

— The myRARE[™] —

PATIENT SUPPORT PROGRAM

— for EVKEEZA —

> **myRARE[™] is here** to help you and your patients

myRARE is a patient support program for EVKEEZA that may be able to provide you and your patients with:



Coverage support



Access and reimbursement support



Product support



Financial support



**Patient education from a nurse or pharmacist
on how your patient will receive EVKEEZA**



**Support for your patients from a Patient Navigator
throughout their EVKEEZA journey**

Reach us at **1-877-EVKEEZA** (1-877-385-3392) Option 1, Monday–Friday, 9 AM–9 PM Eastern time, or visit www.EVKEEZAhcp.com for more information

> There are multiple options for EVKEEZA access

The path for EVKEEZA access depends on several factors based on your preference and coverage available through your patient's plan.

1 | Determine patient access plan

- **Where will EVKEEZA treatment take place?**
 - In office
 - Infusion center
 - Home
- **How will EVKEEZA be acquired?**
 - Buy and bill
 - Specialty pharmacy
 - Home infusion; or
 - White bagging

2 | Execute patient access plan

- Pursue coverage through patient's insurance
- If patient is uninsured or is in need of financial assistance, support programs may be available to assist
- Coordinate logistics for patient treatment

3 | Treat, review, and repeat

- Depending on access plan, you may need to submit a claim for EVKEEZA cost and/or administration to patient's insurance
- For eligible commercially insured patients, copay assistance may be available to cover remaining patient out-of-pocket responsibility for EVKEEZA

Support available for myRARETM

- See page 4 for Start Form information
- See page 5 for information on the comprehensive benefits verification

- See page 5 for available prior authorization (PA), appeal, and exception support
- See page 6 for patient financial support offerings

- See page 5 for coding and billing resources
- See page 6 for information on the commercial copay program

> The key to unlocking support: The myRARETM Start Form

Completing a myRARE Start Form is the first step to enrolling your patients in myRARE for EVKEEZA.

Remember these important steps when filling out the myRARE Start Form:



ONE

Accurately complete **all fields of the form**.



TWO

Be sure to sign the form.

The Start Form will serve as your prescription for EVKEEZA.

Capture 2 patient signatures on page 1 to indicate that the patient has read and agrees to the Patient Certification and Authorization to Disclose/Use Health Information on pages 3 and 4. Patients may also provide their consent on www.myRARE.com.



THREE

Fax the completed Start Form to **1-844-RAREFAX** (1-844-727-3329) or upload the completed and signed form at www.myRARE.com.

myRARETM Start Form
for Evkeeza (evinacumab-dgnb)

Phone: 1-877-EVKEEZA (1-877-385-3392) Fax: 1-844-RAREFAX (1-844-727-3329)
To prevent delays, complete all fields and FAX ALL 4 PAGES to 1-844-RAREFAX (1-844-727-3329). For assistance, call us at 1-877-EVKEEZA (1-877-385-3392) Option 1, Monday-Friday, 9 am-9 pm Eastern time.

SECTION 1 Patient Information REQUIRED

☐ Patient contact information attached

First name _____ Middle initial _____ Last name _____ DOB ____/____/____ Gender ☐ M ☐ F ☐ Prefer not to disclose

Address _____ City _____ State _____ ZIP _____

Cell phone # (____) _____ ☐ Preferred phone # ☐ OK to leave detailed message? ☐ Yes ☐ No Best time to call _____ ☐ AM ☐ PM

Home phone # (____) _____ ☐ Preferred phone # ☐ OK to leave detailed message? ☐ Yes ☐ No Best time to call _____ ☐ AM ☐ PM

Patient's preferred language (if not English) _____ Email _____

Alternate contact/Caregiver name _____ Alternate contact/Caregiver phone # (____) _____

Patient Consents (may also be completed online at www.myRARE.com)

Ok to text? ☐ Yes ☐ No (By checking "Yes", I have read the Text Messaging Consent in Section 9 and expressly consent to receive text messages by or on behalf of the Program)

I have read and agree to enroll in myRARETM for EVKEEZA and to the Authorization to Disclose/Use Health Information included in **Section 8**

Sign (1 of 2) _____ Date (MM/DD/YYYY) _____

I have read and agree to enroll in myRARETM for EVKEEZA and to the Patient Certifications included in **Section 9**

Sign (2 of 2) _____ Date (MM/DD/YYYY) _____

Relationship to patient (if signed by someone other than the patient, please describe your authority to sign on behalf of the patient)

SECTION 2 Patient Insurance Information REQUIRED

Does the patient have insurance (third-party or private insurance)? ☐ Yes ☐ No (If no, you can skip this question)

Primary Insurance
If copy of insurance card (front and back) is attached, check here ☐

Primary insurance name _____
Primary insurance phone # (____) _____
Policy # _____
Group # _____
Policyholder name _____
Policyholder's relationship to patient _____

Secondary/Prescription Insurance (if applicable) ☐ Prescription insurance
If copy of insurance card (front and back) is attached, check here ☐

Secondary insurance name _____
Secondary insurance phone # (____) _____
Policy # _____ BSN # _____
Group # _____ PCN # _____
Policyholder name _____
Policyholder's relationship to patient _____

SECTION 3 Prescribing Physician Information REQUIRED

Physician Information
Name _____
Practice/Facility name _____
Address _____
City _____ State _____ ZIP _____
Phone # (____) _____ Fax _____
National Practice Identifier (NPI) _____ Tax ID # _____
Group NPI _____

Primary Office Contact
(Who myRARE should contact to review patient coverage, collect missing information, and determine treatment setting and product acquisition.)
Name _____
Direct phone # (____) _____
Email _____
Preferred method of contact: ☐ Phone ☐ Email ☐ Fax
Preferred day(s) of contact: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Infusion Setting and Administration (Benefits will be provided based on indicated preferences and patient's plan coverage.)

Preferred Treatment Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinical setting <input type="checkbox"/> In-office <input type="checkbox"/> Infusion center	Preferred Acquisition Channel <input type="checkbox"/> Specialty pharmacy with home infusion <input type="checkbox"/> Buy and bill <input type="checkbox"/> Specialty pharmacy to bill	Name of preferred site of infusion, if different from practice/facility name above _____ Address _____ City _____ State _____ ZIP _____ Phone # (____) _____
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☐ Undecided—Benefits information will be provided for available options based on plan coverage

Complete entire form and FAX ALL 4 PAGES to myRARE at 1-844-RAREFAX. 10/2012 EVK-22.09.0040
Please see accompanying full Prescribing Information.

Scan here for myRARE enrollment video

Evkeeza[®]
(evinacumab-dgnb)
Injection

> myRARETM provides access and reimbursement support to help patients receive their medication

Upon receipt of a myRARE Start Form, myRARE can provide the following coverage support:



Comprehensive benefits verification

myRARE performs a comprehensive benefits verification for each new patient to determine how EVKEEZA will be covered and which acquisition options are available, as well as the patient's eligibility for financial assistance. You will receive a detailed summary of benefits for all patients, explaining their health plan's benefits and coverage.

On the Start Form, you may select the treatment setting and product acquisition preference, or "undecided." If you select "undecided," all available benefit options will be provided based on the patient's plan benefits.



PA support

myRARE may be able to help identify payer requirements needed to submit a PA request for EVKEEZA.



Appeal and exception support

If a patient's coverage is denied, or they require an exception, myRARE may be able to help navigate the appeal or medical exception process.

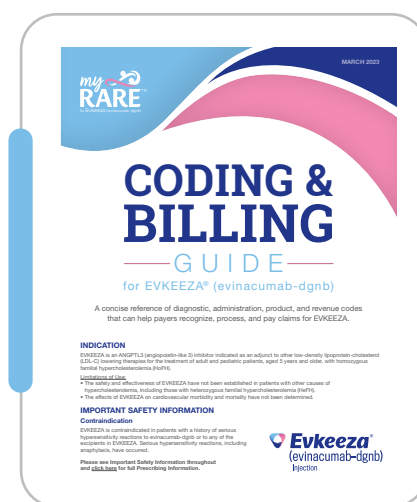
Access and reimbursement resources



Coding & Billing Guide for EVKEEZA

The Coding & Billing Guide for EVKEEZA can help with the reimbursement process.

To obtain reimbursement information and resources, such as sample letters and checklists, call **1-877-EVKEEZA** (1-877-385-3392) Option 5, Monday–Friday, 9 AM–9 PM Eastern time



> myRARE[™] may provide patients with financial support for EVKEEZA

myRARE Copay Card for EVKEEZA*

myRARE may help eligible patients save on the cost of EVKEEZA treatment

Patients may pay **as little as \$0** copay for EVKEEZA, up to a \$25,000 calendar year maximum.

Program eligibility criteria:

- Patient has **private (commercial) insurance** with approved coverage for EVKEEZA
 - Patient has a **valid prescription** for an FDA-approved indication
 - Patient lives in the **50 United States, District of Columbia, or Puerto Rico**
 - **No income requirement** to qualify for this program
- Other conditions may apply. Visit EVKEEZA.com for full terms and conditions.*

For eligible patients, the program covers: Up to \$25,000 in assistance per calendar year toward EVKEEZA patient out-of-pocket treatment costs, including deductibles, copays, and coinsurance for drug and administration charges.[†]

There are 3 ways patients can enroll in the myRARE Copay Card program:

- 1 Patients can visit www.myRARE.com to enroll through our patient engagement site
- 2 **Work with their doctor to fill out an EVKEEZA Start Form**—Copay enrollment will be completed for all eligible patients who are confirmed to have commercial insurance through the myRARE benefits investigation process
- 3 Call **1-877-EVKEEZA (1-877-385-3392)** Option 1, Monday–Friday, 9 AM–9 PM Eastern time, to be screened for eligibility

myRARE Patient Assistance Program (PAP)

Up to 12 months of EVKEEZA at no cost for eligible patients[‡]:

- Income ≤500% of the federal poverty level OR \$100,000
- Insurance status:
 - Uninsured: no medical OR pharmacy benefits
 - Functionally uninsured: coverage and all available appeals are clinically denied
 - Medicare Advantage and Part D—out-of-pocket costs exceed 5% of patient's monthly income

Additional criteria and program conditions apply.

FDA=US Food and Drug Administration.

*Not an insurance or debit card program. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, Veterans Affairs, Department of Defense, TRICARE, or similar federal or state programs. This program does not cover or provide support for supplies for EVKEEZA. This program is not valid where prohibited by law, taxed, or restricted. Patients who are residents of Rhode Island or Massachusetts are not eligible for EVKEEZA administration assistance. myRARE reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Additional program conditions apply. See EVKEEZA.com.

[†]Administration charge coverage is effective for dates of service of January 1, 2023, and beyond.

[‡]Qualified Medicare patients are eligible until December 31 of the enrollment year.

> myRARETM provides product support for EVKEEZA

myRARE can provide information about acquisition channels
for EVKEEZA

Buy and bill for EVKEEZA

FFF Enterprises, Inc. is the
exclusive authorized distributor
for EVKEEZA.

Phone | 1-800-843-7477

Website | www.fffenterprises.com

Specialty pharmacy for EVKEEZA

Orsini Specialty Pharmacy is the exclusive specialty
pharmacy for EVKEEZA.

Phone | 1-800-410-8575

Website | www.orsinispecialtypharmacy.com



Certain payer-mandated healthcare systems or hospital-owned SPs may order EVKEEZA. If you have questions about payer coverage or options, submit a Start Form and myRARE will review your patient's benefits to determine what options may be viable based on that patient's plan design.

Returning EVKEEZA

In certain circumstances, EVKEEZA may be returned if it is expired or considered unusable after you have purchased it.

For product return inquiries, contact myRARE at **1-877-EVKEEZA** (1-877-385-3392) Option 4,
Monday–Friday, 9 AM–9 PM Eastern time




Contact myRARE™ today

Reach us at **1-877-EVKEEZA** (1-877-385-3392)

Option 1, Monday–Friday, 9 AM–9 PM Eastern time, or
visit **www.EVKEEZAhcp.com** for more information.

REGENERON®

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777 Old Saw Mill River Road, Tarrytown, NY 10591 03/2023

 **Evkeeza®**
(evinacumab-dgnb)
Injection