

Introduction NS Support[®] and Services

NS Support

A customer support program that puts patients and physician's offices in touch with personalized access support and customized resources including:

- Rapid benefits investigation and verification
- Co-pay Assistance Program for eligible patients with commercial insurance
- Insights about infusion options in a home infusion setting, infusion center, hospital outpatient department, or physician office
- Ongoing, highly responsive support and follow-up calls



NS Support Team



Case Manager

- An appointed specialist who will provide ongoing, personalized support to help manage access, reimbursement, and care coordination for patients with DMD and their caregivers



Director of Patient Access

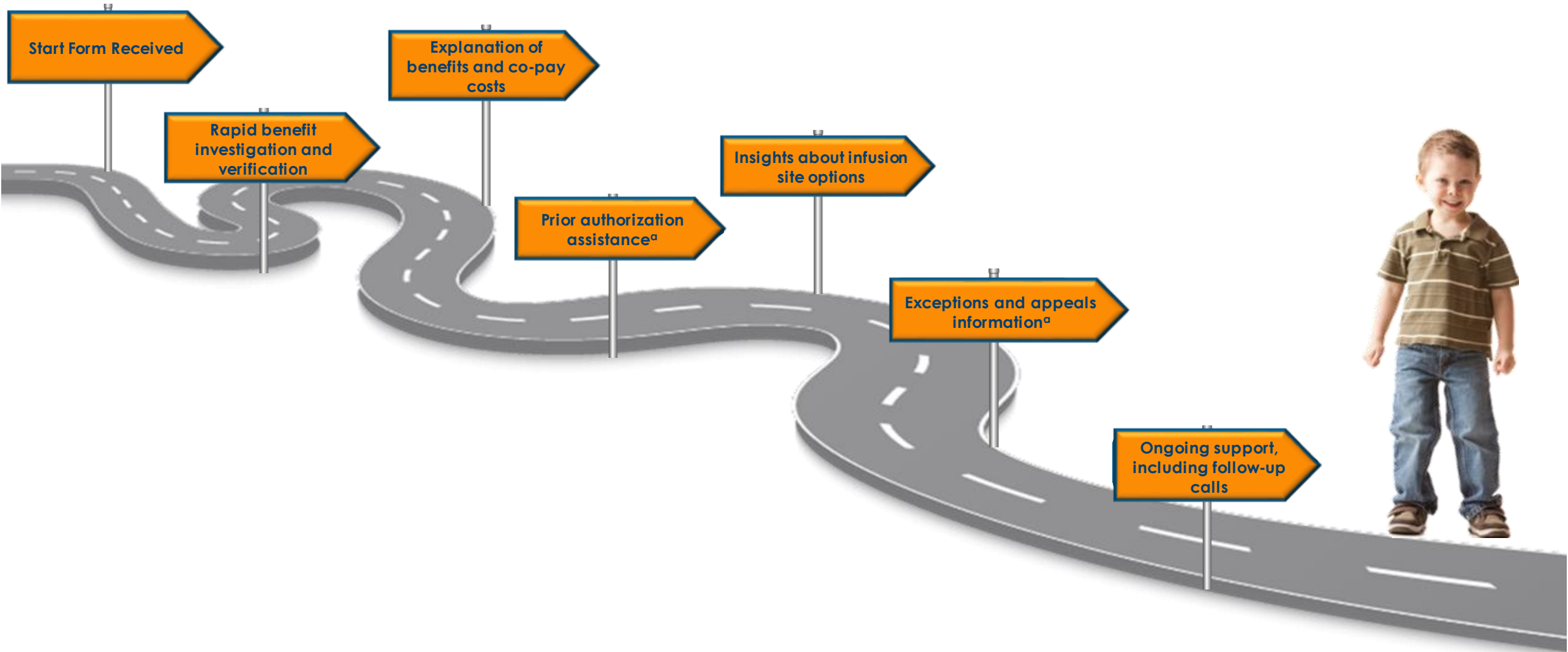
- A knowledgeable, experienced professional who will provide healthcare providers and their staff with access and affordability support



Patient Engagement Lead

- A dedicated resource who works directly with patients and caregivers to provide personalized access support, coordinate care, and help reduce delays throughout the treatment journey

NS Support Patient Journey



^aPrior authorization and exceptions and appeals assistance will be limited. NS Support will not fill out any information that requires the medical judgment of the prescriber and only the prescriber will determine whether to pursue a prior authorization.

Patient Affordability Support for Patients With Insurance



Commercially
insured patients



Government-funded and
dual-eligible patients

- NS Support will verify benefits and coverage based on the patient's insurance plan
- New patients can contact NS Support to learn the process for sending in the Patient Start Form

NS Support Co-Pay Assistance Program

- For patients with commercial insurance coverage and are eligible for treatment with VILTEPSO (viltolarsen), the NS Support Co-pay Assistance Program can help make treatment more affordable*
- Save on the deductible, co-pay, and coinsurance costs for VILTEPSO:
 - Pay as little as \$0 per infusion for your medication**
 - Your applicable out-of-pocket costs are covered—up to \$20,000 per calendar year
 - Automatic annual re-enrollment for eligible patients




*Not valid for patients covered, in whole or in part, by government health insurance (such as Medicare, Medicaid, Indian Health Service, Department of Defense, or any other federal or state government assistance programs). Other restrictions apply.

**Program covers the cost of the medication only and does not cover the costs to administer the infusion.

Enrolling in NS Support

- When a signed Patient Start Form is received by NS Support, a benefit investigation will be completed to determine eligibility in the NS Support Co-pay Assistance Program
- In order to complete a Patient Start Form, it is important to work with your physician as they will need to work with NS Support every step of the way
- Patient Start Forms are available on the NS Support section of Viltepso.com or call 833-NSSUPRT to get started



Patient Start Form

Mail or Fax the Completed Application Form, Financial Documentation, and Prescription to:
NS Support Bridge Program, PO Box 29203, Phoenix, AZ 85038-9203 Phone: 833-NSSUPRT (833-677-8779) Fax: 888-212-0482

1. PATIENT/PARENT/GUARDIAN /LEGAL REPRESENTATIVE INFORMATION

PATIENT NAME (First, MI, Last) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
DOB (MM/DD/YYYY) _____ GENDER Male Female
PRIMARY CONTACT NAME _____ RELATIONSHIP TO PATIENT _____
PREFERRED PHONE # _____ EMAIL _____
BEST TIME TO CALL AM PM _____ OK TO LEAVE MESSAGE? Yes No LANGUAGE, OTHER THAN ENGLISH _____

2. INSURANCE INFORMATION Check if you are attaching a copy of the patient's insurance cards (front and back copy)

PRIMARY ID # _____ GROUP # _____ PHONE _____
POLICYHOLDER RELATIONSHIP TO PATIENT _____
SECONDARY ID # _____ GROUP # _____ PHONE _____
POLICYHOLDER RELATIONSHIP TO PATIENT _____

3. PATIENT/PARENT/GUARDIAN/LEGAL REPRESENTATIVE AUTHORIZATION

By signing below, I certify and acknowledge that I have read, understand, and agree to the Patient/Parent/Guardian/Legal Representative Authorization on page 2 of this form, for the patient to participate in the NS Support Program, and to release the patient's Protected Health Information to NS Pharma, Inc. (as defined on page 2 of this form), supporting the access program as indicated on the Patient/Legal Guardian Authorization.

PARENT/GUARDIAN/LEGAL REPRESENTATIVE/PATIENT (IF OVER 18) SIGNATURE _____ DATE _____

PARENT/GUARDIAN/LEGAL REPRESENTATIVE/PATIENT (IF OVER 18) PRINT NAME _____

RELATIONSHIP TO PATIENT _____

4. PHYSICIAN AUTHORIZATION

NAME (First, Last) _____ AFFILIATION _____
ADDRESS _____ SUITE # _____ CITY _____ STATE _____ ZIP _____
NPI # _____ STATE LICENSE # _____ TAX ID # _____ DEA ID # _____
OFFICE CONTACT _____ PHONE _____
FAX _____ EMAIL _____

5. SITE OF CARE (IF KNOWN) Hospital Clinic Home Infusion Physician's Office Other Needs Site of Care

SITE NAME _____
ADDRESS _____ SUITE # _____ CITY _____ STATE _____ ZIP _____
SITE CONTACT _____ PHONE _____
FAX _____ EMAIL _____

6. EXON CONFIRMATION

Exon 53 Amenable Exon deletion(s): _____

7. PHYSICIAN DECLARATION (a physician's signature is required in order for NS Support to perform a benefits verification)

By signing below, I certify that (1) the therapy is medically necessary and in the best interest of the patient identified above; (2) the patient is appropriately indicated for the therapy; and (3) I have obtained and provide any consent required under federal and state law for the release and use of the patient's information on this form to NS Pharma, Inc. and its agents, including its commercial and field-based teams, for purposes of benefits verification and coordination of dispensing the therapy.

PHYSICIAN NAME (Please Print) _____

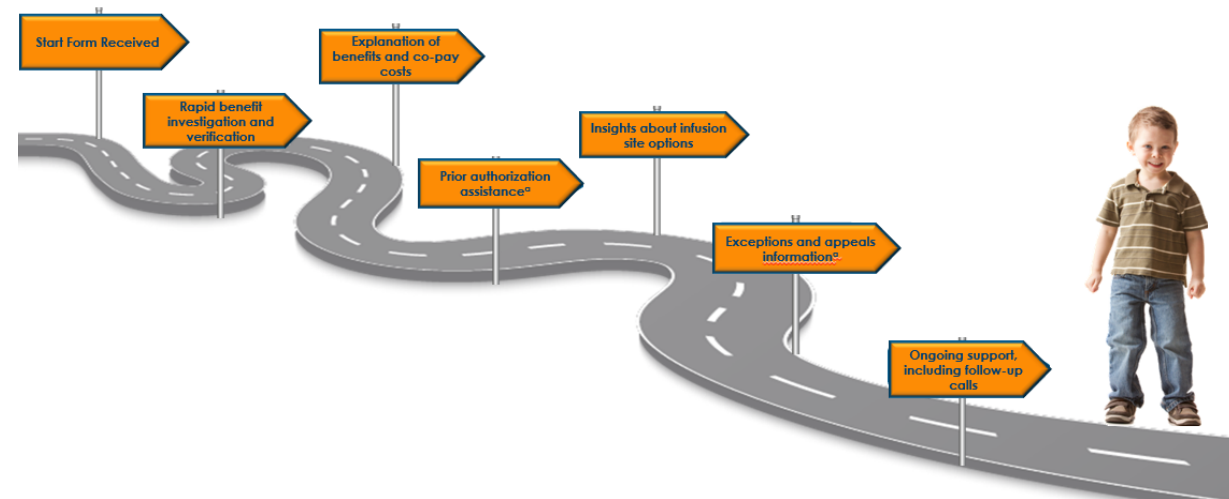
PHYSICIAN SIGNATURE _____ DATE _____

© 2020 NS Pharma, Inc. All rights reserved. US-NS65C-0072 06/20

Page 1 of 2

Summary

- The Start Form begins the Patient Journey
- Case Managers, Directors of Patient Access, and the Patient Engagement Leads are all here to support the patient
- Co-pay, and PAP programs can assist patients who qualify
- Rapid Benefit Investigation and Verification, Explanation of Benefits, Prior Authorization and Appeal Support assistance are available to support the patient journey
- Ongoing communication between the Case Managers and Patient Engagement Leads are available for patients and caregivers





833-NSSUPRT (833-677-8778)
Monday–Friday, 8 AM–8 PM ET

Comprehensive care coordination and resources for patients, caregivers, and healthcare providers

For more information about Viltepso, please contact Medical Information at: 866-NS PHARM (866-677-4276)