accessDAXXIFY™

DAXXIFY® Patient Savings Program
Enrollment Form

Phone: **1-855-FOR-DAXI** (1-855-367-3294)
Fax: **1-855-FAX-DAXI** (1-855-329-3294)

PATIENT ATTESTATION

First Name ______ Last Name ______ Date of Birth ______
Street Address ______ Apt # ______
City ______ State ______ Zip Code ______ Gender Male Female
Home Phone ( ) ______ Voicemail Allowed Mobile Phone ( ) ______ Voicemail Allowed
Patient Email ______ Preferred Language ______
Alternate Contact ______ Relationship to Patient ______
Alternate Contact Email ______ Alternate Contact Phone ( ) ______ Voicemail Allowed

INSURANCE INFORMATION

Primary Insurance Name ______ Phone ( ) ______
Policy ID ______ Policy Holder Name ______ Policy Holder's Date of Birth / /
Group # ______ Policy Holder's Relationship to Patient ______
Secondary Insurance Name ______ Phone ( ) ______
Policy ID ______ Policy Holder Name ______ Policy Holder's Date of Birth / /
Group # ______ Policy Holder's Relationship to Patient ______

PROGRAM ELIGIBILITY QUESTIONS

Yes No Does the patient have commercial insurance?

Yes No Is the patient currently a resident of the United States or Puerto Rico?

Yes No Is the patient between the ages of 18 and 64?

Yes No Is the patient eligible for, or covered by any state or federally funded prescription insurance program, such as Medicare Part D, Medicare Part B, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs, or TRICARE?

HEALTHCARE PROVIDER INFORMATION

Prescriber Name ______
Practice Name ______ Practice Email ______
Street Address ______ Ste # ______ Office Phone ( ) ______
City ______ State ______ Zip Code ______ Office Fax ( ) ______
Office Contact ______ Office Contact Phone ( ) ______
Office Contact Email ______

PROGRAM SAVINGS

***REQUIRED*: Please check *only one* option below. Your application cannot be processed if both boxes are selected.**

Select this option if you would like to receive eligible Program benefits directly to your street address provided above.

Select this option if you would prefer to assign/send your Program benefits to your Healthcare Provider listed above for your convenience. **(There is no obligation to assign your Program savings to your Healthcare Provider to participate in the Program.)**

If at any time you decide to change your assignment of program benefits, you will need to submit a new enrollment form.

DAXXIFY® daxibotulinumtoxinA-lanm injection | REVANCE® THERAPEUTICS

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PATIENT ATTESTATION

1. This offer is valid for commercially insured patients only and is good for use only when a patient has been prescribed DAXXIFY®. 2. The program provides coverage for patients' out-of-pocket costs directly related to DAXXIFY® medication costs and related administration fees (unless prohibited by state or local laws). 3. Depending on insurance coverage, eligible insured patients may receive up to a maximum savings limit of five thousand dollars ($5,000) per year. Patient out-of-pocket expense may vary. 4. This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. 5. The offer is valid for one (1) year. 6. Claims must be submitted within 180 days of treatment date and must include required documentation to support the claim. 7. Revance reserves the right to rescind, revoke, or amend this offer without notice. 7. Void if prohibited by law, taxed, or restricted. 8. Residents of Rhode Island and Massachusetts may only receive assistance with the cost of DAXXIFY® and not any related medical services fees. 9. This Program is not transferable. The selling, purchasing, trading, or counterfeiting of this Program is prohibited by law. 10. This Program is not insurance and other restrictions may apply. 11. By participating in this Program, you represent that, to the best of your knowledge, the patient is eligible to participate in the Program and that you understand and agree to comply with the terms and conditions of this offer. 12. This offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer. 13. Revance reserves the right to rescind, revoke, amend, or terminate this offer, or the Program in its entirety, at any time without notice.

By signing this form, I (Patient) understand and authorize that UBC (Administrator) is administering the Access DAXXIFY™ Patient Savings Program (Program) on behalf of Revance Therapeutics. Administrator will review patient Enrollment form and determine my/patient's eligibility for the Program based on the information provided. Administrator may, at any time, require additional information to determine or confirm my/patient's eligibility. Administrator will notify me/patient if I am/patient is eligible and may provide me/patient with additional information.

Patient/Legal Guardian (please print) ______________________

Patient/Legal Guardian Signature ______________________ **Date** __________

IMPORTANT SAFETY INFORMATION for DAXXIFY® (daxibotulinumtoxinA-lanm) injection

DAXXIFY® may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of DAXXIFY®:

- **Problems swallowing, speaking, or breathing** due to weakening of associated muscles can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection.
- **Spread of toxin effects.** The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms that include loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, and trouble swallowing.

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

Do not receive DAXXIFY® if you are allergic to any of the ingredients in DAXXIFY® (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as rimabotulinumtoxinB (MYOBLOC®), onabotulinumtoxinA (BOTOX®), abobotulinumtoxinA (DYSPORT®), or incobotulinumtoxinA (XEOMIN®); or have a skin infection at the planned injection site.

DAXXIFY® dosing units are not the same as, or comparable to, any other botulinum toxin product.

Tell your healthcare provider about all your medical conditions, especially if you have ALS (Lou Gehrig's disease) or any other muscle or nerve conditions. You should also tell your healthcare provider about any previous side effects from other botulinum toxin products, including dry eye; breathing, swallowing, bleeding, or heart problems; plans to have surgery; are pregnant or breastfeeding or plan to become pregnant or breastfeed.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using DAXXIFY® with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your healthcare provider that you have received DAXXIFY® in the past, or are currently receiving DAXXIFY®.**

- **Tell your healthcare provider if you** have received any other botulinum toxin product in the last 4 months or any in the past, and exactly which product you received (such as BOTOX®, MYOBLOC®, DYSPORT®, or XEOMIN®). **DAXXIFY® may cause serious side effects, including allergic reactions** (such as itching, rash, redness, swelling, wheezing, trouble breathing, or dizziness or feeling faint), **heart problems** (such as irregular heartbeat and heart attack), and **eye** problems (including dry eye, reduced blinking, and corneal problems). Tell your healthcare provider or get medical help right away if you experience a serious side effect. No serious adverse events of distant spread of toxin effect associated with use of DAXXIFY® have been reported in clinical studies at the dose of 125 Units and 250 Units for cervical dystonia. The most common side effects of DAXXIFY® in adults for cervical dystonia include headache, injection site pain, injection site erythema, muscular weakness, and upper respiratory tract infection.

These are not all the possible side effects of DAXXIFY®. For more information, see the full Prescribing Information, including Boxed Warning, and refer to the Medication Guide or talk with your doctor. **To report side effects associated with DAXXIFY®, please visit safety.revance.com or call 1-877-373-8669. You may also report side effects to the FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.**

APPROVED USE

DAXXIFY® is a prescription medicine that is injected into muscles and used to treat cervical dystonia (CD) in adults.

DAXI-004727

DAXXIFY® daxibotulinumtoxinA-lanm injection

REVANCE® THERAPEUTICS