SPECIALTY DISTRIBUTION FOR JELMYTO AND OTHER UROGEN PRODUCTS

Jelmyto®
(mitomycin) for pyelocalyceal solution
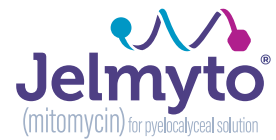
In order to receive JELMYTO or UroGen products for your patients, you must have an account with Cardinal Health Specialty Pharmaceutical Distribution.

EXISTING ACCOUNT HOLDERS

If your practice has an existing account with Cardinal Health, please provide the following information:

Note: A credit review and updated financial documents may be required for some existing customers. Cardinal Health will provide further instructions as needed.

Cardinal account number (This account will be used unless otherwise indicated): _____

Address: _____

DEA number: _____

State license number: _____

HRSA ID (if 340B eligible): _____

Cardinal Health will use this information to validate your account, making for a more seamless ordering process.

··· OR ···

DON'T HAVE AN ACCOUNT?

If your practice does not currently have a Specialty Pharmaceutical Distribution account with Cardinal Health, fill in your information below to create an account.

Account name: _____

DEA number: _____

State license number: _____

HRSA ID (if 340B eligible): _____

CARDINAL HEALTH DISCLAIMER: Due to the detailed and thorough registration process, it may take approximately 15 business days for Cardinal Health to set up your 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 in order to avoid delays in setting up your account.

Please select/indicate type of account you are requesting (required): ☐ WAC   ☐ 340B   ☐ Both WAC and 340B

CONTACT INFORMATION (required)

Name: _____

Email: _____

Phone number: _____

Billing address: _____

Shipping address: _____

Shipping details (eg, floor, room number, etc.): _____

Once completed, please email this form to distribution@urogensupport.com.

☐ By checking this box and completing this form, you agree:

1. To purchase UroGen products exclusively through Cardinal Health.
2. Not to purchase UroGen products under any other agreement or arrangement.
3. That the undersigned has the full power and authority to execute this agreement.
4. To include a list of legal affiliates that will purchase UroGen products through 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 Cardinal Health to share this information with UroGen Pharma and its partners to process orders for UroGen products on your behalf.

Potential date of first treatment (required): _____   **Number of patients per month (required):** _____

_____   _____
Signature   Date

For questions, contact Cardinal Health at 877-488-3572.

UroGen Pharma