Patient support through myRARE™ for EVKEEZA™ (evinacumab-dgnb)

myRARE is a Patient Support Program designed to provide financial support and resources for treatment with EVKEEZA. Providing your consent allows the myRARE support team to evaluate which offerings may be appropriate for you. Your myRARE Access Coordination Educator (ACE) is available to answer any questions and help you navigate the enrollment process.

Use the myRARE patient enrollment site if you would like to:

Provide electronic consent for myRARE to determine your eligibility for financial assistance offerings

Step 1

- Visit **www.myRARE.com** and select ***Patient Consent for myRARE Patient Support Services***
- Fill out all required patient information
- If you wish to upload supporting documentation at this time, you may do so by using the ***Upload Documents*** button. (This step is not required)

Step 2

- **Provide an electronic signature** to confirm that you understand and **accept** the Patient Certifications and Authorization to Disclose/Use Health Information

Step 3

- **Print or save** the confirmation page for your records

If you have already provided consent and need to send supporting documentation...

Visit **www.myRARE.com** and select ***Upload Supporting Documentation.*** Examples of supporting documentation may include proof of income, approval/denial letters, or a prior authorization.

To speak with your ACE, please call
1-877-EVKEEZA (1-877-385-3392) Option 1,
Monday–Friday, 9 AM–7 PM Eastern time

Visit **www.myRARE.com** or scan the QR code with your smartphone now!

Enroll online for EVKEEZA™ (evinacumab-dgnb) financial support

You may be eligible for one of the financial assistance offerings for EVKEEZA. Your myRARE™ ACE is available to answer any questions you may have about the myRARE financial support offerings and your eligibility.

1 Do you have commercial health insurance that covers EVKEEZA?

You may be eligible to pay as little as **$0 out of pocket for EVKEEZA**[a], which includes product-specific copay, coinsurance, and insurance deductible—up to $25,000 in assistance per year. There are no income requirements for this program.

You may qualify if you:

- Have private (commercial) insurance
- Have a valid prescription for an FDA-approved indication
- Live in the 50 United States, District of Columbia, or Puerto Rico

Other conditions may apply.

OR

2 Are you uninsured? Do you lack coverage for EVKEEZA or have Medicare Part B with no supplemental insurance coverage?

You may be eligible to receive **up to 12 months of EVKEEZA at no cost**.[b] Income requirements apply to this program.

You may qualify if you:

- Have an annual household income that does not exceed $100,000 or 500% of the federal poverty level (FPL)[c]
- Are uninsured or functionally uninsured[d]
- Are a new or existing patient on EVKEEZA with a prescription for an FDA-approved indication
- Are a resident of the United States or one of its territories, established with valid mailing address
- Are treated by a doctor in the United States or one of its territories

Other conditions may apply.

To enroll in one of these programs, visit **www.myRARE.com**

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FDA=US Food and Drug Administration.

[a]THIS IS NOT INSURANCE. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, Veterans Affairs/Department of Defense, TRICARE, or similar federal or state programs. Not a debit card program. The program does not cover or provide support for supplies, procedures, or any physician-related service associated with EVKEEZA. General non–product-specific copays, coinsurance, or insurance deductibles are not covered. This program is not valid where prohibited by law, taxed, or restricted. Regeneron reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Additional program conditions apply.

[b]Qualified Medicare patients are eligible until December 31 of the enrollment year.

[c]For current FPL information, please visit https://www.healthcare.gov/glossary/federal-poverty-level-fpl/.

[d]myRARE can evaluate whether your situation meets program criteria for functionally uninsured.

Evkeeza™ (evinacumab-dgnb) Injection

REGENERON

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