



PATIENT ENROLLMENT FORM
PHONE: 844-4-THIOLA (844-484-4652) — FAX: 877-473-3167
For electronic version, visit www.THIOLAEC.com

STEP 1: PATIENT INFORMATION

Name: (First) (Middle) (Last)

Sex: Male Female DOB: Weight:

Address:

City: State: Zip Code:

Phone: Mobile Phone:

Method of Contact: Phone Mobile Phone E-mail: Best Time to Call:

FOR PATIENTS UNDER 18:

Parent/Guardian Name: (First) (Middle) (Last)

Address:

City: State: Zip Code:

Phone: Mobile Phone:

STEP 2: PRESCRIBER INFORMATION

Prescriber Name: (First) (Last)

Email: State License #:

Prescriber Address:

Prescriber Address #2:

City: State: Zip Code:

Phone: Fax: NPI #:

Physician Office Contact: Phone:

Please complete and return Pages 1 and 2 of this form to THIOLA EC® (tiopronin) Total Care Hub by faxing to (877) 473-3167

STEP 3: PRESCRIPTION INFORMATION

Rx THIOLA EC® (tiopronin) delayed-release tablets Date:

DIAGNOSIS INFORMATION (This medical form is for insurance purposes only, not to suggest approved uses for promotion)

Diagnosis Cystinuria ICD-10-CM Code: E72.01 Other Diagnosis ICD-10-CM Code:

THIOLA EC (tiopronin) Prescription

300 mg EC tablet tablets taken times a day OR other dose/frequency Dispense 30 day supply No. of refills

100 mg EC tablet tablets taken times a day OR other dose/frequency Dispense 30 day supply No. of refills

Take with food Recommended Initial Dosage* - Given in 3 divided doses Adult Dosage: 800 mg/day Pediatric Dosage(≥ 20 kg): Based on 15 mg/kg/day

Average adult dose was 1000mg/day in a clinical study

Please attach most recent 24-hour urine test results

*Please see accompanying full Prescribing Information for Indications, complete Dosing Information and Important Safety Information. NY Prescribers please submit prescription on an original NY State prescription blank. For all other states, if not faxed, prescription must be submitted on a state-specific blank, if applicable for your state. If required by your state, please indicate:

Dispense as written Substitution allowed

PRESCRIBER AUTHORIZATION — Required

Prescriber's full, usual, and actual signature is required-no stamps. This form cannot be processed without the prescriber's signature.

By signing below, I certify that (a) the above therapy is medically necessary and that I will supervise the patient's treatment accordingly; (b) I have received the necessary authorizations, including those required by state law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to release the above information and other health and medical information of the patient to Travers Therapeutics, Inc. (Travers), and the company or companies that help Travers administer the THIOLA EC® Total Care Hub services; (c) I am prescribing the drug listed for the patient listed in this application based upon my independent medical judgment. By my signature below, I agree to receive certain reimbursement support services on behalf of the patient. I authorize Travers and Eversana Life Science Services ("Eversana"), acting on behalf of Travers, to use the information contained in the prescription above, my name, and the name, address, and telephone number of my medical practice, and other applicable information, in order to provide me, my practice, and the patient listed in this application with the aforementioned reimbursement support services. I understand that participation in the THIOLA EC® Total Care Hub services described does not constitute a guarantee on the part of Travers or parties acting on its behalf that (1) the drug I have prescribed will be reimbursed by the patient's or any insurance program, or (2) the patient will be eligible for any patient assistance program. I appoint Travers and its agents to convey this prescription—electronically or otherwise—to the dispensing pharmacy.

Prescriber Signature:

Date:

Complete Information on following page

Patient Name: (First) (Middle) (Last)

Patient DOB:

PRIMARY INSURANCE — Please attach a copy of both sides of the patient's insurance card

Insurance Carrier: Phone:

Subscriber Name:

Subscriber Date of Birth: / /

Relationship to Subscriber: Self Spouse Child Other:

Employer Name: ID Number:

Policy #: Group ID #:

PHARMACY BENEFITS-PRESCRIPTION DRUG CARD

Insurance Carrier: Phone:

Rx BIN: Rx PCN:

Rx ID #: Group #:

(Pharmacy Benefits) section:

PATIENT AUTHORIZATION—HIPAA Release

[Before signing, the patient and/or patient's authorized representative should review and understand the terms of this Authorization and Release ("Authorization") before signing. If an authorized representative signs for the patient, please indicate the relationship to the patient.]

I understand that the collection, use, and disclosure of the patient's health information are protected under law. Information contained in this Enrollment Form, such as the patient's name, address, insurance, prescription, and medical information, is "protected health information" ("PHI"). By signing this authorization, the patient agrees to the collection, use, and disclosure of the patient's PHI as described below.

I understand that I may decline to sign this Authorization, and that doing so will not affect the patient's ability to receive THIOLA EC® (tiopronin) or obtain insurance or insurance coverage.

I understand that once PHI about the patient is released based on this authorization, federal privacy laws may not prevent Travers Therapeutics, Inc. (Travers) and company or companies who administer the THIOLA EC Total Care Hub Support Services ("Services") from further disclosing my information. However, I understand that such entities have agreed to use or disclose PHI they receive only for the purposes described in this authorization or as required by law.

I also understand that I may revoke (withdraw) this Authorization at any time by sending a signed, written statement to the THIOLA EC Total Care Hub by faxing it to (877) 473-3167.

Revoking this authorization will prohibit PHI disclosures after the date written revocation is received by the THIOLA EC Total Care Hub, except to the extent that action has been taken already on this authorization. After I revoke this authorization, the patient's PHI may be disclosed among Travers and the company or companies that help Travers administer the services in order to maintain records of the patient's participation, but it will not be otherwise disclosed or used.

By signing below, I authorize Travers Therapeutics, Inc. (Travers) and the company or companies that help Travers administer the Services, to do the following:

- 1. Request and receive information from the patient's treating physician, healthcare provider, health insurer, or pharmacist necessary to investigate and resolve the patient's insurance coverage, coding, or reimbursement inquiry or to provide the reimbursement support service that I have requested. Information may include the patient's medical diagnosis, condition, and treatment (including prescription information), the patient's health insurance, name, address and telephone number;
2. Collect, use, and disclose to each other any patient information including PHI for the purpose of investigating and resolving the patient's insurance coverage, coding, or reimbursement inquiry or to administer the Services, including entering and maintaining the patients in a database;
3. Contact me by mail, email, telephone, text or alternative communication to discuss and receive marketing communications, invitations to participate in research, educational materials, treatment support services and patient engagement initiatives designed for people taking THIOLA EC, including nutritional support and counseling;
4. Communicate with my healthcare providers and health plans about my insurance benefit and coverage status and product administration (e.g., prescription, dosing, refills);
5. Disclose information to the patient's treating physician, healthcare professional, or pharmacist as necessary to resolve the patient's insurance coverage, coding, or reimbursement inquiry. I also authorize my insurer, treating physician, healthcare provider, and pharmacist to release PHI about the patient's prescribed medications and medical condition requested by Travers and the company or companies that help Travers administer the Services;
6. Contact the patient's insurer, other potential funding sources, social workers, patient advocacy organizations, or patient assistance programs (e.g., the THIOLA EC Total Care Hub) on the patient's behalf to determine if the patient may be eligible for health insurance coverage or other funds, and disclose to them PHI about the patient's prescribed medications and medical condition that has been provided by the patient or patient's authorized representative or physician, healthcare provider, or pharmacist; and
7. Disclose any PHI obtained from the sources listed above to third parties, if required by law, and/or to conduct surveys, focus groups or interviews related to cystinuria and the effectiveness of the THIOLA EC Total Care Hub program.

Patient/Guardian Signature: Date:

Relationship to Patient: Date:

Patient/Guardian Address:

Phone: Cell Phone:

Please complete and return Pages 1 and 2 of this form to THIOLA EC® (tiopronin) Total Care Hub by faxing to (877) 473-3167

Please see accompanying full Prescribing Information on back.

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use THIOLA[®] EC safely and effectively.
See full prescribing information for THIOLA EC.
THIOLA EC (tiopronin) delayed-release tablets, for oral use
Initial U.S. Approval: 1988

-----INDICATIONS AND USAGE-----
THIOLA EC is a reducing and complexing thiol indicated, in combination with high fluid intake, alkali, and diet modification, for the prevention of cystine stone formation in adults and pediatric patients 20 kg and greater with severe homozygous cystinuria, who are not responsive to these measures alone. (1)

-----DOSAGE AND ADMINISTRATION-----
The recommended initial dosage in adult patients is 800 mg/day. In clinical studies, the average dosage was about 1,000 mg/day. (2.1)

- The recommended initial dosage in pediatric patients 20 kg and greater is 15 mg/kg/day. Avoid dosages greater than 50 mg/kg per day in pediatric patients. (2.1, 5.1, 8.4)
- Administer THIOLA EC in 3 divided doses at the same times each day, with or without food. Maintain a routine pattern with regard to meals. (2.1)
- Swallow THIOLA EC tablets whole. (2.1)
- Measure urinary cystine 1 month after initiation of THIOLA EC and every 3 months thereafter. (2.1)

-----DOSAGE FORMS AND STRENGTHS-----
Tablets: 100 mg and 300 mg (3)

FULL PRESCRIBING INFORMATION: CONTENTS*

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE
THIOLA EC is indicated, in combination with high fluid intake, alkali, and diet modification, for the prevention of cystine stone formation in adults and pediatric patients 20 kg and greater with severe homozygous cystinuria, who are not responsive to these measures alone.

2 DOSAGE AND ADMINISTRATION
2.1 Recommended Dosage
Adults: The recommended initial dosage in adult patients is 800 mg/day. In clinical studies, the average dosage was about 1,000 mg/day.
Pediatrics: The recommended initial dosage in pediatric patients weighing 20 kg and greater is 15 mg/kg/day. Avoid dosages greater than 50 mg/kg per day in pediatric patients [see *Warnings and Precautions* (5.1)].

Administer THIOLA EC in 3 divided doses at the same times each day, with or without food. Maintain a routine pattern with regard to meals. Swallow THIOLA EC tablets whole.

Consider starting THIOLA EC at a lower dosage in patients with history of severe toxicity to d-penicillamine.

2.2 Monitoring
Measure urinary cystine 1 month after starting THIOLA EC and every 3 months thereafter. Adjust THIOLA EC dosage to maintain urinary cystine concentration less than 250 mg/L.
Assess for proteinuria before treatment and every 3 to 6 months during treatment [see *Warnings and Precautions* (5.1)].

Discontinue THIOLA EC in patients who develop proteinuria, and monitor urinary protein and renal function. Consider restarting THIOLA EC treatment at a lower dosage after resolution of proteinuria.

3 DOSAGE FORMS AND STRENGTHS
Tablets for oral use:
100 mg tablets: round, white to off-white and imprinted in red with "T1" on one side
300 mg tablets: round, white to off-white and imprinted in red with "T3" on one side

4 CONTRAINDICATIONS
THIOLA EC is contraindicated in patients with hypersensitivity to tiopronin or any other components of THIOLA EC [see *Warnings and Precautions* (5.2)].

5 WARNINGS AND PRECAUTIONS

5.1 Proteinuria
Proteinuria, including nephrotic syndrome, and membranous nephropathy, have been reported with tiopronin use. Pediatric patients receiving greater than 50 mg/kg of tiopronin per day may be at increased risk for proteinuria. [see *Dosage and Administration* (2.2), *Adverse Reactions* (6.1, 6.2) *Pediatric Use* (8.4)]. Monitor patients for the development of proteinuria and discontinue therapy in patients who develop proteinuria [see *Dosage and Administration* (2.2)].

5.2 Hypersensitivity Reactions
Hypersensitivity reactions (drug fever, rash, fever, arthralgia and lymphadenopathy) have been reported [see *Contraindications* (4)].

6 ADVERSE REACTIONS
The following adverse reactions are discussed in greater detail in other sections of the labeling:

- Proteinuria [see *Warnings and Precautions* (5.1)]
- Hypersensitivity [see *Warnings and Precautions* (5.2)].

6.1 Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, the adverse reaction rates observed in the clinical trials of the drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

-----CONTRAINDICATIONS-----
• Hypersensitivity to tiopronin or any component of THIOLA EC (4)

-----WARNINGS AND PRECAUTIONS-----
• Proteinuria, including nephrotic syndrome, and membranous nephropathy, has been reported with tiopronin use. Pediatric patients receiving greater than 50 mg/kg of tiopronin per day may be at increased risk for proteinuria. (2.1, 5.1, 8.4)

• Hypersensitivity reactions have been reported during tiopronin treatment. (4, 5.2)

-----ADVERSE REACTIONS-----
Most common adverse reactions (>10%) are nausea, diarrhea or soft stools, oral ulcers, rash, fatigue, fever, arthralgia, proteinuria, and emesis. (6)

-----USE IN SPECIFIC POPULATIONS-----
To report SUSPECTED ADVERSE REACTIONS, contact Mission Pharmacal Company at toll-free phone # 1-800-298-1087 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

- Lactator: Breastfeeding is not recommended. (8.2)
- Geriatric: Choose dose carefully and monitor renal function in the elderly. (8.5)

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 06/2019

8 USE IN SPECIFIC POPULATIONS

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* Sections or subsections omitted from the full prescribing information are not listed.

Adverse reactions occurring at an incidence of ≥5% in an uncontrolled trial in 66 patients with cystinuria age 9 to 68 years are shown in the table below. Patients in group 1 had previously been treated with d-penicillamine; those in group 2 had not. Of those patients who had stopped taking d-penicillamine due to toxicity (34 out of 49 patients in group 1), 22 were able to continue treatment with THIOLA. In those without prior history of d-penicillamine treatment, 6% developed reactions of sufficient severity to require THIOLA withdrawal.

Table 1 presents adverse reactions ≥5% in either treatment group occurring in this trial.

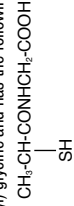
Table 1: Adverse Reactions Occurring in One or More Patients	Group 1 Previously treated with d-penicillamine (N = 49)	Group 2 Naive to d-penicillamine (N = 17)
System Organ Class	Adverse Reaction	Adverse Reaction
Blood and Lymphatic System Disorders	anemia	1 (6%)
Gastrointestinal Disorders	nausea	2 (12%)
	emesis	—
	diarrhea/soft stools	1 (6%)
	abdominal pain	1 (6%)
	oral ulcers	3 (18%)
General Disorders and Administration Site Conditions	fever	—
	weakness	2 (12%)
	fatigue	—
	peripheral (edema)	1 (6%)
	chest pain	1 (6%)
	anorexia	—
Metabolism and Nutrition Disorders	arthralgia	2 (12%)
Musculoskeletal and Connective Tissue Disorders	proteinuria	1 (6%)
Renal and Urinary Disorders	impotence	1 (6%)
	cough	1 (6%)
Respiratory, Thoracic and Mediastinal Disorders	rash	2 (12%)
Skin and Subcutaneous Tissue Disorders	eczymosis	—
	pruritus	1 (6%)
	urticaria	—
	skin wrinkling	1 (6%)

Table 2: Disturbance

A reduction in taste perception may develop. It is believed to be the result of chelation of trace metals by tiopronin. Hypogeusia is often self-limited.

11 DESCRIPTION

THIOLA EC (tiopronin) delayed-release tablets are a reducing and cystine-binding thiol drug (CBTD) for oral use. Tiopronin is N-(2-Mercaptopropionyl) glycine and has the following structure:



Tiopronin has the empirical formula $\text{C}_5\text{H}_9\text{NO}_3\text{S}$ and a molecular weight of 163.20. In this drug product tiopronin exists as a dl racemic mixture.

Tiopronin is a white crystalline powder, which is freely soluble in water.

Each THIOLA EC tablet contains 100 or 300 mg of tiopronin. The inactive ingredients in THIOLA EC tablets include lactose monohydrate, hydroxypropyl cellulose, hydroxypropyl cellulose (low substitute), magnesium stearate, hydroxypropyl methylcellulose E5, methacrylic acid: ethyl acrylate copolymer (Eudragit L 100-55), talc, triethyl citrate.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The goal of therapy is to reduce urinary cystine concentration below its solubility limit. Tiopronin is an active reducing agent which undergoes thiol-disulfide exchange with cystine to form a mixed disulfide of tiopronin-cystine. From this reaction, a water-soluble mixed disulfide is formed and the amount of sparingly soluble cystine is reduced.

12.2 Pharmacodynamics

The decrement in urinary cystine produced by tiopronin is generally proportional to the dose. A reduction in urinary cystine of 250-350 mg/day at tiopronin dosage of 1 g/day, and a decline of approximately 500 mg/day at a dosage of 2 g/day, might be expected. Tiopronin has a rapid onset and offset of action, showing a fall in cystine excretion on the first day of administration and a rise on the first day of drug withdrawal.

12.3 Pharmacokinetics

Absorption
THIOLA EC Tablets
When THIOLA IR and THIOLA EC single doses were given to fasted healthy subjects (n = 39) in a crossover study, the median time to peak plasma levels (T_{max}) were 1 (range: 0.5 to 2.1) and 3 (range: 1.0 to 6.0) hours, respectively. The peak exposure (C_{max}) and total exposure ($AUC_{0-\infty}$) of tiopronin from THIOLA EC tablets were decreased by 22% and 7% respectively compared to THIOLA IR tablets.

Food Effects

Administration of the THIOLA EC tablet with food decreases C_{max} of tiopronin by 13% and $AUC_{0-\infty}$ by 25% compared to THIOLA EC administered in a fasted state. Since the drug is dosed to effect, the study results support administration of THIOLA EC tablets with or without food; administer at the same time each day with a routine pattern with regard to meals.

Elimination

Excretion
When tiopronin is given orally, up to 48% of dose appears in urine during the first 4 hours and up to 78% by 72 hours.

Drug Interactions

Alcohol
An *in vitro* dissolution study was conducted to evaluate the impact of alcohol (5, 10, 20, and 40%) on the dose dumping of THIOLA EC tablets. The study results showed that the addition of alcohol to the dissolution media increases the dissolution rate of THIOLA EC tablets in the acidic media of 0.1N HCl [see *Drug Interactions* (7.1)].

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Long-term carcinogenicity studies in animals have not been performed.

Mutagenesis

Tiopronin was not genotoxic in the chromosomal aberration, sister chromatid exchange, and *in vivo* micronucleus assays.

Impairment of Fertility

High doses of tiopronin in experimental animals have been shown to interfere with maintenance of pregnancy and viability of the fetus. In 2 published male fertility studies in rats, tiopronin at 20 mg/kg/day intramuscular (IM) for 60 days induced reductions in testis, epididymis, vas deferens, and accessory sex glands weights and in the count and motility of cauda epididymal sperm.

16 HOW SUPPLIED/STORAGE AND HANDLING

100 mg delayed-release, round, white to off-white tablet imprinted with "T1" on one side with red ink and blank on the other side; Bottles of 300 **NDC** 0178-0902-01.

300 mg delayed-release, round, white to off-white tablet imprinted with "T3" on one side with red ink and blank on the other side; Bottles of 90 **NDC** 0178-0901-90.

Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see *USP Controlled Room Temperature*].

17 PATIENT COUNSELING INFORMATION

Administration Instructions

Advise patients to swallow THIOLA EC tablets intact and not to chew, crush, or split the tablets.

Lactation

Advise women that breastfeeding is not recommended during treatment with THIOLA EC [see *Use in Specific Populations* (8.2)].



Manufactured and packaged by Mission Pharmacal Company, San Antonio, TX 78230 1355
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10 OVERDOSAGE

There is no information on overdosage with tiopronin.

THIOLA EC tablets are not approved for use in pediatric patients weighing less than 20 kg or in pediatric patients unable to swallow tablets [see *Recommended Dosage* (2.1)].

8.5 Geriatric Use
This drug is known to be substantially excreted by the kidney, and the risk of adverse reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

10 OVERDOSAGE
There is no information on overdosage with tiopronin.