

QUICKLY ENROLL IN MySMA SUPPORT™

How to eSubmit the
Evrysdi Start Form



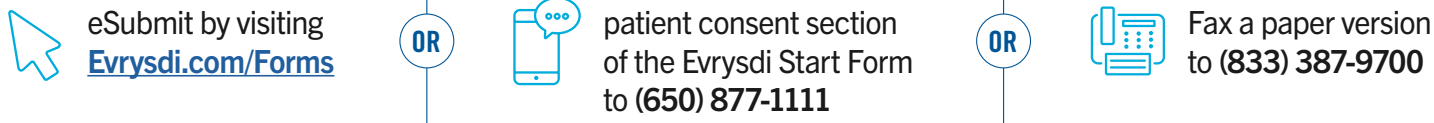
About MySMA Support


MySMA Support is a support service from Genentech that can help provide information about 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 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

Enrolling in MySMA Support™


To enroll in MySMA Support, patients or caregivers and health care providers simply need to complete the Evrysdi Start Form. There are 3 ways to submit the Evrysdi Start Form:




 eSubmit is a fast, paperless option for enrolling patients into MySMA Support. Both the patient consent and provider sections of the Evrysdi Start Form can be completed via the eSubmit option. **This guide provides a step-by-step overview of using eSubmit for the Evrysdi Start Form.**

Considerations for using Quick Enroll

 You should use Google Chrome™, Safari™, Edge™ or Firefox™. Internet Explorer is **not** supported

 If your organization has a firewall in place that prevents you from using web-based tools like Quick Enroll, you will need to use the fax option for submitting enrollment forms

 If you have any technical issues, please call the Genentech Patient Resource Center at **(877) GENENTECH/(877) 436-3683**

eSubmit the Evrysdi Start Form: Finding the Form and Entering Basic Patient Information

To begin, go to Evrysdi.com/Forms

- 1 To complete both the prescriber and patient consent sections of the Evrysdi Start Form, use the eSubmit link in the first row of the table.
- 2 Patients can use the eSubmit link in the second row of the table to complete the patient consent section of the Evrysdi Start Form. Patients can do this on their own, or the link can be sent to them once the prescriber portion of the form is complete.

Download

MySMA Support for Evrysdi Enrollment Forms

The Evrysdi Start Form includes the Patient Consent Form (page 4), which is to be completed by the patient, and the Prescriber Service Form (page 6), which is to be completed by the health care provider. Both pages must be completed for enrollment. To use Quick Enroll for the Evrysdi Start Form, select eSubmit.

Select All	eSubmit	View	Download
<input type="checkbox"/>	1	View	Download
<input type="checkbox"/>	2	View	Download

Complete the Service Eligibility section

- 3 All fields are required to continue form completion.
- 4 Select whether the patient is insured or uninsured. If the patient is uninsured, you will be prompted to complete the fields necessary to enroll in the Genentech Patient Foundation.*
- 5 Select Evrysdi® (risdiplam) from the dropdown list.
- 6 For a list of sample codes, please visit Genentech-Access.com/Evrysdi.

Enroll

SERVICE ELIGIBILITY

Fill out the form fields below to complete the Prescriber Form.

PATIENT

Date of Birth: [Field] Last Name: [Field] First Name: [Field]

Gender (Optional): [Field] Insured: [Radio Button]

PRODUCTS

Product: [Dropdown Menu] ADD PRODUCT

DIAGNOSIS CODE

PRIMARY DIAGNOSIS: [Field] ADD DIAGNOSIS CODE

NEXT

*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.

eSubmit the Evrysdi Start Form: Choosing the Service and Entering Patient Information

Complete the Type of Service section

- 1 You may select 1 or more service types:
 - **Benefits Investigation/Prior Authorization:** MySMA Support™ will determine coverage for Evrysdi® (risdiplam) and provide resources for prior authorization, if it is required*
 - **Referral to Co-pay Assistance:** MySMA Support will help identify co-pay assistance options for eligible patients, including the Evrysdi Co-pay Program† or referrals to independent co-pay assistance foundations‡
 - **Appeals Support:** If your patient's health insurance plan has issued a denial, MySMA Support can provide general resources as you prepare an appeal submission, as per your patient's health plan requirements§
 - **Starter Program:** The Evrysdi Start Program is available for insured people who have been prescribed Evrysdi and are experiencing a delay in insurance approval. Eligible patients may receive up to 2 shipments of Evrysdi at treatment initiation||
 - **Genentech Patient Foundation:** You may select this option if you have determined your insured patient may be eligible for the Genentech Patient Foundation¶
 - The Genentech Patient Foundation provides free Genentech medicine to people who don't have health insurance coverage or who have financial concerns and meet eligibility criteria
 - If the patient does not have health insurance, this is the only option that will appear

Enroll | Doe, John

1

SERVICE ELIGIBILITY TYPE OF SERVICE

CHOOSE SERVICE TYPE(S):

☒ Benefits Investigation/Prior Authorization

☐ Referral to Co-pay Assistance

☐ Appeals Support

☐ Starter Program

Enrollment in the Genentech Patient Foundation should only occur once it has been determined that the patient:

- Is uninsured or
- Has insurance, but it does not cover their Genentech medicine or
- Has coverage for their Genentech medicine, but their medicine remains unaffordable

If you are unsure of the patient's insurance status, you can enroll your patient in Access Solutions for a Benefit Investigation or contact Access Solutions at (866) 422-2377.

☐ Patient Foundation

BACK NEXT

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Complete the Patient Information section

- 2 Complete the patient's or caregiver's contact information, including alternative contacts, if available.
- 3 If you have a scanned copy of the completed patient consent section of the Evrysdi Start Form, you may upload it here. Patients or caregivers may also complete an [eSubmit version of the patient consent section](#), or they can text a photo of the completed form to **(650) 877-1111**.

Enroll | Doe, John

SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION

Fill out the form fields below to complete the Patient Information Form.

2

PATIENT

Street APT/UNIT (Optional)

City State ZIP

Phone Type ☐ Do not contact patient

Preferred Language English Email (Optional)

ADD PHONE ADD ALTERNATIVE CONTACT

PATIENT CONSENT

Please disregard if the Patient Consent form has already been submitted. Before Genentech Access Solutions can perform services, we must have your patient's permission to access their Personal Identifiable Information.

Patient Consent Status Patient Consent Explanation

☒ Not on File ☐ Uploaded

3

*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 and benefit limits apply. Not valid for patients whose prescriptions are reimbursed under any federal or state government programs to pay for their Genentech medicine. Patients must be taking the Genentech medicine for an FDA-approved indication. Please visit the Co-pay Program website 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.

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

||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.

¶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.

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SUPPORT**
BY GENENTECH

eSubmit the Evrysdi Start Form: Patient Insurance Information and Clinical Information

Complete the Patient Information section (cont)

- 1 Complete the patient's health insurance information. When you begin typing, a list of insurers will appear.
- 2 To add additional health insurance plans, click on the green plus sign (+).

The screenshot shows the 'PATIENT CONSENT' and 'INSURANCE' sections of the form. The 'PATIENT CONSENT' section has a status of 'Not on File' and an 'UPLOAD' button. The 'INSURANCE' section is titled 'PRIMARY INSURANCE' and contains fields for Patient Name, Subscriber ID, Group #, Relationship to Patient, Subscriber First Name, Subscriber Last Name, Subscriber Date of Birth (Optional), Patient Phone (Optional), and a checkbox for 'Is this a prescription plan?'. Below this is the 'MEDICAL' section with 'DIAGNOSIS CODES' showing 'G12 Spinal muscular atrophy and related syndromes' and 'Evrysdi® (risdiplam)' as the treatment. The 'Prescription Type' and 'Prescription Option' dropdowns are at the bottom.

- 3 Complete the patient's clinical information. Additional fields will appear as you select dropdown options.
- 4 Specify whether the patient will be taking the tablet or oral solution of Evrysdi and select the patient's dose from the dropdown menus.
- 5 Enter the patient's weight in the Patient weight field. Be sure to select whether you are using lb or kg by using the dropdown menu in the Weight unit field.
- 6 The previous therapy field is optional. If the patient has been prescribed a therapy prior to Evrysdi, please select it from the multi-select dropdown menu. A required field indicating the last date of treatment for each selected treatment option will appear.

The screenshot shows the 'MEDICAL' section of the form. It includes 'DIAGNOSIS CODES' (G12 Spinal muscular atrophy and related syndromes) and 'Evrysdi® (risdiplam)'. The 'Prescription Type' and 'Prescription Option' dropdowns are highlighted with a blue box. Below these are fields for 'Route' (Select Answer), 'SMA type' (Select Answer), 'Patient weight' (text input), 'Weight unit' (Select Answer), 'Date measured' (MM/YYYY), 'Has patient taken Evrysdi?' (Select Answer), 'Drug and non-drug allergies' (Select Answer), and 'Previous SMA therapy' (multi-select dropdown). The 'SMN2 copy number' field is at the bottom.

eSubmit the Evrysdi Start Form: Practice Information and Physician Certification

Complete the Patient Information section (cont)

- 1 Complete the practice contact information.
- 2 Add the prescriber by selecting “Search for Prescriber.”
- 3 If you are an existing prescriber, you can look up and select your prescriber data. If not, select “Add Prescriber” to add your information.
- 4 If you elected to enroll the patient in the Evrysdi Start Program, complete the shipping information. You may enter an address for the patient, prescriber or practice.
- 5 Read the physician certification and select the checkboxes to complete the field.

The screenshot shows the 'PRACTICE' section of the Evrysdi Start Form. It includes fields for 'OFFICE CONTACT' (Contact Name, First Name, Last Name, Phone, Fax) and 'PRESCRIBER' (SEARCH FOR PRESCRIBER, ADD PRESCRIBER). A modal window titled 'Search for Prescriber' is open, showing fields for First Name, Last Name, and State, with a SEARCH button. The 'SHIPPING' section is also visible, with a 'Ship To' field. The 'IMPORTANT INFORMATION' section is partially visible at the bottom.

The screenshot shows the 'IMPORTANT INFORMATION' section of the Evrysdi Start Form. It contains a detailed disclaimer about the use of the medication and the patient's consent. Below this is a 'COMPLETE CAPTCHA' section with a checkbox for 'I'm not a robot' and a CAPTCHA image. At the bottom, there are 'BACK' and 'SUBMIT' buttons. The footer includes links for Home, Privacy Policy, and Terms & Conditions, along with the Genentech logo and the MySMA Support logo.

eSubmit the Evrysdi Start Form: Confirming Enrollment

Receive your Enrollment Confirmation

- 1 Make note of your Digital Enrollment ID to reference when calling MySMA Support™ for a status update.
- 2 We recommend downloading the prescriber section of the Evrysdi Start Form after it is complete and saving it within the patient's medical record for future reference.
- 3 From this page, you have 2 options for having your patients or their caregivers complete the patient consent section of the Evrysdi Start Form:
 - If the patient or caregiver is present in your office, you may select “Complete Now” and complete the form on their behalf as a Legally Authorized Representative
 - If the patient or caregiver is not present in your office or wishes to complete the form later, you may select “Email to Patient” and send them a link to the form
- 4 On the enrollment confirmation page, the prescriber signature can be provided digitally using the mouse cursor, or sent for digital signature to a mobile device. If neither of these options work for you, you can print, sign and fax a copy of the completed form to (833) 387-9700.

See the next page for more information about using the digital signature options.

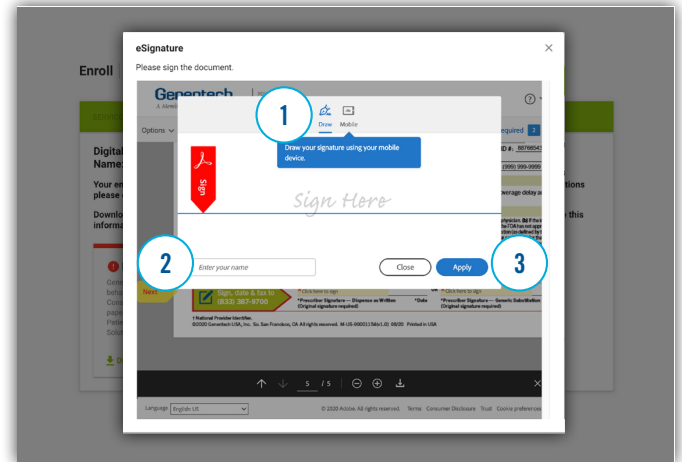
! Please Note: There is a 5-minute limit on the link sent to a mobile device, after which time the link becomes inactive. If you are using this option, we recommend that you coordinate your workflow to ensure the signature is completed in a timely manner.

The screenshot shows the 'Enroll | Dexter, Conrad' page with a green header bar containing tabs for SERVICE ELIGIBILITY, TYPE OF SERVICE, PATIENT INFORMATION, and ENROLLMENT CONFIRMATION. The ENROLLMENT CONFIRMATION tab is active. The page content includes: 1. Digital Enrollment ID: IFM-1604153, Name: Conrad Dexter. 2. A message stating the enrollment request has been submitted and will be processed within 1-2 business days, with contact information for Genentech MySMA Support at (833) 387-9734. 3. Two main sections: 'Patient Consent Required' and 'Prescriber Form Complete'. The 'Patient Consent Required' section includes instructions to disregard if already submitted and offers 'EMAIL TO PATIENT' and 'COMPLETE NOW' options. The 'Prescriber Form Complete' section states a prescriber's signature is required and offers 'APPLY ESIGN' and 'DOWNLOAD & SIGN' options. Numbered callouts 1 through 4 are overlaid on the image to correspond with the numbered list in the text.

eSubmit the Evrysdi Start Form: Ensuring the Physician Signature Is Captured

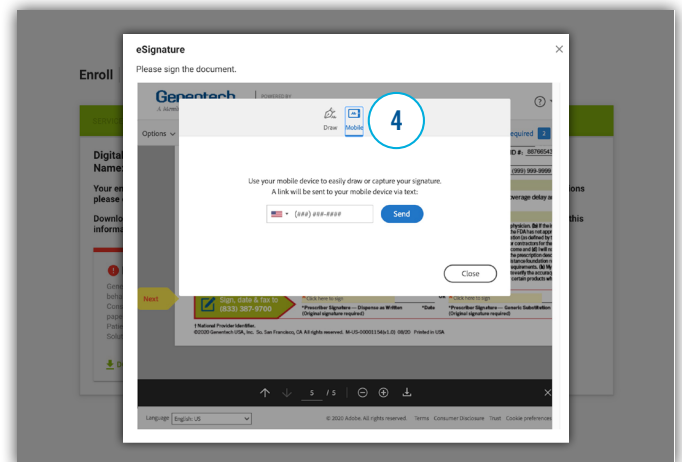
Using the “Draw” option

- 1 If you select the “Draw” option, you will be able to use your mouse cursor or a touch screen to sign.
- 2 Be sure to type your name as well.
- 3 Select “Apply” when you are finished.



Using the “Mobile” option

- 4 If you select the “Mobile” option, you will receive a link on your mobile device to capture your signature. As previously noted, remember that there is a 5-minute time limit on links sent to mobile devices.



After you and your patient or their caregiver complete and submit the Evrysdi Start Form, you should hear from a MySMA Support™ Case Manager in a timely manner.

WE'RE HERE TO ANSWER YOUR QUESTIONS



If you need technical support while using eSubmit, please contact the Genentech Patient Resource Center at **(877) GENENTECH**/(877) 436-3683.



For questions about MySMA Support™, please call **(833) 387-9734** or visit Evrysdi-HCP.com.

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