

UNDERSTANDING THE —SUMMARY— OF BENEFITS

FOR EVKEEZA® (evinacumab-dgnb)





Detailed information about your patient's health insurance coverage for EVKEEZA

- Once you prescribe EVKEEZA for your patient, a benefits investigation is an important first step to determining how EVKEEZA will be covered under your patient's health insurance plan
- When you choose the myRARE™ Patient Support Program (PSP) for EVKEEZA for access and reimbursement support services:
 - myRARE conducts a benefits investigation on behalf of your patient
 - myRARE sends you a summary of benefits that outlines the patient's coverage for EVKEEZA and provides important information needed to access EVKEEZA
- This resource previews what is included in the summary of benefits and identifies information that will be required to access EVKEEZA once you prescribe it for your patient. The summary of benefits is not a guarantee of insurance coverage and all benefits are subject to the terms of the insured's plan at the time services are rendered
- Benefits will be verified based on preferences indicated on the Start Form. If preference is not
 covered by the patient's plan, alternative options will be investigated and coverage information
 provided on the Summary of Benefits

Preferred Treatment Setting	Preferred Acquisition Channel
Home	Specialty pharmacy with home infusion
☐ Clinical setting	☐ Buy and bill
☐ In-office ☐ Infusion center	☐ Specialty pharmacy to bill





Summary of benefits: Patient benefit profile introduction

Page 1 preview

myRARE PSP provides comprehensive support, including:

- Identification of, and referral to, financial assistance programs for eligible patients who need assistance with the cost of EVKEEZA
- Prior authorization (PA) support for when a PA is required by your patient's insurance plan
- Coding and billing research
- Appeals process research and tracking of claims or a PA
- Explaining patients' insurance benefits for treatment of EVKEEZA
- Referrals to financial assistance programs







Summary of benefits: Patient benefit profile

Note: A benefits investigation is not a guarantee of insurance coverage. All benefits are subject to the insured's plan at the time services are rendered. Under no circumstances shall the myRARE™ Patient Support Program be held responsible or liable for payment of any claims, benefits, or cost. Any coding information discussed in this document is provided for informational purposes only, is subject to change, and should not be construed as legal advice. Providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to the specific patient.

Page 2 preview

The first section of the patient benefit profile includes:



The ID number assigned to your patient by the myRARE PSP. Refer to the patient ID when speaking with a program representative



A summary of your patient's **health** insurance information



The diagnosis code for treatment with EVKEEZA

Patient ID: [Record ID#] Health Plan: [Health Plan Name] Coverage: [Primary Secondary Tert	iary	
	Summary of Benefits for EVKEEZA® Patient benefit pro	
rendered. Under no circumstance: benefits, or cost. Any coding inform subject to change, and should not	s shall the myRARE™ program be hel- mation discussed in this document is be construed as legal advice. Provide	o the insured's plan at the time services are dresponsible or liable for payment of any claims, provided for informational purposes only, is ers should exercise independent clinical judgment ervices and products furnished to the specific
lan record ID:	Patient Name:	
ate of birth (mm/dd/yyyy):	Payer name:	Employer name:
lan name:	Plan type:	Policy number: ()
croup number:	Policy level:	□Primary □ Secondary □ Tertiary
olicy effective date:	Policy end date:	
olicy effective: □ Plan year dates:	: Calendar year (Jai	nuary 1-December 31)
Payer phone: ()	Payer contact:	Self funded: □Yes □No
erified for primary diagnosis:	Verified for	secondary diagnosis:
erified tertiary diagnosis:		
Continued on next page.		
1-833-4my-RARE (1-833-469-7273) Option 1, protecting the confidentiality of individuals' I	, if you have received this letter in error and the health and financial information, and only uses s who have enrolled in myRARE and provided writ	d by the individual to whom it is addressed. Please contact my/MRE at please destroy the letter by phredding it, my/MRE is committed on who find multino proportion exercing and support arrives, and for other manufacturations. my/MRE does not have program performers.
1-833-4my-RARE (1-833-469-7273) Option 1, protecting the confidentiality of individuals' is purposes required by law for those patients	, if you have received this letter in error and the health and financial information, and only uses s who have enrolled in myRARE and provided writ	n please destroy this letter by shredding it. myRARE is committed to uch information to provide coverage and support services, and for other





Summary of benefits: Patient benefit profile (cont'd)

Page 3 preview

Detailed benefit information for the cost of EVKEEZA is included under 3 options:



Physician purchase through major medical benefits: Site of care buys EVKEEZA, bills the health plan, and is reimbursed

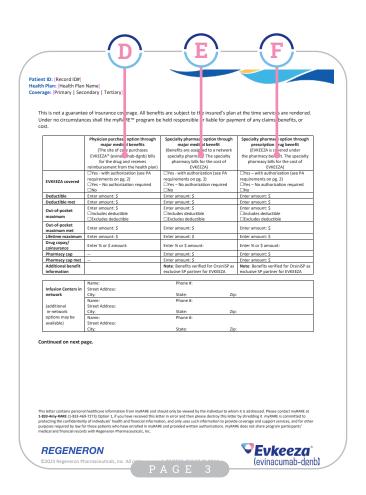


Specialty pharmacy through major medical benefits: Benefits are assigned to a network specialty pharmacy, which bills for the cost of EVKEEZA



Specialty pharmacy through prescription drug benefit: EVKEEZA is covered under the pharmacy benefit; the specialty pharmacy bills for the cost of EVKEEZA

Additional details include whether your patient's health plan covers the cost of EVKEEZA, your patient's financial responsibility for applicable copays and deductibles for the cost of EVKEEZA, and specialty pharmacy information







Summary of benefits: Patient benefit profile (cont'd)

Page 4-5 preview

Page 4 includes the following infusion and PA information:



Does the health plan cover or not cover the infusion administration (in-office or at home) for EVKEEZA

Your patient's **financial responsibility** for the infusion, such as applicable copays and deductibles, and other potential out-of-pocket expenses and benefit information



In-office coverage and cost



Home infusion coverage and cost



If a PA is required, this section lists the criteria and documentation for filing a PA, and contact information and instructions for submitting a PA



Page 5 captures any additional instructions or notes from the health plan that may guide your practice in submitting documentation for your patient's treatment with EVKEEZA

