Patient Enrollment Form

Customer Service: (844) 632-9264
Fax completed form to: (877) 427-4186
Email completed form to: gammaCAREdirect@asembia.com

*Indicates required field

Prescription Information

*Patient Name (Last, First)

*Date of Birth | *Gender ☐ M ☐ F

*Address (Cannot be a PO Box)

*City | *State | *Zip

*Home Phone | *Cell

*Email | SSN

Emergency Contact | Phone

Device **gammaCore Sapphire**

*Date | *Days Supply **31**

*Quantity **1** | *Refills

Sig (Directions): gammaCore Sapphire™ (non-invasive vagus nerve stimulator) is indicated for the acute treatment of pain associated with episodic cluster headache, migraine, and adjunctive use for the preventative treatment of cluster headache in adult patients. Please refer to the gammaCore Instructions for Use for all of the important warnings and precautions before using or prescribing this product.

Provider Attestation

By signing 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 ASPN Pharmacies, LLC (ASPN) 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. I understand that gammaCore Sapphire ("gC-Sapphire") and the gammaCore Refill Cards ("gC Refill Cards") have distinct NDC Numbers. I authorize ASPN or one of its member pharmacies to dispense either the gC-Sapphire kit or gC Refill Cards where therapeutically appropriate for the patient upon receipt of this enrollment form and for when refilling this prescription. I authorize ASPN 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 ASPN to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

*Prescriber's Signature | *Date of Signature

Signature is required to process the prescription.
Stamped signatures are not permissible.

Primary Prescription Insurance

(1) Fill in fields with pharmacy insurance information (NOT medical), OR
(2) Fax Patient Demographic Information or Patient Insurance Card along with enrollment form.

*Insurance Name | Pharmacy Help Desk Phone

Policy Holder Name | *Relationship to Patient

*Member ID | *Group ID

*Rx BIN | *PCN

Medical Insurance Information

*Primary Insurance | *Phone

*Member ID | *Group ID

Secondary Insurance | Phone

Member ID | Group ID

Prescriber Information

*Prescriber Name (Last, First)

*NPI

*Prescriber's Primary Specialty ☐ Neurology ☐ Other_____

*Prescriber Phone | *Fax

*Address

*City | *State | *Zip

Email

Tax ID | DEA

Prescriber Office Contact Information

*Office Contact Name (Last, First)

*Email | *Phone

Clinical Information

*Diagnosis
- ☐ G43.709 - Chronic migraine without aura, not intractable, without status migrainosus
- ☐ G43.719 - Chronic migraine without aura, intractable, without status migrainosus
- ☐ G44.011 - Episodic cluster headache, intractable
- ☐ G44.021 - Chronic cluster headache, intractable
- ☐ Other _____

History of, or at risk for, severe allergic reaction to:

electroCore®

EPM-00115 Rev 2 Rel: 12/2018

gammaCore Sapphire™

NOW two offers to help patients experience uninterrupted access*

PARTNERS FOR COVERAGE

Get patients started while working through insurance coverage

✓ **Up to 12 months at no cost while insurance coverage is pursued**

CO-PAY ASSIST

Reduce patient co-pay or cost sharing obligation

✓ **Up to $250 off each month for a maximum of 12 months†**

Remind patients to text JOIN to 75686 to receive text message refill reminders and insurance updates.

*Limitations apply. This offer is not available for patients eligible for Medicare, Medicaid, or any other government healthcare program. See reverse for Terms and Conditions.

†Co-Pay Assist patients may be eligible to receive up to $300 off the first month of therapy. See reverse for Terms and Conditions.

Terms and Conditions

PARTNERS FOR COVERAGE

This offer is valid for commerciallylinsured patients 18 years or older, are new to therapy and who have experienced a denial or a delay in insurance coverage determination. This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. If at any time patient begins receiving reimbursement under any federal or state healthcare program, patient will no longer be eligible for this offer. Partners for Coverage provides a 31-day supply of gammaCore at no charge for eligible patients who have a valid on-label prescription and who have experienced a denial in health plan coverage, a requirement for a prior authorization or delay in a health plan coverage determination of at least 5 business days. If the insurer makes an unfavorable coverage decision, then patients may be eligible for an additional 11 months of therapy during such time as an appeal is being pursued. Once insurance approval is obtained, the patient is no longer eligible for this program. Partners for Coverage is not available to patients whose insurers have made a final determination to deny the patient coverage for gammaCore. By participating in this offer, patient agrees to promptly pursue and to continue to pursue during the program insurance coverage for gammaCore with his or her health insurance provider.

Offer good only in the USA, including Puerto Rico, at participating pharmacies. Void if prohibited by law, taxed, or restricted. Not available to residents of Massachusetts. There is no purchase obligation by virtue of a patient's participation in the Partner for Coverage program. The selling, purchasing, trading, or counterfeiting of this offer is prohibited by law. This offer is not insurance and product received through this program cannot be submitted for reimbursement under any healthcare program. This offer cannot be combined with any other rebate/offer, free trial or similar offer for the specified prescription. By redeeming this offer, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

CO-PAY ASSIST

1. This offer is valid for commercially-insured as well as cash paying patients and is good for use only with a gammaCore Sapphire or gammaCore-S prescription at the time the prescription is filled. **2. Cash paying patients and, depending on your insurance coverage, eligible insured patients will receive up to $300 of assistance for their out of pocket costs on the first month of treatment prescribed with a gammaCore Sapphire or gammaCore-S device, and up to $250 for 11 subsequent months of treatment.** Check with your pharmacist or healthcare provider for your copay discount. Patient out-of-pocket expense may vary. **3.** This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs, including a state medical or pharmaceutical assistance program, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescriptions or if you are covered by insurance in states that have an all-payer anti-kickback law or insurance that is paying the entire cost of the prescription. **4.** Patients may not participate in this offer while enrolled in Partners for Coverage or while receiving any additional co-pay assistance or charitable organization support for gammaCore. **5. Each offer is valid for 12 months of gammaCore Sapphire or gammaCore-S prescription treatment. An explanation of benefits statement must be faxed in before each use to verify the benefit needed. 6.** Offer only valid for patients 18 or over. **7.** Limit of 1 card per patient. **8.** electroCore reserves the right to rescind, revoke, or amend this offer without notice. **9.** Offer good only in the USA, including Puerto Rico, at participating pharmacies or healthcare providers. **10.** Offer void in Massachusetts. **11.** Void if prohibited by law, taxed, or restricted. **12.** This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited. **13.** This card is not insurance. **14.** By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

electroCore™