## ACCOUNT SETUP FORM



In order to receive UroGen products for your patients, you must have an account with a Specialty Pharmaceutical Distributor (Besse Medical/Cencora or Cardinal Health). Please fill out this form in its entirety. Separate forms are needed for each distributor.		Besse Medical/ Cencora	Cardinal Health	Select product:	
	USE MY EXISTING ACCOUN	т 🗆		🗌 ЈЕԼМҮТО	
	SET UP A NEW ACCOUNT			UroGen Products	
Note: A credit review and updated financial documents may be required for some existing customers. The specialty distributor will provide further instructions as needed.					
FOR EXISTING AND NEW SPECIALTY Please provide the following information: Account Name:					
Existing Account Number:					
Shipping Address:					
Billing Address:					

Billing Email Address:					
Shipping DEA Number: Glo	obal Location Number (GLN):				
Shipping State Medical License Number: HI	IN:appicable)				
Billing/Invoice Contact Name:					
Email Address: Ph	ione Number:				
Person Completing Form:					
Email Address: Ph	one Number:				
Time Zone:					
The specialty distributor will use this information to validate your account, making for a more seamless ordering process.					
Please select type of account you are requesting (required for Besse Medical/Cencora and Cardinal Health Specialty Account):					
Please select class of trade: (select only one)	Please select all that apply:				
Hospital-owned Clinic ASC Outpatient Department	WAC 340B (Hospital/IDN Only)				
Community-owned Clinic ASC Outpatient Department	HRSA ID (if 340B eligible):				
DO YOU HAVE AN ACTIVE PATIENT WAITING?	PHARMACY PARTNER NEEDED? YES NO If "yes," please fill out a pharmacy preparation form (provided by your UroGen representative) and include it with this form.				
Potential date of first treatment (required): Put "6 weeks" from today if no patient identified	Number of patients per month (required):   Put "1" if you are unsure				
By checking this box and completing this form, you agree to the foll. 1. To purchase UroGen products exclusively through your Besse Mer 2. Not to purchase UroGen products under any other agreement or 3. That the undersigned has the full power and authority to execute	dical/Cencora or Cardinal Health Specialty Account arrangement this agreement				

- 4. To include a list of legal affiliates that will purchase UroGen products through Besse Medical/Cencora or Cardinal Health, including name, address, phone number, DEA number (if applicable), and state license number (if applicable) that has been attached to this form
- 5. To authorize Besse Medical/Cencora or Cardinal Health to share this information with UroGen Pharma and its partners to process orders for UroGen products on your behalf

Signature

Print Name

Date

## Once completed, please email this form to accountsetup@urogen.com.

## For questions, contact Besse Medical/Cencora at 1-800-543-2111 or Cardinal Health at 877-488-3572.

**BESSE MEDICAL/CENCORA OR CARDINAL HEALTH DISCLAIMER:** Due to the detailed and thorough registration process, it may take approximately 15 business days for Besse Medical/Cencora or Cardinal Health to onboard your practice if you do not have an existing account. Once the account is established, you will be able to purchase specialty products and bill them to your Specialty Pharmaceutical Distribution (wholesale) account. You will be contacted to confirm details and complete a credit application during the account creation process. It is important for you to submit requests for additional documentation in a timely manner to avoid delays in setting up your account. Please ensure the shipping address provided on the form aligns with the licensure provided. For existing customers, a credit review and updated financial documents may be required. Besse Medical/Cencora or Cardinal Health will provide further instructions as needed.

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