

ILUMYA™ (tildrakizumab-asmn)

BUY AND BILL ENROLLMENT FORM

Thank you for your interest in the buy and bill process for ILUMYA™. Besse® Medical is the preferred distributor for this program. Regardless of whether you have an existing account with Besse Medical, please complete this enrollment form to purchase ILUMYA™ through our buy and bill program.

- ▶ Please complete this form in its entirety by providing the following information:

Physician First and Last Name

Practice Name

HIN

DEA

Address Line 1

Address Line 2

City

State

ZIP

- ▶ Send this completed form to Sun Pharma by one of the following ways:

Email: cs-inbox@sunpharma.com

Fax: 877-909-3872

- ▶ You can also complete this enrollment form by calling Sun Pharma directly

Call: 877-533-3872, Monday through Friday, 8AM to 6PM ET

Sun Pharma will relay your request to Besse Medical
within 1 business day of receiving this enrollment form