Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the **"Healthcare Savings"** tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, $4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over $300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.

Rich Sagall, MD
President, NeedyMeds

Clip the card and save

NeedyMeds
NeedyMeds.org

DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.

Powered by ScriptSave® WellRx

- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family
- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit www.needymeds.org/L2L for more information.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
50 Whittemore St.
Gloucester, MA 01930

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.

Auvi-Q®
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors

kaléo Cares Patient Assistance Program Enrollment Form Web Download

Please fax completed form from prescriber's office to: (800) 943-1730

Kaleo, Inc. (kaléo), the maker of AUVI-Q, understands that some patients may have financial difficulties that prevent them from obtaining necessary medications. Through the kaléo Cares Patient Assistance Program (PAP), patients who are experiencing financial difficulties may be able to receive AUVI-Q at no cost. To be eligible for assistance, a patient must:

(1) Have prescription for AUVI-Q
(2) Be a legal US resident;
(3) Not have any government or commercial drug coverage†; and
(4) Have an annual household income of less than $100,000.

†Patients who are eligible for Medicaid coverage may be eligible for assistance to receive AUVI-Q at no cost.

*Required field

Reset Form

1. Patient Information - To Be Completed by Patient

*Patient Name (Last, First):			*SSN:	
*Date of Birth (MM/DD/YYYY):	*Weight (lbs):	*Gender: ☐ Male ☐ Female		
*Address (Cannot be a PO Box):	*City		*State:	*Zip:
*Cell Phone: ☐ Text Opt-in‡	Home Phone:	Other Phone:		

‡ I authorize kaléo and its partners to send me text messages about my AUVI-Q prescription order. Standard message and data rates may apply. To opt out, call (844) 357-3968.

*Email Address:	If Minor, Parent/Caregiver/Guardian Name (Last, First):	
*Do you have prescription drug coverage?	*Do you have commercial insurance?	*Please check any of the programs you are you eligible for: ☐ Medicaid ☐ Medicare ☐ Tricare
*Number of Dependents:	*Annual Household Income (Patient/Guardian may be required to show proof of income):	

By signing below, I affirm and acknowledge that:

- Completing this form does not guarantee I will qualify for benefits of the PAP;
- I allow kaléo, and the companies working with it to use this registration information to administer any PAP benefits, and contact me about the PAP;
- Kaléo may verify the accuracy of the information on this form;
- Any medicines received through the PAP shall not be sold, traded, bartered or transferred;
- The PAP is not insurance;
- Kaléo reserves the right to change or discontinue the PAP at any time;
- Any PAP benefits are not contingent on any future purchase;
- I am not eligible for Medicare; and
- The information I have provided on this form is complete and accurate.

If I receive medicine through the PAP, I also affirm and acknowledge that:

- I will immediately notify kaléo of any change in my financial status and/or insurance coverage changes by calling 502-213-7601;
- I will not seek reimbursement of any type from my insurance provider for any costs of the medications received; and
- I will notify my insurance provider of the receipt of the medicines.

If I refuse to sign below, I acknowledge that I will not be considered for any benefits of the PAP, but this will not affect my ability to obtain medical treatment, seek payment for medical treatment, or affect my insurance coverage or eligibility.

*Patient's Signature	*Date of Signature

2. Patient Authorization to Share Health Information – To Be Completed by Patient

I agree and consent to allow my healthcare providers and health insurers to give the kaléo Cares Patient Assistance Program (PAP Program), kaléo and its agents my personal and medical information, including healthcare condition, diagnosis and medicines, for the purposes listed below:

- Determine eligibility for the PAP Program.
- Provide me with free medicine through the kaléo Cares Patient Assistance Program if I am eligible to participate.
- Ensure compliance with laws that may require the use or disclosure of my information.
- Contact me or my healthcare provider for additional information related to any potential reported potential adverse event or product complaint.
- Properly manage, administer, and gather feedback on the PAP Program.

I understand:

- Application to the program is voluntary and I am free to decide whether I would like to sign this form. My decision will not change the way my healthcare providers or health insurers treat me. However, if I do not complete and sign this application, I will not be able to participate in the kaléo Cares Patient Assistance Program.
- Privacy laws may not prevent further disclosure of my information after it has been provided to the program, kaléo, their agents, or third-party provider authorized to administer the program.
- My consent to provide my personal and medical information will continue until I am no longer enrolled in the program or until I choose to cancel my consent, which I may do at any time.
- I can cancel my consent at any time by writing to the kaléo Cares Patient Assistance Program, 5101 Jeff Commerce Drive Suite A, Louisville, KY 40219, calling 502-213-7601 or faxing 1-800-943-1730. If I cancel my consent, it will not affect the use of information given prior to my cancellation.
- I should keep a copy of this form, but can get a copy by contacting the program at 502-213-7601.

*Patient's Signature	*Date of Signature

kaléo

For assistance with any questions, call 502-213-7601 • Monday through Friday from 8am to 7pm Eastern Standard Time
For additional information on AUVI-Q, please visit our website AUVI-Q.com

3. Prescriber and Prescription Information - To Be Completed by Prescriber

*Patient Name (Last, First):	*Patient Date of Birth (MM/DD/YYYY):	*Patient Weight (lbs.):	
*Prescriber Name (Last, First):			
*Prescriber Address:	*City:	*State:	*Zip:
*Prescriber's Primary Specialty ☐ Allergy ☐ Pediatrics ☐ Other _____	*NPI:	DEA:	
*Office Contact Name (Last, First):	*Office Phone:	*Office Fax:	

℞ Drug: **AUVI-Q® (epinephrine injection, USP)**
☐ 0.1 mg ☐ 0.15 mg ☐ 0.3 mg

Dispense as Written: ☐ Yes Quantity: ☐ 1 Carton (2 auto-injectors and 1 trainer)

☐ Sig (Directions): Inject AUVI-Q intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. Each device is a single-use injection. PRN for severe allergic reactions, including anaphylaxis, as directed.
☐ Additional/alternate injection instructions (administration, biphasic reaction, etc.):

_____

ICD Diagnosis Code: _____

History of, or at risk for, severe allergic reaction to:
☐ Food
☐ Insect Venom
☐ Medications
☐ Idiopathic

☐ Other: _____

Comments:

*I certify that this AUVI-Q® prescription is medically appropriate for this patient. I give consent to the kaléo Cares Patient Assistance Program, kaleo, Inc., and its agents, to forward this prescription to a dispensing pharmacy on my, and my patient's behalf.

*Prescriber's Signature	*Date of Signature