

A ROAD MAP FOR HELPING PATIENTS

How MySMA Support™ Can
Help You and Your Patients



MySMA Support is a support service from Genentech that can help provide information to patients who have been prescribed Evrysdi® (risdiplam).

- ✓ The MySMA Support team can help you understand your patient's insurance coverage and refer your patients to appropriate financial assistance options to help them start and stay on Evrysdi
- ✓ MySMA Support does not provide medical advice and is not a substitute for the medical team. Health care providers should always be the main resource for any questions about patients' health and medical care

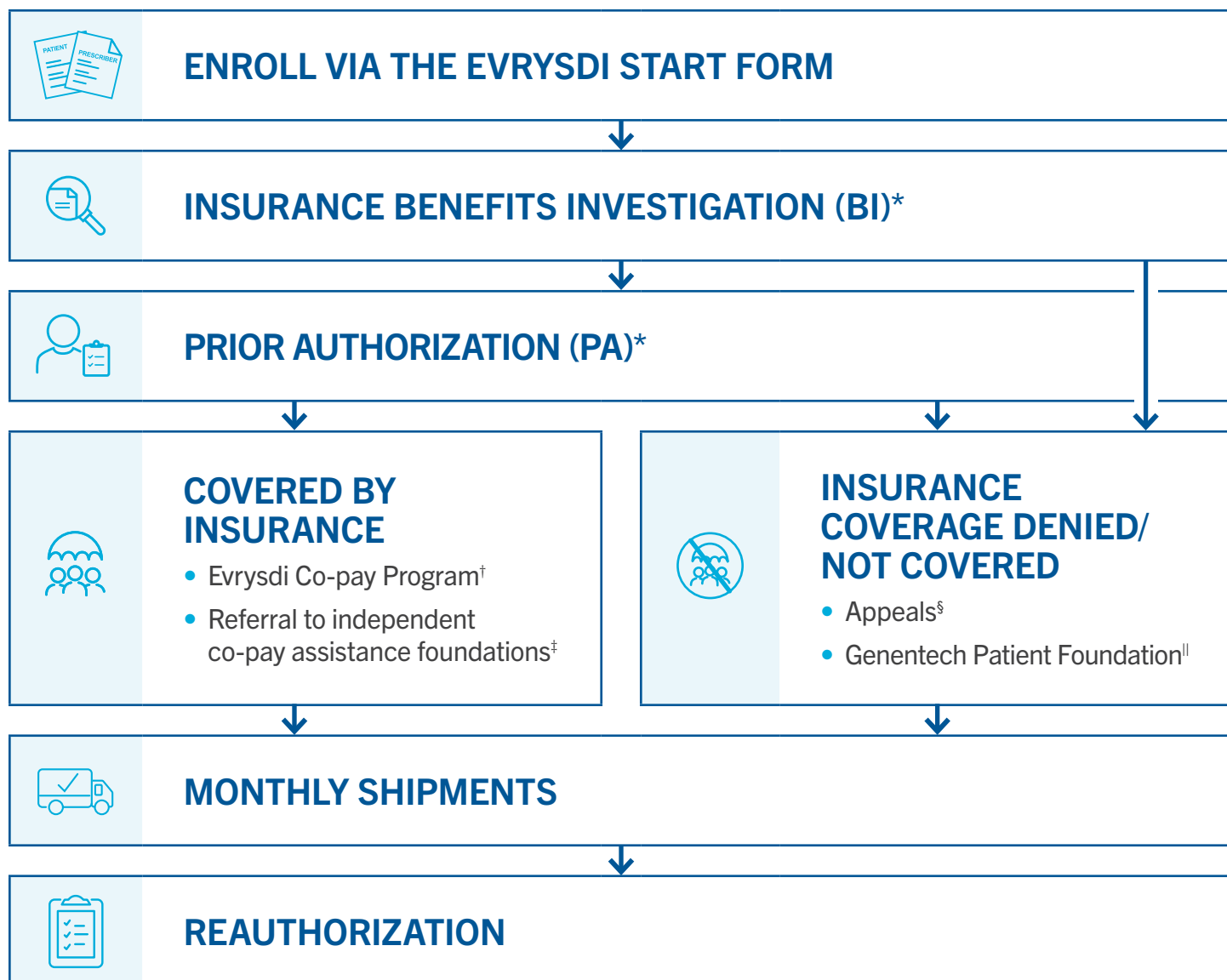
Genentech
A Member of the Roche Group



FOR HEALTH CARE PROVIDERS

YOUR STEPS to Getting Evrysdi® (risdiplam) for Your Patients

This brochure will walk you through steps to getting Evrysdi for your patients and how MySMA Support™ may be able to help. A high-level snapshot of the process is below.



*The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

[†]Eligibility criteria apply. Not valid for patients using federal or state government programs to pay for their medications and/or administration of their Genentech medication. Patients must be taking the Genentech medication for an FDA-approved indication. See full Terms and Conditions at [EvrysdiCopay.com](https://www.evrysdi.com/copy).

[‡]Independent co-pay assistance foundations have their own rules for eligibility. Genentech has no involvement or influence in independent foundation decision-making or eligibility criteria and does not know if a foundation will be able to help your patient. We can only refer your patient to a foundation that supports their disease state. Genentech does not endorse or show preference for any particular foundation. The foundations to which we refer your patient may not be the only ones that might be able to help.

[§]Appeals cannot be completed or submitted by MySMA Support on your behalf.

^{||}To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements. Genentech reserves the right to modify or discontinue the program at any time and to verify the accuracy of information submitted.



ENROLL VIA THE EVRYSDI START FORM

The Evrysdi Start Form is an optional form used to enroll people who have been prescribed Evrysdi into MySMA Support.

GENENTECH PATIENT SUPPORT SERVICES **Evrysdi® Start Form**
www.evrysdiforms Phone: (833) 387-9734 Fax: (833) 387-9700
*Required field M-US-00001154v1.01

Patient Information (to be completed by patient or their legally authorized representative)

*First name: _____ *Last name: _____
Home phone: (____) _____ Cell phone: (____) _____
Date of birth (MM/DD/YYYY): ____/____/____
*OK to leave a detailed message? ☐ No ☐ Yes
Email: _____ Preferred language: ☐ English ☐ Spanish ☐ Other: _____
Alternate Contact (optional) Full name: _____ Phone: (____) _____
Relationship: _____

Financial Eligibility. Complete only if you are applying to the Genentech Patient Foundation.
By completing this section, I am agreeing to the Terms and Conditions of the Genentech Patient Foundation outlined on page 2.

1 Household size (including you): _____
Annual household income: _____

Consent for Patient Resources and Information (OPTIONAL)
Genentech offers disease education and product support for patients, including items or marketing materials explaining the product and how to take it, use when traveling with the product and other information about Genentech products, services and programs. You do not have to sign up for these resources and support to get help with your insurance coverage or to learn about financial assistance options. Signing up here allows you to be contacted using the information you provide on this form. These marketing materials and support are optional, free and may be provided by a PML. Genentech's partners and their respective affiliates, PMLs do not provide medical advice. Your healthcare provider should always be your main resource for any questions about your health and medical care.

2 ☐ By checking this box, I agree to receive disease education materials and product support services, including outreach by a PML. I understand that I don't have to opt into this offer and my decision does not affect receiving my medicine or financial support information. It may be necessary to use my sensitive personal information to provide me with relevant material. I also understand that I may opt out of receiving this information at any time by calling (877) 436-3663.

☐ By checking this box, I agree to receive audio/call and text messages, which may include marketing communications about Evrysdi from and on behalf of Genentech, including from a PML, at the phone number(s) provided. I understand that choosing to receive these messages is voluntary and is not a requirement of any purchase or program enrollment. Message frequency may vary. Message and data rates may apply. I may opt out at any time by texting STOP or calling (877) 436-3663. I am also agreeing to the Privacy Policy (www.genentech.com/privacy-policy) and SMS Terms & Conditions (www.genentech.com/terms-conditions-sms-text-message-program-terms-conditions).

3 By signing this form, I acknowledge that I have provided accurate and complete information and understand and agree to the terms of this form. My signature certifies that I have read, understood, and agree to the release and use of my personal information, including sensitive personal information, pursuant to the Authorization to Use and Disclose Personal Information and as otherwise stated on this form.

REQUIRED **Sign and date here** **Signature of Patient/Legally Authorized Representative** **Date signed** (MM/DD/YYYY)

Print first name Print last name Relationship to patient

Once this page (4/6) has been completed, please test a photo of the page to (855) 877-1111 or fax to (833) 387-9700.
You can also complete this form online at www.evrysdiforms.
If this is an electronic consent, you understand that by typing your name and the date above and submitting, or taking a picture and sending it to us, that you are providing your consent electronically and that it has the same force and effect as if you were signing in person on paper. Genentech reserves the right to rescind, revoke or amend the program without notice at any time.
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GENENTECH PATIENT SUPPORT SERVICES **Evrysdi® Start Form**
www.evrysdiforms Phone: (833) 387-9734 Fax: (833) 387-9700
*Required field M-US-00001154v1.01

Prescriber Service Form (to be completed by the prescriber)

Step 1 Patient Information

*First name: _____ *Last name: _____ Gender: ☐ Male ☐ Female
*Date of birth (MM/DD/YYYY): ____/____/____ Preferred language: ☐ English ☐ Spanish ☐ Other: _____
Street: _____ Apt: _____ City: _____ State: _____ Zip: _____
Home phone: (____) _____ Cell phone: (____) _____
Alternate Contact (optional) Full name: _____ Relationship: _____ Alt. phone: (____) _____
☐ Do not contact patient

Step 2 Insurance Information

Is the patient insured? ☐ Yes ☐ No. If patient is uninsured, please refer to the Genentech Patient Foundation.
If insured, please fill out the information below or attach a copy of the patient's medical and prescription insurance cards.

Insurance name	Primary insurance	Secondary insurance	Pharmacy benefit
Insured name of patient			
Subscriber/Policy #			
Insurance phone			

☐ Patient is currently providing coverage for their medicine, and currently experiencing a gap in therapy.
Current gap in coverage: ☐ Pending prior authorization ☐ Pending appeal ☐ Pending establishment of coverage

Step 3 Evrysdi Start Program (Signature Required)

Chaperone: I am providing supply: ☐ 1 mg/mL ☐ 1 mg/mL once daily ☐ 5 mg/mL (5.4 mL) once daily ☐ 10 mg/mL (10.8 mL) once daily
☐ I have refilled. Weight based dosing will require a new Rx.
☐ Their signature authorizes the prescriber to dispense needed and/or supply for external administration of this medication, such as: ENTP, adjuvants, and syringes, catheters, administration sets and tubing.

Step 4 Diagnosis and Clinical Information

*Diagnosis code(s): ☐ 0 Infantile spinal muscular atrophy, type I ☐ 02.1 Other inherited spinal muscular atrophy
☐ 02.2 Spinal muscular atrophy, unspecified ☐ 02.3 Other

Skin type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ VII ☐ VIII ☐ IX ☐ X ☐ XI ☐ XII ☐ XIII ☐ XIV ☐ XV ☐ XVI ☐ XVII ☐ XVIII ☐ XIX ☐ XX ☐ XXI ☐ XXII ☐ XXIII ☐ XXIV ☐ XXV ☐ XXVI ☐ XXVII ☐ XXVIII ☐ XXIX ☐ XXX ☐ XXXI ☐ XXXII ☐ XXXIII ☐ XXXIV ☐ XXXV ☐ XXXVI ☐ XXXVII ☐ XXXVIII ☐ XXXIX ☐ XL ☐ XLI ☐ XLII ☐ XLIII ☐ XLIV ☐ XLV ☐ XLVI ☐ XLVII ☐ XLVIII ☐ XLIX ☐ L ☐ LI ☐ LII ☐ LIII ☐ LIV ☐ LV ☐ LVI ☐ LVII ☐ LVIII ☐ LIX ☐ LX ☐ LXI ☐ LXII ☐ LXIII ☐ LXIV ☐ LXV ☐ LXVI ☐ LXVII ☐ LXVIII ☐ LXIX ☐ LXX ☐ LXXI ☐ LXXII ☐ LXXIII ☐ LXXIV ☐ LXXV ☐ LXXVI ☐ LXXVII ☐ LXXVIII ☐ LXXIX ☐ LXXX ☐ LXXXI ☐ LXXXII ☐ LXXXIII ☐ LXXXIV ☐ LXXXV ☐ LXXXVI ☐ LXXXVII ☐ LXXXVIII ☐ LXXXIX ☐ XLXXX ☐ XLXXXI ☐ XLXXXII ☐ XLXXXIII ☐ XLXXXIV ☐ XLXXXV ☐ XLXXXVI ☐ XLXXXVII ☐ XLXXXVIII ☐ XLXXXIX ☐ LXXXX ☐ LXXXXI ☐ LXXXXII ☐ LXXXXIII ☐ LXXXXIV ☐ LXXXXV ☐ LXXXXVI ☐ LXXXXVII ☐ LXXXXVIII ☐ LXXXXIX ☐ LXXXXX ☐ LXXXXXI ☐ LXXXXXII ☐ LXXXXXIII ☐ LXXXXXIV ☐ LXXXXXV ☐ LXXXXXVI ☐ LXXXXXVII ☐ LXXXXXVIII ☐ LXXXXXIX ☐ LXXXXXX ☐ LXXXXXXI ☐ LXXXXXXII ☐ LXXXXXXIII ☐ 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YOUR STEPS to Getting Evrysdi® (risdiplam) for Your Patients



PRIOR AUTHORIZATION (PA)*

A PA will likely be required for Evrysdi. The MySMA Support™ team can help identify if a PA is necessary and identify the required forms and documents you will need to complete and submit to the health insurance plan. The PA expiration or reauthorization date, documentation and/or clinical assessment requirements may vary by plan.

PA requirements may include:

- ✓ A diagnosis of spinal muscular atrophy (SMA) Type 0, 1, 2, 3 or 4
- ✓ Genetic testing confirming the diagnosis and number of SMN2 copies
- ✓ Clinical documentation showing baseline motor function
- ✓ Clinical presentation and duration of symptoms
- ✓ Current supportive care management
- ✓ Other relevant aspects of patient history

The Case Manager can follow up with the patient's health insurance plan about the status of the PA. If the PA is delayed, your patient may be able to receive free medicine through the Evrysdi Start Program[†] (if requested on the Evrysdi Start Form) or the Evrysdi Bridge Program[†] (if requested on the Evrysdi Bridge Program Form).

You may receive additional information from the specialty pharmacy (SP) regarding the PA or authorization process.

Once the coverage determination is received from the patient's health insurance plan, consider notifying the SP. If a denial is received, you may contact MySMA Support about potential financial assistance resources and information about appeals.

*The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

[†]Subject to eligibility requirements and terms and conditions. This program is void where prohibited by law and may not be used in or by residents of restricted states, if applicable.



COVERED BY INSURANCE

At Genentech, we understand patients may have health insurance coverage but still have affordability concerns related to their treatment. We are dedicated to helping ensure Evrysdi is accessible for your patients.

Evrysdi Co-pay Program[†]

If eligible commercially insured patients need assistance with their OOP costs, the Evrysdi Co-pay Program may help. Eligible patients pay as little as \$0 per co-pay or co-insurance until the \$25,000 calendar year limit is reached.

Referrals to independent co-pay assistance foundations[§]

For eligible patients with commercial or public health insurance, MySMA Support offers referrals to independent co-pay assistance foundations.

[†]This Evrysdi Co-pay Program is valid ONLY for patients with commercial insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication of a Genentech medication. Patients using Medicare, Medicaid or any other federal or state government program to pay for their medications are not eligible.

Under the program, the patient will pay a co-pay. After reaching the maximum program benefit, the patient will be responsible for all remaining out-of-pocket expenses. The amount of the program benefit cannot exceed the patients' out-of-pocket expenses for the cost associated with Evrysdi.

All participants are responsible for reporting the receipt of all program benefits as required by any insurer or by law. No party may seek reimbursement for all or any part of the benefit received through this Program. The program is only valid in the United States and U.S. Territories. This program is void where prohibited by law and shall follow state restrictions in relation to AB-rated generic equivalents (e.g., MA, CA) where applicable. The patient, guardian, prescriber, hospital and any other person using the program agree not to seek reimbursement for all or any part of the benefit received by the patient through the offer of this program. Genentech reserves the right to rescind, revoke or amend the program without notice at any time. Additional terms and conditions apply. Please visit EvrysdiCopoly.com for the full list of Terms and Conditions.

[§]Independent co-pay assistance foundations have their own rules for eligibility. Genentech has no involvement or influence in independent foundation decision-making or eligibility criteria and does not know if a foundation will be able to help your patient. We can only refer your patient to a foundation that supports their disease state. Genentech does not endorse or show preference for any particular foundation. The foundations to which we refer your patient may not be the only ones that might be able to help.

YOUR STEPS to Getting Evrysdi® (risdiplam) for Your Patients



INSURANCE COVERAGE DENIED/NOT COVERED

Appeals*

If your patient's health insurance plan has issued a denial or does not cover Evrysdi, your MySMA Support™ team can provide resources as you prepare an appeal submission.

There are typically 3 levels of appeals, which vary by insurance plan and state guidelines. Insurance plan processes may vary.

1st Request for reconsideration

If a PA is denied, practices can submit documentation to address the reason for the denial. As a health care provider, you may be able to speak with a plan specialist within the appropriate specialty.

2nd Medical Director

The resubmitted appeal will be reviewed by a Medical Director who was not involved in the claim decision. It may be helpful to seek a peer-to-peer review with a neurologist. Appeal timing may vary per health insurance plan.

3rd Independent review

After all internal appeals are exhausted, the case can be discussed with an external review board or independent external reviewer. Most health insurance plans allow patients to file a request for an external review if the request is filed within 4 months after the final denial of the claim. State laws can vary.

Genentech Patient Foundation[†]

People who do not have health insurance, who have health insurance that does not cover Evrysdi, or who can't afford their OOP costs and meet eligibility criteria may get free medicine from the Genentech Patient Foundation.

Patients enrolled in the Genentech Patient Foundation will keep getting free Evrysdi as long as they qualify. Re-enrollment is not required.

*Appeals cannot be completed or submitted by MySMA Support on your behalf.

[†]To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements. Genentech reserves the right to modify or discontinue the program at any time and to verify the accuracy of information submitted.



MONTHLY SHIPMENTS[‡]

The specialty pharmacy (SP) contacts your patient or their caregiver to schedule monthly delivery of Evrysdi. The SP may call from an unknown number. Be sure to tell your patients or their caregivers to answer and return all calls from the SP. The SP will ship Evrysdi directly to your patient's home or another preferred location.



REAUTHORIZATION[§]

Reauthorization may be necessary after 6 to 12 months of treatment with Evrysdi to continue approval for coverage. Your practice will need to resubmit documentation to your patient's health insurance plan to get coverage; this resubmittal may be done via fax or a PA portal.

Health plans vary widely in their requirements for reauthorization, but can include:

- ✓ A diagnosis of SMA Type 0, 1, 2, 3 or 4
- ✓ Genetic testing confirming the diagnosis and number of SMN2 copies
- ✓ Diagnostic criteria and documentation of efficacy
- ✓ Evidence of efficacy (e.g., maintenance of or improvement in motor function)
- ✓ Clinical evaluations and documentation (e.g., evidence of progress in meeting motor milestones)

It may be helpful to track patient progress throughout treatment to prevent delays in the reauthorization process.

[‡] Specialty pharmacies are not part of Genentech and maintain independence in their operations and in their role as a health care provider.

[§] The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

THE MySMA SUPPORT™ TEAM



Partnership and Access Liaison (PAL)

The local, main point of contact from Genentech who supports your patients.

- PALs are not part of your medical team and do not provide medical advice. A PAL will always direct patients to their health care providers for any questions about the patient's health and/or medical care



Neurological Rare Disease Account Manager (NRD AM)

The local, dedicated support resource for practices who answers questions about Genentech's approved products and services.

This can include answering:

- Evrysdi® (risdiplam) clinical questions
- General reimbursement and insurance questions
- Evrysdi Start Form questions
- Evrysdi Bridge Program questions



Case Manager (CM)

Partners closely with you and other members of the MySMA Support team to help your patients understand the health insurance process and identify potential financial support options for Genentech's approved products.



Specialty pharmacy (SP)

Prepares and ships Evrysdi directly to patients each month. Although the SP is not a part of Genentech, it is an important part of the MySMA Support team.*

*Specialty pharmacies are not part of Genentech and maintain independence in their operations and in their role as a health care provider.


Contact information

PAL: _____ NRD AM: _____

CM: _____ SP Representative: _____

For additional information or resources about MySMA Support:

 Visit Genentech-Access.com/Evrysdi

 Contact our support center at **(833) EVRYSDI (833-387-9734)**, Monday through Friday, 9 a.m.–8 p.m. ET

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