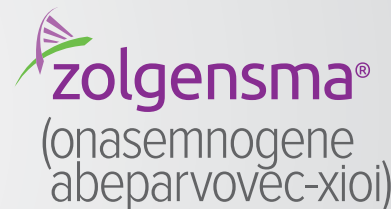


# ZOLGENSMA CopayAssist™ Program



Support is available for eligible, commercially insured patients enrolled in the OneGene Program™. The CopayAssist™ Program will help cover the patient's out-of-pocket cost for the ZOLGENSMA® (onasemnogene abeparvovec-xioi) drug only.\*†

ZOLGENSMA is available through Buy and Bill and Specialty Pharmacy channels. **If you are accessing ZOLGENSMA through a Specialty Pharmacy, the Specialty Pharmacy will bill the co-pay program directly.** If your institution is buying and billing, you will need to register with the ZOLGENSMA CopayAssist™ portal ([www.zolgensmacopayassist.com](http://www.zolgensmacopayassist.com)). The portal will allow for your access to view registered patients at your institution, submit claims, view your claims status, and update your payment method. See below for instructions on how to register for an account and submit a claim through the ZOLGENSMA CopayAssist™ portal.

## Buy and Bill by Institution

### Set up your institution

- Call 833-270-4327 for an account to access ZOLGENSMA CopayAssist™ portal ([www.zolgensmacopayassist.com](http://www.zolgensmacopayassist.com))
- Please have the following information:
  - NPI numbers of each ZOLGENSMA-prescribing provider and NPI group number
  - Institution's billing department phone number, fax number, and email address
- After registering your institution, your Username and Password will be provided over the phone

### Submitting a claim:

- 1 Log in to [www.zolgensmacopayassist.com](http://www.zolgensmacopayassist.com) with your Username and Password
- 2 Locate your patient on the My CopayAssist™ Program Patients list to confirm enrollment‡
- 3 Click Upload File from the My CopayAssist™ Program Patients list
- 4 Upload and submit patient's Insurance Claim Form and explanation of benefits (EOB) or itemized remittance advice (IRA) for ZOLGENSMA
  - Payment will be issued by check unless electronic funds transfer option is selected
  - You may also submit a copy of the Insurance Claim Form and EOB or IRA by fax to 833-270-4328.

Log in to your account

Username\*  \*Required field

Password\*

**SUBMIT**

If you have forgotten your Username or Password, please contact the Help Desk at 833-270-4327 (8 AM – 8 PM ET, Monday through Friday, except holidays).

My CopayAssist™ Program Patients

Welcome to the ZOLGENSMA® (onasemnogene abeparvovec-xioi) CopayAssist™ Program portal. Here you will find your eligible patients enrolled for co-pay assistance from the OneGene Program™.

Please find your patient in the table below to **Submit a Claim** or to **Review** your patient's claim status. If you cannot find your patient in the list below, please contact the OneGene Program™ at 855-441-GENE (4363), Monday through Friday (8 AM-8 PM ET).

**Need help on how to submit claim?**  
Call the Help Desk at 833-270-4327 (8 AM-8 PM ET, Monday through Friday, except holidays) or download the [CopayAssist Flashcard](#)

**Find a Patient**

Last name:  Sort by:  **FIND**

**LIST ALL PATIENTS**

Patient List					Total Patients: 1
DOB	Last name	First name	Address	Member ID	Action
1961-10-04	Doe	John	119 Main St	ZOL12345678	<b>Upload File</b> <b>Review</b>

Total Patients: 1

Upload a File

All fields are mandatory unless otherwise indicated.  
To submit a claim, please upload a copy of the patient's Insurance Claim Form, Explanation of Benefits and/or Itemized Remittance Advice showing coverage for ZOLGENSMA® (onasemnogene abeparvovec-xioi).  
You may also submit a claim by fax to 833-270-4328.

Max File size allowed: 10120 KB (kilobytes)  
File Types allowed: gif/jpg/png/pdf

File Type:  Insurance Claim Form  
**4**  Explanation of Benefits (EOB) or Itemized Remittance Advice (IRA)

Select file:  No file chosen

Patient first name:

Patient last name:

Member ID:

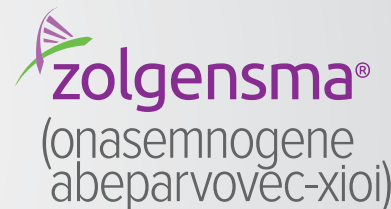
**SUBMIT**

### Method of payment:

- There are 2 options on receiving payment:
  - Check: This is the default method of payment. Please allow 7 to 10 business days for delivery of your check payment
  - Electronic Funds Transfer: Institutions choosing this option will need to provide banking information. A microdeposit will be issued to the bank account submitted to verify the account

**Please see Indication and Important Safety Information, including Boxed Warning for Acute Serious Liver Injury, on the back and the accompanying Full Prescribing Information.**

# ZOLGENSMA CopayAssist™ Program



## Specialty Pharmacy Distribution

- The Specialty Pharmacy will automatically bill ZOLGENSMA® (onasemnogene abeparvovec-xioi) CopayAssist™ for eligible enrolled patients
- To verify patient enrollment, you may call the OneGene Program™ at 855-441-GENE (4363), Monday-Friday (8 AM to 8 PM ET)
- No action is required by the prescriber, office staff, and/or treatment center to bill to ZOLGENSMA CopayAssist™

For more information about ZOLGENSMA CopayAssist™, eligibility, and enrollment, please contact your AveXis Field Reimbursement Manager, call the OneGene Program™ at 855-441-GENE (4363), or review answers to frequently asked questions at [zolgensmacopayassist.com/FAQs](http://zolgensmacopayassist.com/FAQs).<sup>5</sup>

## Indication and Important Safety Information

### Indication

ZOLGENSMA is an adeno-associated virus vector-based gene therapy indicated for the treatment of pediatric patients less than 2 years of age with spinal muscular atrophy (SMA) with bi-allelic mutations in the *survival motor neuron 1 (SMN1)* gene.

### Limitations of Use

The safety and effectiveness of repeat administration or the use in patients with advanced SMA (e.g., complete paralysis of limbs, permanent ventilator dependence) has not been evaluated with ZOLGENSMA.

### Important Safety Information

#### **BOXED WARNING: Acute Serious Liver Injury**

**Acute serious liver injury and elevated aminotransferases can occur with ZOLGENSMA. Patients with pre-existing liver impairment may be at higher risk. Prior to infusion, assess liver function of all patients by clinical examination and laboratory testing (e.g., hepatic aminotransferases [aspartate aminotransferase (AST) and alanine aminotransferase (ALT)], total bilirubin, and prothrombin time). Administer a systemic corticosteroid to all patients before and after ZOLGENSMA infusion. Continue to monitor liver function for at least 3 months after infusion.**

#### **WARNINGS AND PRECAUTIONS**

##### **Thrombocytopenia**

Transient decreases in platelet counts, some of which met the criteria for thrombocytopenia, were observed at different time points after ZOLGENSMA infusion. Monitor platelet counts before ZOLGENSMA infusion and on a regular basis for at least 3 months afterwards.

##### **Elevated Troponin-I**

Transient increases in cardiac troponin-I levels were observed following ZOLGENSMA infusion. Monitor troponin-I before ZOLGENSMA infusion and on a regular basis for at least 3 months afterwards.

#### **ADVERSE REACTIONS**

The most commonly observed adverse reactions (incidence  $\geq 5\%$ ) in clinical studies were elevated aminotransferases and vomiting.

\*Eligible patients are commercially insured U.S. residents. For patients insured through government programs, please contact the OneGene Program™ to learn about any available financial assistance to help with copays. The ZOLGENSMA CopayAssist™ Program will help cover costs for the ZOLGENSMA product only and will not cover procedures.

\*Please call the OneGene Program™ to determine if your patient(s) has been enrolled.

†If you do not see your patient, call the OneGene Program™ to determine if your patient is eligible or if the enrollment is pending.

‡Your institution will need an account in order to view content at [www.zolgensmacopayassist.com](http://www.zolgensmacopayassist.com).

**Please see accompanying Full Prescribing Information.**

