DALVANCE CONNECTS™ CO-PAY ASSISTANCE PROGRAM

To enroll and activate call: 1.855.387.2824

The DALVANCE CONNECTS™ Co-pay Assistance Program may assist eligible commercial insurance patients with their out-of-pocket costs for DALVANCE®, up to $800 for a single-dose or 2-dose infusion when administered in a practice-based or freestanding infusion center, hospital outpatient department, or home infusion service.

INDICATION AND USAGE

DALVANCE® (dalbavancin) for injection is indicated for the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible isolates of the following Gram-positive microorganisms: Staphylococcus aureus (including methicillin-susceptible and methicillin-resistant strains), Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus dysgalactiae, Streptococcus anginosus group (including S. anginosus, S. intermedius, S. constellatus) and Enterococcus faecalis (vancomycin-susceptible strains).

To reduce the development of drug-resistant bacteria and maintain the effectiveness of DALVANCE and other antibacterial agents, DALVANCE should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria.

IMPORTANT SAFETY INFORMATION

Contraindications

DALVANCE is contraindicated in patients with known hypersensitivity to dalbavancin.

Please see additional Important Safety Information on inside flap and enclosed full Prescribing Information.
Eligible patients with an out-of-pocket cost for DALVANCE® of greater than $50 per infusion may qualify to receive assistance after the patient has paid the first $50 per infusion, when administered at any outpatient setting of care, whether it is for the single-dose infusion (1500 mg) or the first (1000 mg) or second (500 mg) IV infusion of the 2-dose regimen of DALVANCE.

The program will provide a maximum of $800 in assistance over 1 or 2 infusions of DALVANCE within a 12-month period.

Here’s Who Is Eligible

Any patient who:

• Is 18 years of age or older and has commercial insurance

• Is a resident of, and is treated with DALVANCE in, the U.S. (including Puerto Rico, U.S. Virgin Islands, and Guam)

• Is administered DALVANCE in an outpatient setting of care
Here’s How the Program Works

With the patient’s permission, call the DALVANCE CONNECTS℠ Co-pay Assistance Program line at 1.855.387.2824 and request an enrollment form. Fill out the enrollment form so a Verification of Benefits can be completed by DALVANCE CONNECTS℠. To access co-pay assistance through the DALVANCE CONNECTS℠ Co-pay Assistance Program:

- The provider will receive a letter outlining a patient’s eligibility and the process for accessing co-pay assistance
- The provider will administer DALVANCE and submit the claim for DALVANCE to the patient’s insurance company
- Once the claim has been processed and paid by the insurance company, the patient or provider will submit a copy of the Explanation of Benefits (EOB), or the provider can submit a copy of the Remittance Advice (RA), to the DALVANCE CONNECTS℠ Co-pay Assistance Program within 120 days of the administration of each dose of DALVANCE
- In order for charges to be approved for co-pay assistance, the EOB or the RA must clearly identify DALVANCE as the drug that was given and outline the costs associated to DALVANCE only
- Once the documentation is submitted, the DALVANCE CONNECTS℠ Co-pay Assistance Program will review the information. A check will be issued to the provider only

Please note:

- It may take 45 to 60 days for the patient to receive the EOB or the provider to receive the RA form from the insurance provider
- Retroactive co-pay assistance is available for outpatient doses of DALVANCE administered to the patient within 120 days of patient enrollment into the DALVANCE CONNECTS℠ Co-pay Assistance Program
When enrolling a patient in DALVANCE CONNECTS℠ and activating the Co-pay Assistance Program, please have the following information available:

- Patient information
- Patient’s insurance information
- Diagnosis and treatment information

Utilize a DALVANCE CONNECTS℠ enrollment form and be sure to check the Co-pay Assistance Program box on the form.

After completing the form and having the doctor sign the form, FAX the pages back to 1.855.888.7206.

Note: Amount to be paid by patient directly for DALVANCE may not include other costs, such as services/professional fees associated with administration of DALVANCE.

Please see Important Safety Information on reverse side and enclosed full Prescribing Information.
HAZARD

IMPORTANT SAFETY INFORMATION (continued)

WARNING AND PRECAUTIONS

Hypersensitivity Reactions
Serious hypersensitivity (anaphylactic) and skin reactions have been reported with glycopeptide antibacterial agents, including DALVANCE. Exercise caution in patients with known hypersensitivity to glycopeptides due to the possibility of cross-reactivity. If an allergic reaction occurs, treatment with DALVANCE should be discontinued.

Infusion-related Reactions
Rapid intravenous infusion of DALVANCE can cause reactions, including flushing of the upper body, urticaria, pruritus, and rash.

Hepatic Effects
ALT elevations with DALVANCE treatment were reported in clinical trials.

Clostridium difficile-associated Diarrhea
Clostridium difficile-associated diarrhea (CDAD) has been reported with nearly all systemic antibacterial agents, including DALVANCE, with severity ranging from mild diarrhea to fatal colitis. Evaluate if diarrhea occurs.

Development of Drug-resistant Bacteria
Prescribing DALVANCE in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

Adverse Reactions
The most common adverse reactions in patients treated with DALVANCE were nausea (4.7%), headache (3.8%), and diarrhea (3.4%).

Use In Specific Populations
• There have been no adequate and well-controlled studies with DALVANCE in pregnant or nursing women. DALVANCE should only be used if the potential benefit justifies the potential risk in these populations.
• In patients with renal impairment whose known creatinine clearance is less than 30 mL/min and who are not receiving regularly scheduled hemodialysis, the recommended regimen of DALVANCE is 1125 mg, administered as a single dose, or 750 mg followed one week later by 375 mg. No dosage adjustment is recommended for patients receiving regularly scheduled hemodialysis, and DALVANCE can be administered without regard to the timing of hemodialysis.
• Caution should be exercised when prescribing DALVANCE to patients with moderate or severe hepatic impairment (Child-Pugh Class B or C) as no data are available to determine the appropriate dosing in these patients.

Please see enclosed full Prescribing Information.
Restrictions

• The DALVANCE CONNECTS™ Copay Assistance Program may only be redeemed/used toward the patient’s out-of-pocket cost for DALVANCE®. This program is not insurance.

• Patient is not eligible if prescription is paid in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, and TriCare, or if patient is eligible for benefits under such a program.

• Participants certify that they will not seek reimbursement or compensation from any of these programs, or from a flexible spending account, a Health Savings Account (HSA) or a Health Reimbursement Account (HRA).

• The patient must understand that he/she will be asked for permission to allow the physician office to provide the patient’s personal information that may include the patient name, address, phone number, email address, and information related to the patient’s insurance and treatment. This information is necessary to permit Allergan, Inc., the company that brings you DALVANCE, and companies that work with Allergan, Inc., including vendors and other affiliates, to provide assistance through this program.

• As a condition of participating in this program, the patient and physician must comply with any co-payment or co-insurance disclosure requirements of the patient’s insurance carrier or third-party payor, including disclosing to the insurer the amount of co-payment or co-insurance assistance received from this program.

• Allergan, Inc. will not share the patient or physician information with anyone else except as required by law. All information provided will be governed by the Allergan, Inc. Privacy Policy.

• Allergan, Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice. Void where prohibited by law.

• Expiration date: December 31, 2017

Please see inside and front cover for Important Safety Information. Please see enclosed full Prescribing Information.