myRARE® for Evkeeza® (evinacumab-dgnb)

ENROLLMENT GUIDE

for the myRARE® Patient Support Program

A resource for completing the myRARE Start Form for patients who are prescribed EVKEEZA for treatment of homozygous familial hypercholesterolemia (HoFH)

View the myRARE enrollment video by **scanning the QR code** or visiting **https://EVKEEZAhcp.com/s/** and clicking the Support & Resources tab.

This guide is not intended as clinical guidance. Healthcare providers should complete the myRARE Start Form according to their own professional medical judgment.

INDICATION

EVKEEZA is an angiopoietin-like 3 (ANGPTL3) inhibitor indicated as an adjunct to diet and exercise and other low-density lipoprotein-cholesterol (LDL-C) lowering therapies to reduce LDL-C in adults and pediatric patients, aged 1 year and older, with homozygous familial hypercholesterolemia (HoFH).

IMPORTANT SAFETY INFORMATION

Contraindication

EVKEEZA is contraindicated in patients with a history of serious hypersensitivity reaction to evinacumab-dgnb or to any of the excipients in EVKEEZA. Serious hypersensitivity reactions, including anaphylaxis, have occurred.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

Evkeeza® (evinacumab-dgnb) Injection

Key steps for enrolling patients in the myRARE® Patient Support Program

All **REQUIRED** sections of this Enrollment Form should be completed, including specific information about the patient's condition for treatment with EVKEEZA® (evinacumab-dgnb). Frequently missed required information is denoted with **PINK** flags throughout the form. The guidance provided on each page can help ensure this form is fully completed and processed in a timely manner.

1 Patient information

- This section needs to be completed by the patient. However, if the patient needs help or has questions, use the following information to guide them in completing this form
- Encourage the patient to **provide cell and home phone numbers**, choose a preferred phone number, and allow the myRARE Patient Support Program to leave a detailed message
- Ask the patient to check the **best time of the day to be contacted**
- Inform patients of the option to consent to receive text messages from myRARE
- Make sure the patient signs where indicated to confirm the patient has **read and agreed to the Authorization to Disclose/Use Health Information in Section 8 and the Patient Certifications in Section 9**
- The patient can provide consent by:
  - Signing a paper copy of the Start Form
  - Visiting **myRARE.com** and clicking the blue enroll button
  - Receiving an email from their Patient Navigator and filling out the Patient Consent Form (available in English and Spanish)

2 Insurance information

- Provide the **patient's insurance** information; the left side is for primary insurance, and the right side is for secondary or prescription drug insurance
- **If you check the boxes for attaching the patient's insurance cards, attach copies** of the front and back of the cards, including prescription drug cards
- Ask the patient to complete Section 7 **if the patient wants to request financial assistance for EVKEEZA from the Patient Assistance Program.** You or the patient can contact the program for eligibility information

3 Prescriber information

- Provide all relevant information, including name, practice, contact information, preferred method of contact, and identification numbers
- Provide the name, phone number, and email of the primary point of contact at the provider's office
- Choose the preferred treatment setting and address if different from practice/facility
- Select the preferred acquisition channel (buy and bill or specialty pharmacy)
- If "undecided" is selected, myRARE will research benefits information for available options based on the patient's plan coverage

myRARE® for Evkeeza® (evinacumab-dgnb) | Evkeeza® (evinacumab-dgnb) Injection

4 Diagnosis/prescription

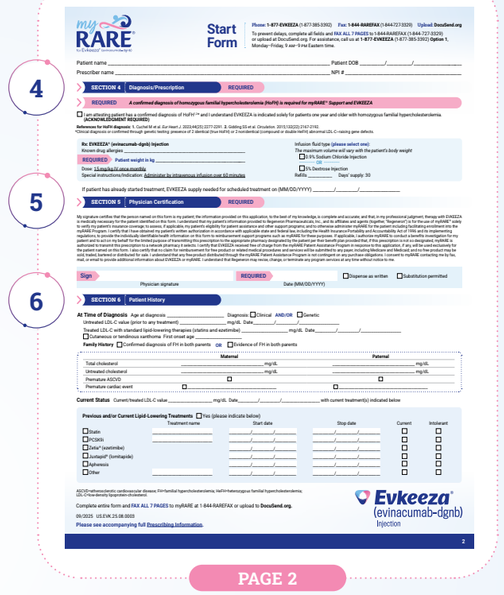
- Must have a confirmed diagnosis of HoFH and acknowledge that EVKEEZA is indicated solely for patients with this condition
- Include all **applicable information for the prescription and administration of EVKEEZA**, including known drug allergies, the patient's weight, type of infusion fluid, refills requested, and scheduled treatment date

5 Physician certification

- Certify the information provided and the terms and conditions of the myRARE® Patient Support Program by **signing and dating the form**
- Indicate selection by **checking "Dispense as written" or "Substitution permitted"**

6 Patient history

- Include **all applicable information**, including the patient's status, medical history, and family history of HoFH



IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions

Serious Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis, have occurred with EVKEEZA. If signs or symptoms of serious hypersensitivity reactions occur, discontinue EVKEEZA infusion, treat according to the standard-of-care, and monitor until signs and symptoms resolve.

Embryo-Fetal Toxicity: EVKEEZA may cause fetal harm when administered to pregnant patients. Advise patients who may become pregnant of the risk to a fetus. Consider obtaining a pregnancy test prior to initiating treatment with EVKEEZA. Advise patients who may become pregnant to use effective contraception during treatment and for at least 5 months following the last dosage.

Adverse Reactions

Adults and Pediatric Patients (12 to 17 years): Common adverse reactions (≥5%) were nasopharyngitis (16%), influenza-like illness (7%), dizziness (6%), rhinorrhea (5%), and nausea (5%).

Pediatric Patients (5 to 11 years): The safety profile was consistent with that observed in adults and pediatric patients aged 12 and older, with the additional adverse reaction of fatigue in 3 (15%) patients.

Use in Specific Populations

Pregnancy: EVKEEZA may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. If a patient becomes pregnant while receiving EVKEEZA, healthcare providers should report EVKEEZA exposure by calling 1-833-385-3392.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

Completing and submitting the myRARE® Start Form

7 Financial information

- Ask the patient to complete this section **if they want to request financial assistance for EVKEEZA** from the myRARE Patient Assistance Program
- Include the **size of the household and total household income**. The patient may qualify for financial assistance from the myRARE Patient Assistance Program if they meet all of the eligibility criteria, including total household income

8 Patient authorization

- The patient has to authorize the disclosure of personal health information **by signing and dating the form on page 1**

9 Patient certification

- The patient has to read and certify the information in the Patient Certifications section **by signing and dating the form on page 1**

To submit the myRARE Start Form, complete all fields and FAX ALL 7 PAGES to **1-844-RAREFAX** (1-844-727-3329) or upload to **DocuSend.org**. For assistance, call **1-877-EVKEEZA** (1-877-385-3392) **Option 1**, Monday–Friday, 9 AM–9 PM Eastern time.

IMPORTANT SAFETY INFORMATION (cont'd)

Use in Specific Populations (cont'd)

Lactation: There are no data on the presence of evinacumab-dgnb in human milk or animal milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EVKEEZA and any potential adverse effects on the breastfed infant from EVKEEZA or from the underlying maternal condition.

Females and Males of Reproductive Potential: Consider pregnancy testing in patients who may become pregnant prior to starting treatment with EVKEEZA. EVKEEZA may cause fetal harm when administered to a pregnant woman. Females of reproductive potential should use effective contraception during treatment with EVKEEZA and for at least 5 months following the last dosage of EVKEEZA.

Pediatrics: The safety profile of EVKEEZA in pediatric patients aged 1 to 11 years was similar to the safety profile in adults and pediatric patients aged 12 years and older, with the additional adverse reaction of fatigue in patients aged 5 to 11 years. The safety and effectiveness of EVKEEZA have not been established in pediatric patients younger than 1 year of age.

Please see accompanying full Prescribing Information.

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