

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

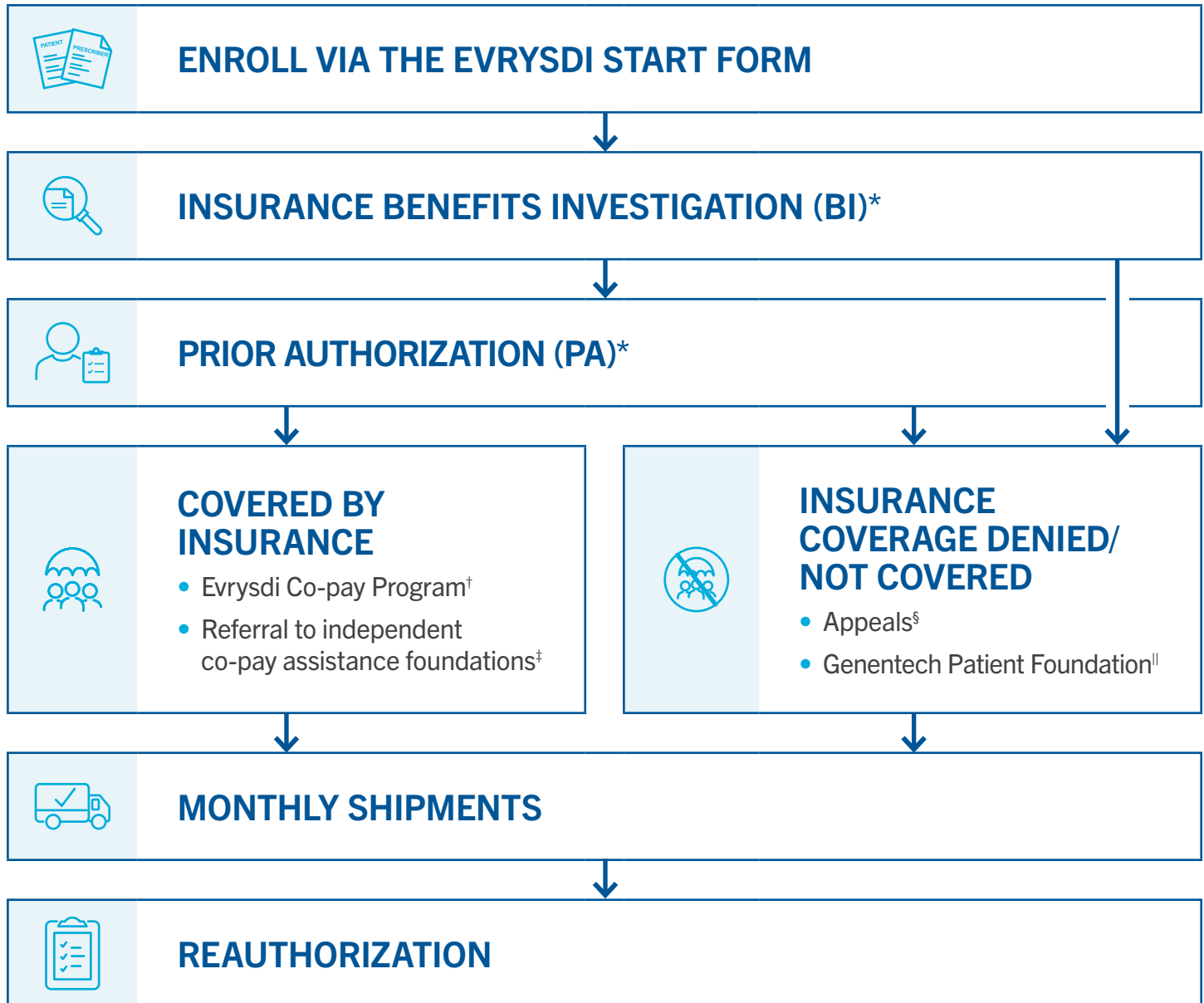
Genentech
A Member of the Roche Group



FOR HEALTH CARE PROVIDERS

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

This brochure will walk you through each step to getting Evrysdi for your patients. 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. Patient must be taking the Genentech medication for an FDA-approved indication. See full Terms and Conditions at EvrysdiCopay.com.

[‡]Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral from MySMA Support™. The foundations to which we refer patients are not exhaustive or indicative of Genentech's endorsement or financial support. There may be other foundations to support the patient's disease state.

[§]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.

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



ENROLL VIA THE EVRYSDI START FORM

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

GENENTECH PATIENT SUPPORT SERVICES **Evrysdi® Start Form**
www.evrydsi.com/forms Phone: (833) 387-9734 Fax: (833) 387-9700

Patient Consent Form – To be completed by patient or his/her legally authorized person

Section A Patient consent via signature is required to obtain insurance benefit information and financial assistance through Genentech MySMA Support™ and the Genentech Patient Foundation. By signing this section, I agree to the terms listed in "About Your Consent" on page 3.

Section B Patient consent to enroll in optional Genentech MySMA Support including disease education, support programs, research and communications that may be considered marketing. I understand my PHI may be needed for me to participate in these programs.

Section C Financial eligibility information required for the Genentech Patient Foundation. By completing this section, I am attesting the information below and am agreeing to the terms and conditions of the Genentech Patient Foundation outlined on page 2.

Household size (including you): 1-2 3-4 5-6 7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 Over 50

Annual household income: Under \$75,000 \$75,000-\$100,000 \$100,001-\$125,000 \$125,001-\$150,000 Over \$150,000

Once this page (4 of 5) has been completed, please text a photo of page 4 to (650) 877-1111, or fax to (833) 387-9700. This form can also be completed online at www.evrydsi.com/forms

GENENTECH PATIENT SUPPORT SERVICES **Evrysdi® Start Form**
www.evrydsi.com/forms Phone: (833) 387-9734 Fax: (833) 387-9700

Prescriber Service Form – To be completed by the prescriber

Section 1 Patient Information

Section 2 Insurance Information

Section 3 Diagnosis and Clinical Information

Section 4 Prescription Information

Section 5 Prescriber Information

Section 6 Evrysdi Start Program Signatures Required

Prescriber Signature: Signature in Wet Ink Signature in Blue Ink Signature in Black Ink Signature in Red Ink Signature in Purple Ink Signature in Green Ink Signature in Yellow Ink Signature in Orange Ink Signature in Silver Ink Signature in Gold Ink Signature in Bronze Ink Signature in Copper Ink Signature in Nickel Ink Signature in Tin Ink Signature in Lead Ink Signature in Zinc Ink Signature in Iron Ink Signature in Cobalt Ink Signature in Nickel-Chrome Ink Signature in Aluminum Ink Signature in Magnesium Ink Signature in Titanium Ink Signature in Inconel Ink Signature in Hastelloy Ink Signature in Monel Ink Signature in Dupont Ink Signature in Invar Ink Signature in Kovar Ink Signature in Incom Ink Signature in Incoloy Ink Signature in Inconel-X Ink Signature in Incoloy-800 Ink Signature in Inconel-600 Ink Signature in Incoloy-900 Ink Signature in Inconel-700 Ink Signature in Incoloy-600 Ink Signature in Inconel-500 Ink Signature in Incoloy-400 Ink Signature in Inconel-300 Ink Signature in Incoloy-200 Ink Signature in Inconel-100 Ink Signature in Incoloy-000 Ink

The Evrysdi Start Form includes:

- The Patient Consent Form (page 4), which is to be completed by the patient
- The Prescriber Service Form (page 5), which is to be completed by the health care provider

Both pages must be completed for enrollment.

If you believe there may be a delay in health insurance coverage, you can request to enroll your patient in the Evrysdi Start Program by completing step 6 of the prescriber portion of the form.



INSURANCE BI*

MySMA Support will conduct an insurance BI to help determine if Evrysdi is covered by your patient's health insurance plan and patient's out-of-pocket (OOP) responsibilities.

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 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).

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.

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



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 \$5 per co-pay or co-insurance until the \$25,000 12-month 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 out-of-pocket expenses. 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 EvrysdiCopay.com for the full list of Terms and Conditions.

[§]Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral from MySMA Support. The foundations to which we refer patients are not exhaustive or indicative of Genentech's endorsement or financial support. There may be other foundations to support the patient's disease state.

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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.

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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 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.

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THE MySMA SUPPORT™ TEAM



Partnership and Access Liaison (PAL)

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

- PALs 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 Therapeutic Area Manager (NRD TAM)

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



Case Manager (CM)

Partners closely with you and the PAL 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 TAM: _____

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

Evrysdi® is a registered trademark and MySMA Support™ and the MySMA Support logo are trademarks of Genentech, Inc.

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M-US-00003764(v2.0) 07/21 Printed in USA