



FINANCIAL ASSISTANCE OPTIONS FOR SPINRAZA

INDICATION

SPINRAZA® (nusinersen) is indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients.

SELECTED IMPORTANT SAFETY INFORMATION

Coagulation abnormalities and thrombocytopenia, including acute severe thrombocytopenia, have been observed after administration of some antisense oligonucleotides. Patients may be at increased risk of bleeding complications.

In the sham-controlled studies for patients with infantile-onset and later-onset SMA, 24 of 146 SPINRAZA-treated patients (16%) with high, normal, or unknown platelet count at baseline developed a platelet level below the lower limit of normal, compared to 10 of 72 sham-controlled patients (14%). Two SPINRAZA-treated patients developed platelet counts <50,000 cells per microliter, with the lowest level of 10,000 cells per microliter recorded on study day 28.

Please see additional Important Safety Information on page 6 and accompanying full Prescribing Information.

NAVIGATING FINANCIAL ASSISTANCE OPTIONS

The SMA360™ team can help your patients and their caregivers navigate the cost of treatment with SPINRAZA.

Biogen believes that cost should not be a barrier to treatment. SMA360° offers personalized insurance and financial assistance counseling to help your patients and their caregivers understand their insurance benefits for SPINRAZA and to identify the most affordable way to start and stay on treatment as prescribed by their doctor.



SMA360° services from Biogen are available only to those patients who have been prescribed SPINRAZA. SMA360° is intended for US resident patients only.

PATIENT COST-SHARING STRUCTURE CONSIDERATIONS

During the Benefits Investigation, it is important to determine key elements of the cost-sharing structure under the patient's insurance benefits, including the following:



Patient cost-sharing considerations

Copay: Typically, a flat fee that patients pay each time they receive medical care. The copay may be in addition to other out-of-pocket (OOP) costs, such as deductibles and coinsurance, and it varies by benefits structure.

Coinsurance: A beneficiary cost-sharing amount that begins after the deductible is paid; coinsurance typically is based on a percentage of the cost of services and varies by payer.

Deductible: A predetermined amount of money that the patient must spend before his or her payer benefits take effect.

Maximum OOP cost: An annual limitation on all cost sharing that patients are responsible for under a health plan. This limit does not apply to premiums, balance-billed charges from out-of-network healthcare providers (HCPs), or services that are not covered by the plan.

In addition to the Benefits Investigation conducted by your practice or facility, SMA360° will investigate patient benefits in order to be able to inform the patient's family about potential cost-sharing responsibility and to discuss potential implications.

SELECTED IMPORTANT SAFETY INFORMATION

Renal toxicity, including potentially fatal glomerulonephritis, has been observed after administration of some antisense oligonucleotides. SPINRAZA is present in and excreted by the kidney. In the sham-controlled studies for patients with infantile-onset and later-onset SMA, 71 of 123 SPINRAZA-treated patients (58%) had elevated urine protein, compared to 22 of 65 sham-controlled patients (34%).

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SMA360° FINANCIAL ASSISTANCE AND INSURANCE COUNSELING SERVICES

Biogen provides several comprehensive financial support services to help reduce nonclinical barriers to patient access.



Drug Copay Program: Generally, all individuals on nongovernment insurance are eligible, regardless of income, and there is no annual maximum on the amount Biogen will cover as part of the program. Insurance will be billed first and must pay before copay assistance will be applicable.

Individuals receiving coverage from Medicare, Medicaid, the US Department of Veterans Affairs/Department of Defense, TRICARE®, or any other governmental or pharmaceutical assistance may not be eligible.



Procedure Copay Program: In addition to the above criteria, individuals are eligible for this program if they meet the following requirements:

- They are not a resident of Massachusetts, Michigan, Minnesota, or Rhode Island
- The HCP submits a request for treatment using an approved procedure code for anesthesia, imaging procedures, and/or surgical procedure/drug administration. Only codes approved by Biogen shall be eligible under the program



Third-Party Funding Assistance: If it is determined that a family is not eligible for the **Copay Program**, an SMA360° Lead Case Manager can help find a charitable organization that may provide third-party assistance.

Patients are required to enroll separately in each Biogen financial assistance program. Your Biogen representative is available to provide you with additional information about financial resources for your patients.

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Please note: The SPINRAZA Copay Program does not cover costs associated with the administration of SPINRAZA therapy, such as office visits, other professional services, network penalties levied by the patient's insurance company, and/or administration costs. Biogen reserves the right to modify or discontinue this program at any time. Participation in this program does not mean that the patient will be entitled to receive program assistance indefinitely.



If you have any questions throughout this process, call SMA360° at **1-844-4SPINRAZA (1-844-477-4672)** or contact your Biogen representative.

SMA360° offers insurance counseling services to help patients' families understand their current insurance benefits for SPINRAZA and to offer assistance with changing or adding supplemental insurance benefits, such as Medicaid.

SELECTED IMPORTANT SAFETY INFORMATION

Laboratory testing and monitoring to assess safety should be conducted. Perform a platelet count, coagulation laboratory testing, and quantitative spot urine protein testing at baseline and prior to each dose of SPINRAZA and as clinically needed.

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INITIATING THE COPAY PROGRAMS FOR SPINRAZA

These programs are generally available for patients with nongovernmental insurance benefits who have provided consent to Biogen.

- **The Drug Copay Program** covers the amount of cost sharing for SPINRAZA, but does not cover administration-related costs
- **The Procedure Copay Program** covers the amount of cost sharing for the administration procedure that is associated with SPINRAZA, but does not cover the cost of the drug

After conducting a Benefits Investigation, the SMA360° team will contact eligible patients to introduce the program and to complete enrollment.

What your practice or facility needs to do to submit claims for each copay program:

1

Confirm patient enrollment

- Confirm that the patient is enrolled in the Copay Program for every treatment dose (or administration) of SPINRAZA. At enrollment, the patient and HCP will receive a confirmation letter via fax from Biogen. This information also is available through your Biogen representative
- Keep the confirmation of enrollment in the patient's file. If the patient withdraws, Biogen will send a withdrawal letter. This information is also available by calling **1-844-4SPINRAZA (1-844-477-4672)**

2

Fax an Explanation of Benefits (EOB) to Biogen

- Fax an EOB with the patient's financial responsibility for SPINRAZA (or the administration procedure for SPINRAZA) to Biogen at **1-888-656-4343** after each administration.

3

Submit claims for reimbursement

- Your practice or facility will receive an instructional letter with steps to complete for reimbursement
- After each date of service, fax the completed SPINRAZA Copay Reimbursement Form (see sample form on page 4), along with the supporting EOB/Remittance Advice and Summary of Billed Charges to **1-888-656-4343**
- Your practice or facility will receive a reimbursement check, via the United States Postal Service, for plans that cover SPINRAZA under the medical benefits. For plans that cover SPINRAZA under the pharmacy benefits, Accredro Specialty Pharmacy manages the adjudication via the Rx Bank Identification Number (BIN), Processor Control Number (PCN), and Group Number

Note: The eligibility criteria differ for the Procedure Copay Program and the Drug Copay Program. For more information, consult with your Biogen representative.

SELECTED IMPORTANT SAFETY INFORMATION

Severe hyponatremia was reported in an infant treated with SPINRAZA requiring salt supplementation for 14 months.

Cases of rash were reported in patients treated with SPINRAZA.

Please see additional Important Safety Information on page 6 and accompanying full Prescribing Information.



SAMPLE COPAY REIMBURSEMENT FORM

The SPINRAZA Copay Reimbursement Form is available for download at spinraza-hcp.com.

PARTICIPATION CONDITIONS FOR COPAY PROGRAMS

By participating in these programs, your practice or organization acknowledges and accepts the following conditions:

- If your patient were not participating in the programs, he or she would otherwise be required to pay the full copayment or coinsurance, subject to verification with the EOB statement
- The charge that your practice or organization submits to third-party payers for drug cost is separate from any charge for drug administration. Biogen and its program administrators will be responsible for only a portion of the patient's copayment or coinsurance related to the cost of the drug
- Participation in these programs is consistent with any federal or state laws and regulations applicable to your practice or organization, and is consistent with any contracts or other agreements your practice or organization has with any third-party payers
- Your practice or organization will disclose to all third-party payers the patient's use of these programs as required by applicable law and/or third-party-payer requirements
- If you learn of any changes to the patient's therapy or insurance, you will promptly notify the SPINRAZA Copay Programs
- Patient is using SPINRAZA as described in the US Food and Drug Administration-approved label



If you have questions about the SPINRAZA Copay Programs, please call SMA360[®] at **1-844-4SPINRAZA (1-844-477-4672)**, Monday through Friday, from 8:30 AM to 8:00 PM ET.

SELECTED IMPORTANT SAFETY INFORMATION

SPINRAZA may cause a reduction in growth as measured by height when administered to infants, as suggested by observations from the controlled study. It is unknown whether any effect of SPINRAZA on growth would be reversible with cessation of treatment.

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The most common adverse reactions ($\geq 20\%$ of SPINRAZA-treated patients and $\geq 5\%$ more frequently than in control patients) that occurred in the infantile-onset controlled study were lower respiratory infection and constipation. Serious adverse reactions of atelectasis were more frequent in SPINRAZA-treated patients (18%) than in control patients (10%). Because patients in this controlled study were infants, adverse reactions that are verbally reported could not be assessed. The most common adverse reactions that occurred in the later-onset controlled study were pyrexia, headache, vomiting, and back pain. Post-lumbar puncture syndrome has also been observed after the administration of SPINRAZA.

Please see accompanying full [Prescribing Information](#) for additional Important Safety Information.