steps below can be customized based on your patient's and practice's needs.



FFS=fee-for-service.

*For Medicare Advantage plans, the process will more closely align with the steps for commercial plans.



- 1. Feel confident:** Complete and fax us the FlexForward Enrollment Form to verify health plan requirements and understand your patient's estimated out-of-pocket costs
- 2. Work with the best:** Let FlexForward triage the prescription to our specialty pharmacy partner, or you can fax the enrollment form directly to AcariaHealth at 1-844-226-9952
- 3. Set the schedule:** Coordinate with your patient to set up the best time for coming in and receiving the injection

Let your patients know that they will receive a phone call from AcariaHealth to coordinate coverage and payment, and this call may come from an unknown number

Keep in mind that some commercial health plans may mandate a specific approach to obtain ZILRETTA. Contact FlexForward to better understand the requirements for your patient's health plan.

WE'VE MADE IT SIMPLE TO ORDER

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 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 How to Order: Sign up and order at ASDHealthcare.com, or call 1-877-654-7808 to set up a new account</p>	<p>CuraScript SD Tel: 1-877-599-7748 Fax: 1-800-862-6208 How to Order: Order at CuraScriptOnline.com, or call 1-877-599-7748 to set up a new account</p>
<p>Besse Medical Tel: 1-800-543-2111 Fax: 1-800-543-8695 How to Order: Sign up and order at www.Besse.com, or call 1-800-543-2111 to set up a new account</p>	<p>Henry Schein Medical Tel: 1-800-772-4346 Fax: 1-800-329-9109 How to Order: Sign up and order at HenrySchein.com/medical, or call 1-800-772-4346 to set up a new account</p>
<p>Cardinal Specialty Tel: 1-877-453-3972 (physician office); 1-855-855-0708 (acute/hospital) How to order: Order at SpecialtyOnline.CardinalHealth.com, or call 1-877-453-3972 (physician office) or 1-855-855-0708 (acute/hospital) to set up a new account</p>	<p>Metro Medical Tel: 1-800-768-2002 How to order: Sign up and order at MetroMedicalOrder.com/markets/rheumatology-gastroenterology/default.aspx, or call 1-800-768-2002 to set up a new account</p>

If you prefer to order through a specialty pharmacy, Flexion has partnered with AcariaHealth, a specialty pharmacy dedicated to supporting you and your patients. Simply fax the FlexForward Enrollment Form to AcariaHealth at 1-844-226-9952 to serve as your patient's prescription for ZILRETTA. You can also contact AcariaHealth at 1-844-359-1415, Monday - Friday, 8:30 AM - 8:00 PM EST.

FlexForward can help you understand your options for ordering ZILRETTA and decide the best method to meet your patient's and practice's needs.

Our dedicated team of Flexion representatives is committed to ensuring your practice has the access support you need when prescribing ZILRETTA



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 ZILRETTATM (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 NPI 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**.

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.

A printed enrollment form can be found in your ZILRETTA Resource Kit, or you can download the interactive form at ZILRETTA.com/HCP/files/Enrolling-in-FlexForward.pdf.

FlexForwardSM
Comprehensive Access Support

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

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

2. Prescriber Information
Last name: _____ First name: _____ State license #: _____ Tax ID #: _____ DEA #: _____
Office name: _____ City: _____ State: _____ ZIP: _____
Address: _____ 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, DOD, TRICARE, a qualified health plan (QHP), or a plan offered under a state or federal exchange? Yes No
Primary Insurance
Plan name: _____ ID #: _____ Group #: _____
Plan phone #: _____ Policy holder: _____
Date of birth of policy holder (if different from patient): ____/____/____
Relationship to patient: _____
Secondary Insurance
Plan name: _____ ID #: _____ Group #: _____
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
Has the patient tried any of the following (please check all that apply):
 Intra-articular steroids (date of last injection: ____/____/____) NSAIDs Analgesics Physical therapy/exercise program
 Other (list all that apply): _____
Known drug allergies and notes: _____

5. Prescription Information
ZILRETTATM (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 sterile 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) provide any information on this form 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 dispense 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): _____ Date: ____/____/____
Healthcare professional signature: _____ Date: ____/____/____

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

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

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 ZILRETTATM (triamcinolone acetonide extended-release injectable suspension). 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 EST
Fax us the completed enrollment form at 1-866-558-7939

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

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 [ZILRETTA.com/HCP/ordering-and-access/coding-and-billing](https://zilretta.com/HCP/ordering-and-access/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 [ZILRETTA.com/HCP/FlexForward](https://zilretta.com/HCP/FlexForward)
- Call FlexForward for clinical support

Additional questions

- Contact a FlexForward Case Manager

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