



## Services Overview

Alylam Assist® offers a wide range of services to guide your patients through treatment with Alylam products



# How Alynlam Assist<sup>®</sup> can help

After discussing treatment with your patient, begin the enrollment process by completing the Alynlam Assist<sup>®</sup> Start Form. Upon receipt of the Start Form, an **Alynlam Case Manager dedicated to your patient's needs** will reach out to you and your patient within 2 business days.

## Alynlam Assist<sup>®</sup> will help with:



**Benefit verification**



**Education on the prior authorizations, claims, and appeals processes**



**Financial assistance program for eligible patients<sup>a</sup>**



**Disease and product education**



**Ordering product for your patient**

**Alynlam Field Reimbursement Directors (FRDs)** are also available to you to provide education about the reimbursement process for Alynlam products.

FRDs will share their knowledge of:

- ▷ Billing and coding requirements for Alynlam products
- ▷ Chart documentation requirements
- ▷ Payer requirements

<sup>a</sup>Patients must meet specified eligibility criteria to qualify for assistance. Alynlam reserves the right to make eligibility determinations and to modify or discontinue the program at any time.

# Personalized support for patients throughout the treatment process



## Electronic Start Form

Complete and submit the electronic Start Form online with your patient at [www.AlnylamAssist.com](http://www.AlnylamAssist.com)

**OR**

## Downloadable Start Form

Print, complete with your patient, and fax the Start Form to 1-833-256-2747

**OR**

## DocuSign Start Form

Begin the Start Form and send to your patient by email to complete via DocuSign (link available at [www.AlnylamAssist.com](http://www.AlnylamAssist.com))

- ▷ Disease and product education
- ▷ Insurance
  - Benefit verification and explanation
  - Coverage, Coding, and Reimbursement education
- ▷ Financial assistance for eligible patients<sup>a</sup>

Visit [www.AlnylamAssist.com](http://www.AlnylamAssist.com) to complete the Start Form with your patient now.

<sup>a</sup>Patients must meet specified eligibility criteria to qualify for assistance. Alnylam reserves the right to make eligibility determinations and to modify or discontinue the program at any time.

# Helping your patients access Alnylam products

## Benefit verification

Coverage for Alnylam products will vary by product, by plan, and by patient. Alnylam Assist® can help determine patient-specific coverage requirements.

- ▷ To initiate a benefit verification for your patient, complete the **Start Form** electronically or via DocuSign at [www.AlnylamAssist.com](http://www.AlnylamAssist.com). You can also download and print the Start Form and fax it to 1-833-256-2747

Questions about how Alnylam Assist® can help?  
**Call 1-833-256-2748**

- ▷ Within 2 business days, your patient's dedicated Case Manager will provide you and your patient with a benefit verification summary
- ▷ Alnylam Assist® can provide information about patient financial assistance programs for eligible patients,<sup>a</sup> if necessary (for additional information on financial assistance programs, see page 7)

<sup>a</sup>Patients must meet specified eligibility criteria to qualify for assistance. Alnylam reserves the right to make eligibility determinations and to modify or discontinue the program at any time.

## Treatment coverage

Case Managers can explain the requirements and processes for prior authorizations, claims, and appeals.

### **Alynlam Assist® can:**

- ▷ Research the payer requirements as part of the benefit verification process
- ▷ Discuss the standard process for submitting a prior authorization and reimbursement claims
- ▷ Investigate reasons for denied or rejected prior authorizations, claims, and/or appeals

Alynlam's dedicated **Field Reimbursement Directors** are available to meet with you and your staff to answer coverage and reimbursement-related questions about Alynlam products.

# Support for your patients

## **Alnylam Assist® is here to help**

### **Alnylam Assist® will provide:**

- ▷ An explanation of benefits so your patients understand their coverage
- ▷ Information about financial assistance programs for eligible patients<sup>a</sup>
- ▷ A **Patient Starter Kit**, including educational materials designed to help patients understand their therapy and Alnylam Assist®
- ▷ Education for your patients from a designated **Alnylam Patient Education Liaison (PEL)**
  - Regionally based PELs are available to help patients gain a better understanding of the disease and treatment with Alnylam products
- ▷ Support throughout treatment with Alnylam products that is customized to each patient's communication preferences

<sup>a</sup>Patients must meet specified eligibility criteria to qualify for assistance. Alnylam reserves the right to make eligibility determinations and to modify or discontinue the program at any time.

# Financial assistance programs<sup>a</sup>

Patients may qualify for the following financial assistance programs<sup>b</sup>:

- ▷ **Quick Start Program:** Provides up to 3 doses of Alnylam product at no cost to eligible patients if coverage is delayed
- ▷ **Patient Assistance Program (PAP):** Provides Alnylam product at no cost to eligible patients
- ▷ **Commercial Copay Program:** Covers out-of-pocket medication and administration costs for eligible patients

## Eligibility criteria

| Quick Start   | PAP  | Commercial Copay                                    |
|---|--|---|
| Insured patients with a delay in coverage   | Uninsured/functionally uninsured <sup>c</sup>  | Commercially insured patients <sup>d</sup>          |
| On-label diagnosis for prescribed Alnylam product   |  |   |
| US residency ( <i>including US territories</i> )  |  |   |
| Prior authorization required<br>Min 5-day delay in coverage<br>Max of 3 consecutive doses | Financial eligibility requirements—<br>supporting income documentation required <sup>e</sup> | Insurance must cover the prescribed Alnylam product |

Once enrolled in Alnylam Assist<sup>®</sup>, your patient's dedicated Case Manager will review assistance programs they may qualify for based on eligibility.

<sup>a</sup>Some state laws may restrict or impact some aspects of these programs. A Case Manager can provide additional information.

<sup>b</sup>Patients must meet specified eligibility criteria to qualify for assistance. Alnylam reserves the right to make eligibility determinations and to modify or discontinue the program at any time.

<sup>c</sup>Functionally uninsured patients are those who may be enrolled in a health plan but do not have coverage for an Alnylam product or cannot afford their cost share associated with their Alnylam product.

<sup>d</sup>The Alnylam Assist<sup>®</sup> Commercial Copay Program is not available to patients covered by government-sponsored insurance, such as Medicare and Medicaid.

<sup>e</sup>Acceptable forms of documentation may include: copy of most recent U.S. Individual Income Tax Return (IRS Form 1040); copy of most recent Social Security Benefit Statement (SSA-1099); copy of most recent pay stub. Patients with an income of  $\leq 150\%$  FPL are required to apply for Low Income Subsidy (LIS).





Monday–Friday, 8AM–6PM ET

: 1-833-256-2748 | : 1-833-256-2747

To learn more,  
visit [www.AlnylamAssist.com](http://www.AlnylamAssist.com).



Alnylam Assist is a registered trademark of Alnylam Pharmaceuticals, Inc.  
© 2021 Alnylam Pharmaceuticals, Inc. All rights reserved. NP-USA-00392