



Services Overview

Alylam Assist™ offers a wide range of services to guide your patients through treatment with ONPATTRO™ (patisiran)

How Alnylam Assist™ can help

After discussing ONPATTRO™ (patisiran) with your patient, begin the enrollment process by completing the Alnylam Assist Start Form. Upon receipt of the Start Form, an **Alnylam Case Manager dedicated to your patient's needs** will reach out to you and your patient within 1-2 business days.

Your patient's Case Manager will help with:



Benefit verification



Education on the prior authorizations, claims, and appeals processes



Financial assistance program enrollment for eligible patients^a



Disease and product education



Facilitation of product orders

Alnylam Field Reimbursement Directors (FRDs) are available to provide education about the ONPATTRO reimbursement process.

FRDs will share their knowledge of:

- ONPATTRO billing and coding requirements
- Chart documentation requirements
- Payer requirements

Personalized support for patients throughout the treatment process



Complete and submit the electronic Start Form at: www.AlnylamAssist.com.

OR

Download and print a Start Form from www.AlnylamAssist.com. Completed Start Forms can be faxed to 1-833-256-2747.

- ▷ Disease education
- ▷ Insurance
 - Benefit verification and explanation
 - Reimbursement support
- ▷ Financial assistance for eligible patients^a

Visit www.AlnylamAssist.com to complete the Start Form with your patient now.

^aPatients 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 ONPATTRO™ (patisiran)

Benefit verification

Coverage for ONPATTRO will vary by plan and by patient. Alnylam Assist™ can help determine patient-specific coverage requirements.

- To initiate a benefit verification for your patient, complete the electronic **Alnylam Assist Start Form** at www.AlnylamAssist.com. You may 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 1-2 business days, your patient's dedicated Case Manager will provide you and your patient a benefit verification summary
- Alnylam Assist can provide information about patient financial assistance programs for eligible patients,^a if necessary (for additional information on financial assistance programs, see page 7)

^aPatients 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

Alnylam Assist™ can help educate about the prior authorizations, claims, and appeals processes, if needed.

Alnylam 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

Alnylam's dedicated Field Reimbursement Directors are available to meet with you and your staff to answer any reimbursement-related questions about ONPATTRO™ (patisiran).

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 programs for eligible patients^a
- A **Patient Starter Kit**, including educational materials designed to help patients understand ONPATTRO™ (patisiran) 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 ONPATTRO
- Support throughout treatment with ONPATTRO that is customized to each patient's communication preferences

^aPatients 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

Select patients may qualify for the following financial assistance programs:

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

Eligibility criteria

Quick Start	PAP	Commercial Copay
Commercially insured patients ^a	Uninsured/functionally uninsured ^b	Commercially insured patients ^a
Diagnosis of the polyneuropathy of hereditary transthyretin-mediated amyloidosis		
US residency (including US territories)		
Prior authorization required Min 5-day delay in coverage Max of 3 consecutive doses	Financial eligibility requirements— supporting income documentation required ^c	Insurance must cover ONPATTRO

Once enrolled in Alnylam Assist™, your patient's dedicated Case Manager will review financial assistance programs your patient may qualify for based on his or her eligibility.

^aThe Alnylam Assist Financial Assistance Programs are not available to patients covered by government-sponsored insurance, such as Medicare and Medicaid.

^bFunctionally uninsured patients are those who may be enrolled in a health plan but do not have coverage for ONPATTRO.

^cAcceptable 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.

Indication

ONPATTRO™ (patisiran) is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

Important Safety Information

Infusion-Related Reactions

Infusion-related reactions (IRRs) have been observed in patients treated with ONPATTRO. In a controlled clinical study, 19% of ONPATTRO-treated patients experienced IRRs, compared to 9% of placebo-treated patients. The most common symptoms of IRRs with ONPATTRO were flushing, back pain, nausea, abdominal pain, dyspnea, and headache.

To reduce the risk of IRRs, patients should receive premedication with a corticosteroid, acetaminophen, and antihistamines (H1 and H2 blockers) at least 60 minutes prior to ONPATTRO infusion. Monitor patients during the infusion for signs and symptoms of IRRs. If an IRR occurs, consider slowing or interrupting the infusion and instituting medical management as clinically indicated. If the infusion is interrupted, consider resuming at a slower infusion rate only if symptoms have resolved. In the case of a serious or life-threatening IRR, the infusion should be discontinued and not resumed.

Reduced Serum Vitamin A Levels and Recommended Supplementation

ONPATTRO treatment leads to a decrease in serum vitamin A levels. Supplementation at the recommended daily allowance (RDA) of vitamin A is advised for patients taking ONPATTRO. Higher doses than the RDA should not be given to try to achieve normal serum vitamin A levels during treatment with ONPATTRO, as serum levels do not reflect the total vitamin A in the body.

Patients should be referred to an ophthalmologist if they develop ocular symptoms suggestive of vitamin A deficiency (e.g. night blindness).

Adverse Reactions

The most common adverse reactions that occurred in patients treated with ONPATTRO were upper respiratory tract infections (29%) and infusion-related reactions (19%).

8 Please see accompanying Full Prescribing Information for additional information.



8AM–7PM ET, Monday–Friday

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

To learn more,
visit www.AlnylamAssist.com.



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