Alnylam ASSIST®

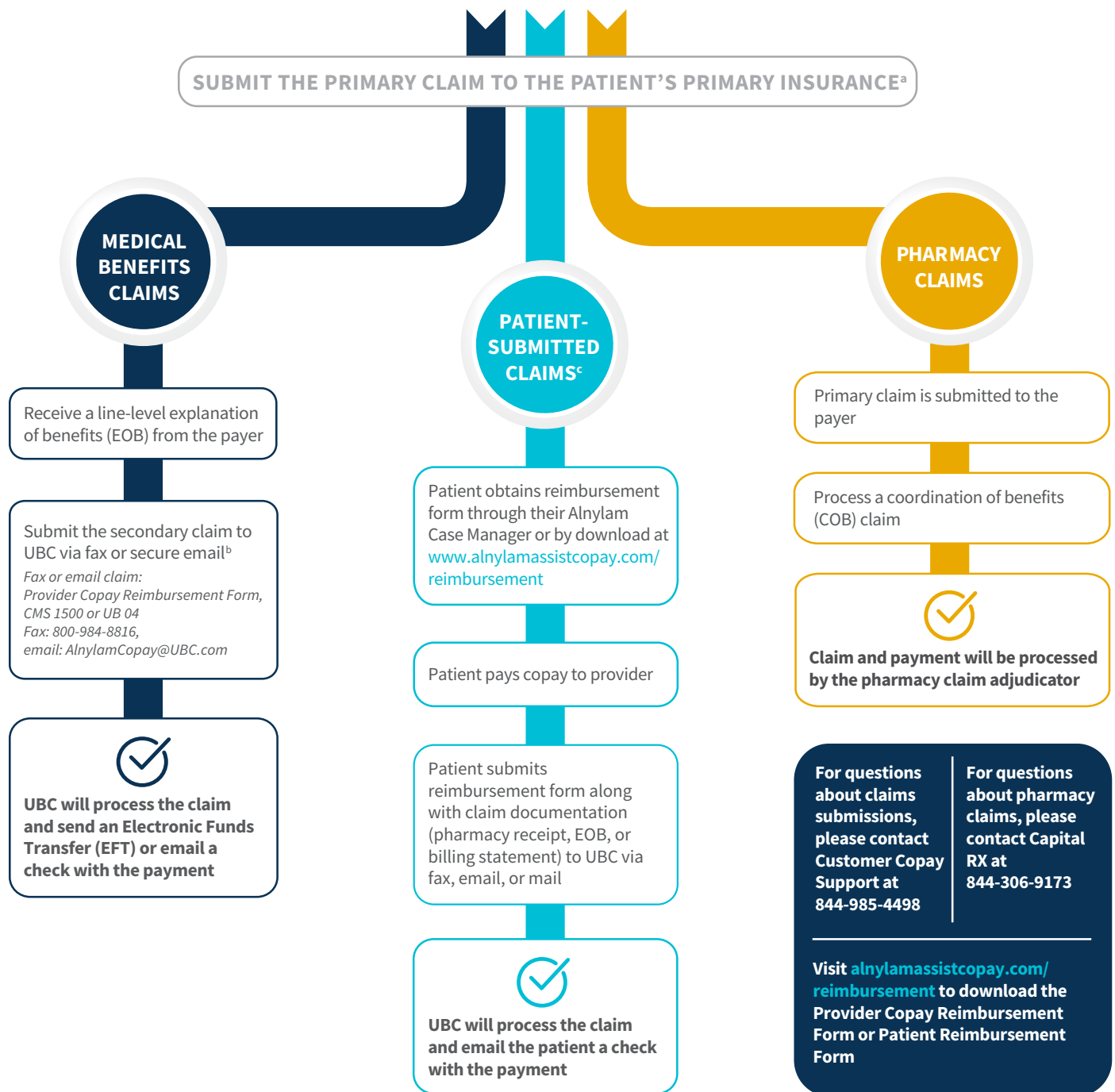## Copay Claim Submission Guide

The following outline will show you how to submit a medical benefits claim, pharmacy claim, or a patient-submitted claim for AMVUTTRA® (vutrisiran). Before submitting a claim, please ensure the following:

▷ The patient's benefits have been verified
▷ The patient has provided their Copay Member Number

Upon a patient's enrollment into the Alnylam Assist® Copay Program, an Alnylam Case Manager (or the patient, if the patient self-enrolled in the program), will provide the practice with the patient's Payer ID, Group Number, and Member Number required to submit a copay claim.

amvuttra
(vutrisiran) injection
25 mg/0.5 mL

Submitting Copay Claims for AMVUTTRA® (vutrisiran)

SUBMIT THE PRIMARY CLAIM TO THE PATIENT'S PRIMARY INSURANCE[a]

MEDICAL BENEFITS CLAIMS

Receive a line-level explanation of benefits (EOB) from the payer

Submit the secondary claim to UBC via fax or secure email[b]

Fax or email claim:
Provider Copay Reimbursement Form, CMS 1500 or UB 04
Fax: 800-984-8816,
email: AlnylamCopay@UBC.com

UBC will process the claim and send an Electronic Funds Transfer (EFT) or email a check with the payment

PATIENT-SUBMITTED CLAIMS[c]

Patient obtains reimbursement form through their Alnylam Case Manager or by download at www.alnylamassistcopay.com/reimbursement

Patient pays copay to provider

Patient submits reimbursement form along with claim documentation (pharmacy receipt, EOB, or billing statement) to UBC via fax, email, or mail

UBC will process the claim and email the patient a check with the payment

PHARMACY CLAIMS

Primary claim is submitted to the payer

Process a coordination of benefits (COB) claim

Claim and payment will be processed by the pharmacy claim adjudicator

For questions about claims submissions, please contact Customer Copay Support at 844-985-4498

For questions about pharmacy claims, please contact Capital RX at 844-306-9173

Visit alnylamassistcopay.com/reimbursement to download the Provider Copay Reimbursement Form or Patient Reimbursement Form

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[a]When submitting copay claims for medication administration only, documentation to support the medication administered must be included with the nursing claim submission. Documentation must include name of the medication, NDC or J-code, the patient's complete name and the date of service.

[b]At Alnylam, we are committed to protecting privacy and encourage the utilization of secure email for submissions to safeguard sensitive patient information. Senders are asked to use secure email options for comprehensive data protection.

[c]Medical Benefits or Pharmacy Claims.

Alnylam PHARMACEUTICALS

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