

CONFIDENTIAL



Welcome to the Cost Plus Drugs Insulin Pilot Program

Instructions for Prescribers

Dear Provider,

Thank you for supporting your patient's participation in Cost Plus Drugs' insulin pilot program. Our goal is to be able to sell insulin to as many patients as possible. As with anything, big strides start with small steps. As with any test we will be learning and iterating continuously, trying to scale and improve. We hope you will provide us constant feedback and ask your patients for feedback as well.

Below are the key pieces of information you'll need to help your patients purchase affordable insulin through this pilot program.

Most importantly, we *strongly* prefer to accept prescriptions via phone or fax. eRx or EHR prescriptions will be accepted, **but will cause confusion and delays for your patients.**

In addition, because of the need for cold chain shipping, we are limited by what can fit in a single shipping container. **For now, those limits are 8 boxes of KwikPens® OR 12 vials (12,000 standard insulin units).**

Plan Ahead

- Insulin orders will take up to 14 days to be delivered to your patients, so make sure your patients have at least 20-25 days of insulin remaining on their current prescription before starting them with Cost Plus Drugs' insulin pilot program.
- Insulin will be shipped to your patients in a cooler box. Patients should be at home when the delivery arrives so they can transfer their insulin to their refrigerator for storage.

Patient Resources

Please direct your patients to www.costplusinsulin.com for instructions to place their first order.

Pricing

Each order for a 90-day supply of Insulin Lispro costs **\$170.00** plus applicable taxes. This includes the cost of a 90-day supply of insulin (up to 8 boxes of KwikPens® or 12 vials) and the cost of cold packaging and overnight shipping.

Patient Restrictions

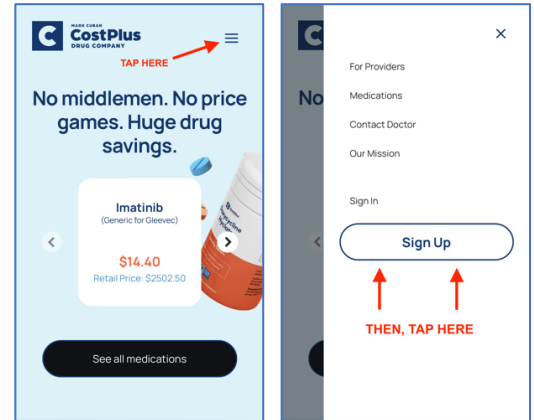
- All patients must be residents of the United States.
- All patients must be 18 years of age or older.
- Patients may not be enrolled in a federal or state government-funded prescription program. This includes Medicaid, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any state patient or pharmaceutical assistance program.

Prescribing Instructions

1. Please ask your patients to create an account on costplusdrugs.com before you prescribe. They can do this by clicking or tapping the “Sign Up” button on the homepage and following the registration instructions.
2. After your patient has created an account, use the attached form to send a prescription to Mark Cuban Cost Plus Drugs Company. We strongly prefer insulin prescriptions by phone or fax:

- Phone: 1 (833) 926-3384
- Fax: 1 (650) 683-9775
- NCPDP ID#: 4940208
- Address: 2533 152nd Ave NE, Ste 14 JK, Redmond, WA 98052

3. We can only accept prescriptions for non-branded Insulin Lispro vials and KwikPens®. We cannot accept prescriptions for branded Humalog.
4. Your prescription must total no more than 8 boxes of KwikPens® (12,000 insulin units) OR 12 vials (12,000 insulin units). Your prescription may not exceed a 90-day supply.
5. Since this is a limited-time test and instructions may change in the future, please **do not include any refills on the prescription**.
6. Your prescription **MUST** include the email address that your patient used to sign up with costplusdrugs.com.



Support

During this test, customer support will be limited. Limited email support is available to prescribers at insulintest@costplusdrugs.com. Patients can access email support **after placing their order** by sending their order number to insulintest@costplusdrugs.com.

Complete the prescription form on the next page.

This form is for prescriber use only. All information below is required.
Submit By Phone: 1 (833) 926-3384 | Submit By Fax: 1 (650) 683-9775

Please confirm your patient has been contacted by Cost Plus Drugs before submitting.

Patient Name: _____ DOB: _____

Sex (assigned at birth): Male Female Phone Number: _____

Address: _____

Email Address: _____ *Must match email used on costplusdrugs.com*

Insulin Lispro U100 10 mL Vial
(NDC: 0002-7737-01)

Insulin Lispro U100 15mL Box of KwikPens®
(NDC: 0002-8222-59)

Quantity (# of Vials - 10mL each) per 90 Days:

1 2 3 4 5 6 7 8 9 10 11 12 (Max)

*1 = 1,000 units
2 = 2,000 units
etc.*

Max. dose per day: _____ Units

Sig: _____

Day Supply must be 61-90

No Refills

Quantity (# of Boxes - 15mL each) per 90 Days:

1 2 3 4 5 6 7 8 (Max)

*1 = 1,500 units
2 = 3,000 units
etc.*

We cannot dispense partial boxes of KwikPens®

Max. dose per day: _____ Units
MDD must be at least 33 units per day for KwikPens®

Sig: _____

Day Supply must be 61-90

No Refills

Prescriber Name: _____ NPI: _____

Phone Number: _____ Fax Number: _____

Address: _____

Email Address (Optional): _____

Signature: _____ **Date:** _____

*Rubber stamps, signature by other office personnel for the prescriber, and computer-generated signatures will not be accepted.
Your state may require that prescriptions follow certain content requirements or use a particular form. By signing above, you certify that you are abiding by laws applicable to prescriptions and authorized prescribers in the states in which you are prescribing.*