CENTURY SPECIALTY SCRIPT

*Indicates required field

Regranex® (becaplermin) Gel 0.01%

ENROLLMENT FORM

Customer Service: (800) 521-3949 Fax to: (877) 521-5353

E-prescribing: Century Specialty Script

6 Fisher Ave. Tuckahoe, NY 10707

PRESCRIBER INFORMATION

*Prescriber Name:

*Email[1]:

*NPI #: *Tax ID #:

*Prescriber Phone #: *Fax #:

*Address:

*City: *State: *Zip:

*Office Contact Name:

PATIENT INFORMATION

*Patient Name (First Last):

*Date of Birth: *Gender: M ☐ F ☐

*Address:

*City: *State: *Zip:

*Home Phone #: Alternate Phone #:

SSN (Last 4 digits):

Email: Primary Language:

Ship to: ☐ Patient ☐ MD Office ☐ Other _____

Emergency Contact: Phone # :

Patient's Local Pharmacy Name:

Address:

Phone #:

PRESCRIPTION INFORMATION

*Patient Name (First Last):

*Drug: **REGRANEX® (becaplermin) Gel, 0.01%** *Date:

*Quantity Sufficient: ☐ 30 day supply ☐ 60 day supply ☐ 90 day supply ☐ Other:

*Sig (Directions) *Apply thin layer to affected area daily every 12 hours on, 12 hours off:*

☐ Other:

*Refills: Notes:

PATIENT INSURANCE INFORMATION/ PHARMACY BENEFIT PLAN

Fill in fields with pharmacy benefits – NOT medical. OR... Fax Demographic Sheet or Patient Pharmacy Card along with enrollment form.

*Name: Pharmacy Help Desk #:

Policyholder Name: Relationship to Patient:

*Member ID #: *Group ID #:

*Rx BIN #: *PCN #:

PATIENT DIAGNOSIS

*Diagnosis Code:

Please list any known allergies to medication or other substances: ☐ NKDA:

*Rx's Failed, Dosage, Dates of Therapy and Reason for Failure

Wound care plan:

Wound #1 size:

Wound #2 size:

Wound #3 size:

Wound Locations:

PROVIDER ATTESTATION

By my signature below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that CSS reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through this Program. Finally, I authorize CSS as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. Finally, I allow CSS to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

☐ **Please send me status updates via email.** You may opt-in to receive e-mails from CSS regarding the status of your patient's prescription. By agreeing to receive e-mails from CSS, you acknowledge that CSS will send standard e-mails. Therefore, there is potential for these e-mails to be intercepted by unauthorized third parties. If you share your e-mail with others, those parties may be able to access your confidential information. Please notify CSS immediately if you wish to cease receiving e-mails or if your address changes. You should not use e-mails for emergencies.

*Prescriber's Signature

*Date of Signature

Important Safety Information

WARNING: INCREASED RATE OF MORTALITY SECONDARY TO MALIGNANCY
An increased rate of mortality secondary to malignancy was observed in patients treated with 3 or more tubes of REGRANEX® Gel in a postmarketing retrospective cohort study. REGRANEX® Gel should only be used when the benefits can be expected to outweigh the risks. REGRANEX® Gel should be used with caution in patients with known malignancy.

WARNING: INCREASED RATE OF MORTALITY SECONDARY TO MALIGNANCY
An increased rate of mortality secondary to malignancy was observed in patients treated with 3 or more tubes of REGRANEX® Gel in a postmarketing retrospective cohort study. REGRANEX® Gel should only be used when the benefits can be expected to outweigh the risks. REGRANEX® Gel should be used with caution in patients with known malignancy.

Important Safety Information

Indications and usage:

REGRANEX® (becaplermin) Gel, 0.01% contains becaplermin, a human platelet-derived growth factor that is indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply. REGRANEX® Gel is indicated as an adjunct to, and not a substitute for, good ulcer care practices.

Limitations of use:

- The efficacy of REGRANEX® Gel has not been established for the treatment of pressure ulcers and venous stasis ulcers
- The effects of REGRANEX® Gel on exposed joints, tendons, ligaments, and bone have not been established in humans
- REGRANEX® Gel is a non-sterile, low bioburden preserved product that should not be used in wounds that close by primary intention

REGRANEX® Gel is contraindicated in patients with known neoplasm(s) at the site(s) of application.

In clinical trials, erythematous rashes occurred in 2% of patients treated with REGRANEX® Gel or placebo; none occurred in patients receiving good ulcer care alone.

For more information about the Boxed Warning for REGRANEX® Gel, please call 1-888-REGRANEX (734-7263) and press "2".

smith&nephew

RGBE-01-1115-UE

CENTURY SPECIALTY SCRIPT®

Regranex® (becaplermin) Gel 0.01%