

DAYBUE® (trofinetide) Prescription and Enrollment Form Overview

A helpful guide for completing and submitting DAYBUE prescriptions



The **Prescription and Enrollment Form** is used to prescribe DAYBUE to patients **AND** have parents/legal guardians provide consent to enroll their loved one in the Acadia Connect® patient and family support program's full suite of services.

Review all sections of the **Prescription and Enrollment Form**.

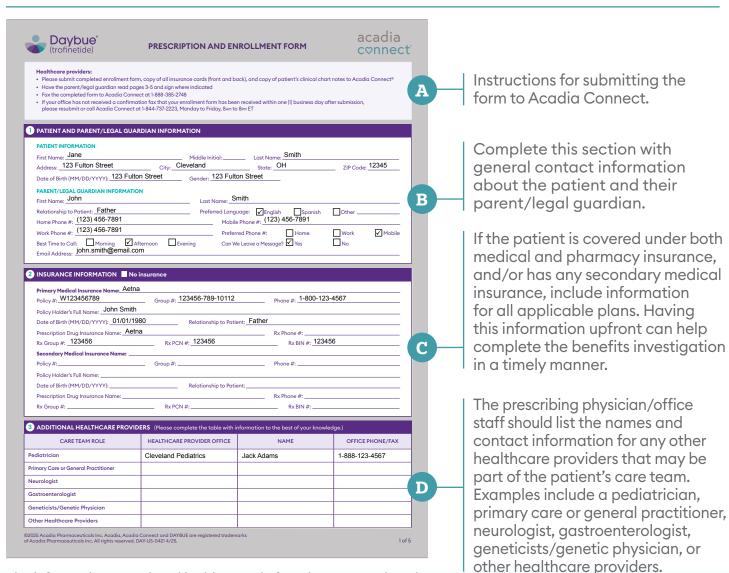
The prescribing physician (or office staff) and the patient's parent/legal guardian should complete and sign where indicated.

Fax or email the completed form to Acadia Connect at 1-888-385-2748 or DAYBUE@AcadiaConnect.com.

You will receive a receipt of enrollment and a Nurse Care Coordinator will reach out within 24 hours.

Completing Page 1

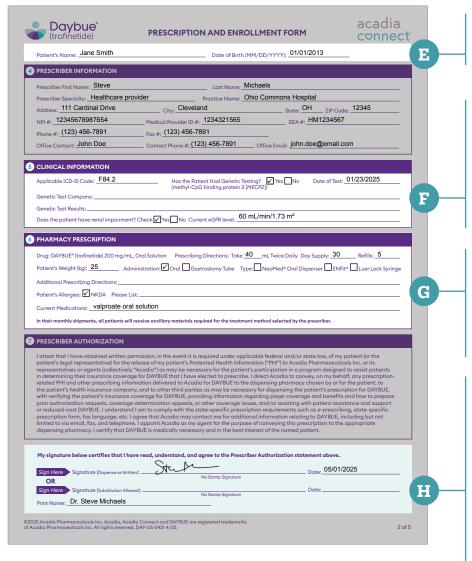
Patient and Parent/Legal Guardian Information



The information completed in this sample form is an example only. It does not reflect an actual patient or healthcare provider.

Completing Page 2

Prescriber, Clinical, and Prescription Information



The information completed in this sample form is an example only. It does not reflect an actual patient or healthcare provider.

Include the patient's name and date of birth (DOB) at the top of every page.

Note whether the patient has undergone genetic testing or has renal impairment. Be sure to include all related genetic testing information where indicated and eGFR level. If you select "No" for either, you do not have to list this information.

Provide the prescribing directions, including the weight-based dosing of DAYBUE, manner of administration, and recommended/prescribed syringe, if applicable.

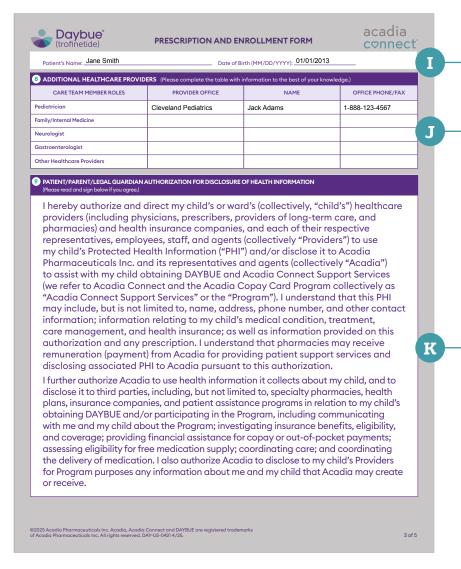
Prescribers must sign this section for the prescription form to be valid. Stamp signatures are not allowed as they may cause delays in the enrollment process.

Optional: To electronically sign the form, prescribers should utilize the "Fill and Sign" feature on Adobe Acrobat (Reader version or better). Click "Add Signature," followed by "Draw," and use a mouse or fingertip to sign.









Include the patient's name and DOB at the top of every page.

The parent/legal guardian should list the names and contact information for any other healthcare providers that may be part of the patient's care team. Examples include a pediatrician, family or internal medicine, neurologist, gastroenterologist, or other healthcare providers.

The parent/legal guardian should read this section on pages 3 and 4 to provide authorization for disclosure of health information for the patient.

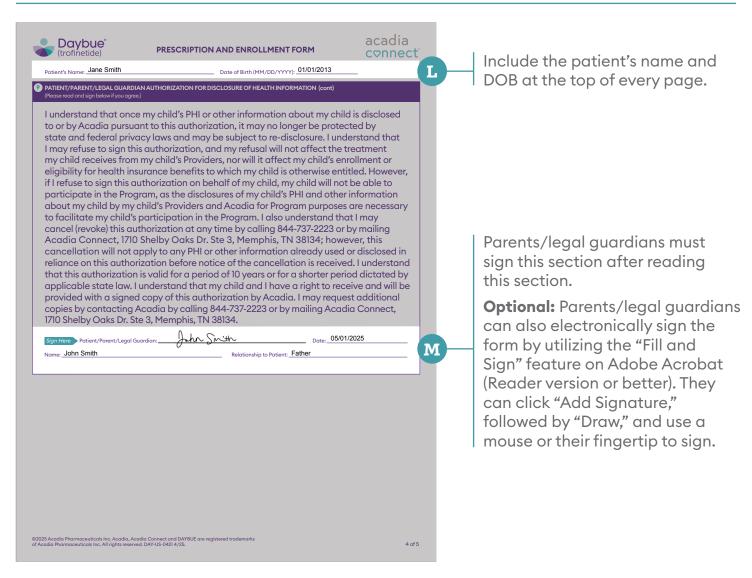
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Completing Page 4

Patient/Parent/Legal Guardian HIPAA Authorization (cont'd)



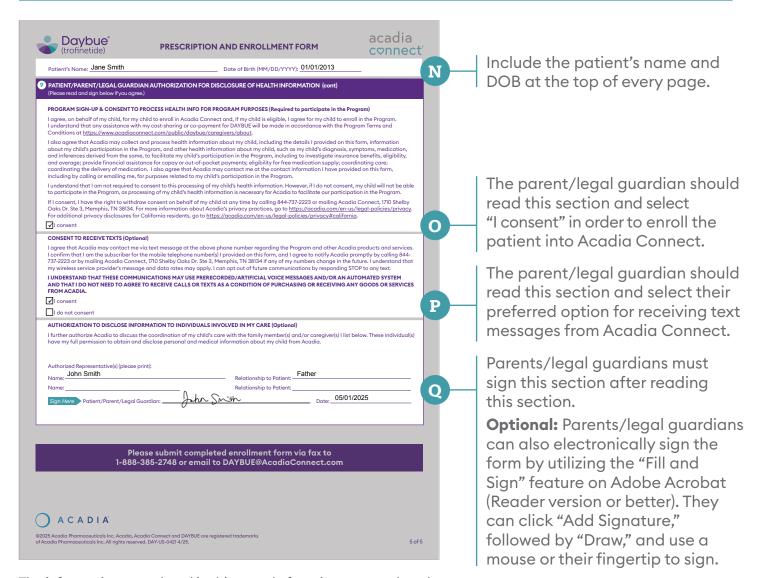
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Completing Page 5

Patient/Parent/Legal Guardian HIPAA Authorization (cont'd)



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Parents/legal guardians can provide consent using the **DAYBUE Patient Consent Form** or on the **DAYBUE Prescription and Enrollment Form**, which your office will submit to Acadia Connect.

Visit AcadiaConnect.com to download a copy of the DAYBUE Prescription and Enrollment Form

HIPAA=Health Insurance Portability and Accountability Act.

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