

Providing Access to VILTEPSO[®] (viltolarsen)

Options to make treatment more accessible

Parent of actual patient



Viltepso[®]
(viltolarsen) injection

Once patients enroll in NS Support, a personally assigned **Case Manager** can help them and their families understand possible cost support options and identify which access program is right for them.

Throughout the patient journey, a dedicated **Patient Engagement Lead** stays in direct contact with patients and caregivers to provide ongoing access support, coordinate care, and keep patients on track with therapy, if requested.



Parent of actual patient

Government Options for Accessing Therapy



Medicaid

Medicaid is the single largest source of health insurance for children in the United States. It is administered by state governments with both state and federal funding. Each state’s program is different, and eligibility requirements and benefits can, and often do, vary widely from state to state.

Medicaid can help you afford medical costs by covering:

-  **Prescription drugs**
-  **Hospital care**
-  **Home healthcare**
-  **Transportation to medical care**
-  **Doctor visits**
-  **Medical equipment**

Medicaid may even cover medical care up to 3 months before approving your application if the beneficiary would have been eligible during that time.

Qualifying for Medicaid

Each state has different requirements on how to qualify for Medicaid. In most states, if a child is eligible for Supplemental Security Income (SSI) benefits, he is automatically eligible for Medicaid. There are 2 ways that you can qualify for Medicaid: through disability eligibility or financial eligibility.

For disability eligibility:

- Medicaid waivers provide pathways to qualify for assistance for individuals who do not qualify based on their income alone
- There are two options available only to children—the Katie Beckett pathway and the Family Opportunity Act pathway—which allow states to cover children with disabilities receiving services in the community
- These pathways specific to individuals with disabilities may provide additional benefits so that children can receive long-term care in their own community

See additional information on Medicaid Waiver Programs on page 6.

For financial eligibility:

- Based on household size, income, and assets
- Families and individuals whose income is below the state’s standard may be eligible
- Social Security benefits, individual retirement contributions, and tax-exempt interest do not count toward income requirement

Even if your income exceeds your state’s eligibility income levels, you may be able to qualify for Medicaid through “spend-down” rules. Under these rules, you may subtract the amount of uncovered medical expenses from your regular income to qualify for Medicaid. Your PEL can help you determine if your child qualifies for Medicaid under spend-down rules.

Contact your PEL for more information on qualifying for Medicaid.

Supplementing a commercial health plan with Medicaid

Parents of a child may have a commercial health plan at the time of diagnosis. Many may also enroll in Medicaid to help pay for costs that their commercial health plan does not cover.



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Monday–Friday, 8 AM–8 PM ET

Medicaid Waiver Programs

People who do not qualify for Medicaid assistance based on their income alone may be able to get benefits through the use of Medicaid waivers. A Medicaid waiver allows the state Medicaid service to waive the rules that usually apply to the Medicaid program. Medicaid waivers may also help provide additional services so that a child can receive long-term care in their own community. How Medicaid waivers are applied varies considerably by state, including the number of people covered, services provided, and whether there is a waiting period for application and coverage.

Types of Medicaid waivers

Each state requires one of these Medicaid waivers—contact your PEL for information on which one is appropriate for you.



1915(c) waivers, more commonly known as Home- and Community-Based Services (HCBS) waivers

- Allow Medicaid to be used as a primary or secondary insurance option to help certain children to be treated in home- or community-based settings, rather than in long-term care facilities, such as nursing homes
- Nearly all states have some type of HCBS waiver program, and most states have more than one HCBS program



Tax Equity and Fiscal Responsibility Act (TEFRA)/Katie Beckett waivers

- Provide full or additional coverage, including the cost of medications, for children younger than 19 years of age who live at home with long-term disabilities, mental illness, or complex medical needs
- Financial eligibility for children is based only on the child’s income and assets, without regard for the family’s financial status
- States cannot limit the number of Katie Beckett participants, so there are no waiting lists



Section 1115 waivers

- Present an opportunity for states to institute reforms that go beyond routine medical care to:
 - Expand eligibility to individuals who are not otherwise Medicaid or Children’s Health Insurance Program (CHIP) eligible
 - Provide services not typically covered by Medicaid
 - Use innovative service delivery systems that improve care, increase efficiency, and reduce costs as long as these systems do not increase federal Medicaid expenditures



Actual patient

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Applying for Medicaid Waivers

When applying for a Medicaid waiver, you will need to provide information that proves the person is in need of the services the program provides. Typically, this includes a detailed report from a physician describing the applicant's condition, how well they are able to walk, and any other supporting documents to be submitted with the application.

Contact your PEL to learn more about Medicaid waivers and how to apply



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Children’s Health Insurance Program (CHIP)

CHIP provides free or low-cost health insurance for a child whose family’s income is too high to qualify for Medicaid. The qualification rules and what the plans cover vary from state to state. Like Medicaid, CHIP can help you pay for equipment, treatment, and services needed to care for a child.

CHIP provides insurance for prescription drugs and for vision, hearing, and mental health services in all 50 states and the District of Columbia. Your state Medicaid agency can provide more information about CHIP.

To qualify for CHIP, a child must be:

- ☐ Younger than 19 years of age
- ☐ Uninsured (determined ineligible for Medicaid, and not covered through a group health plan or creditable health insurance)
- ☐ A US citizen or meet immigration requirements
- ☐ A resident of the state
- ☐ Eligible within the state’s CHIP income range, based on family income, and any other state-specified rules in the CHIP state plan



Always check with the appropriate managing agency in your state to ensure the most accurate income limits.



Depending on your income, you may need to pay low premiums and cost-sharing for some CHIP services. The remaining costs are paid by the federal government and your state.

Disclaimer: A CHIP card does not guarantee coverage for VILTEPSO®; contact NS support to verify coverage.

Applying for CHIP

Eligibility for CHIP varies from state to state.

Call NS Support at 833-NSSUPRT (833-677-8778) and speak to your NS Support Case Manager to learn more about eligibility for CHIP and how to apply.

To find out more about CHIP in your state, visit: **InsureKidsNow.gov**

**Not all doctors accept patients who have Medicaid or CHIP.
You may want to ask the office staff if they accept
Medicaid or CHIP when you make an appointment.
If you have trouble finding a doctor, your CHIP plan can help you.**



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Understanding Supplemental Security Income (SSI)

SSI is a federal program that provides monthly payments to children younger than 18 years of age with physical or mental disabilities. To qualify for SSI, the child’s condition must meet the Social Security Administration’s strict criteria for disability, which state that the child’s condition:

- Seriously limits activities
- Has lasted, or is expected to last, at least 1 year or result in death

Eligibility for SSI also takes into account the family’s income and resources.

Qualifying for SSI

What SSI looks at to see if you qualify

Income

- Includes a family’s salary, Social Security benefits, pensions, food stamps, and nonprofit housing
- Income limits are set by each state

Resources

- Includes bank accounts, cash, investments such as stocks and bonds, and real estate (except your current home)
- Does not include your current home and its land, your main vehicle, household goods, personal property (such as wedding rings), and any educational funds (such as grants or scholarships)
- Resource limits are \$2,000 for an individual or child and \$3,000 for a couple

The Disability Determination Services of Social Security in each state makes the disability decision. They will also ask for information from doctors, hospitals, schools, and people who know about your child. If the state needs more information, they may arrange for a physical examination of your child (which the state will pay for) or an interview with you.

It is important to apply for SSI as soon as possible. It can take 3 to 5 months to decide a child’s SSI claim. Be sure to let the state agency know if your address or phone number changes after you have applied for SSI.

Getting Started With SSI Benefits

Signing up for SSI will help your child become enrolled in Medicaid and other programs. You'll need to complete a Child Disability Report **AND** an SSI application.

First:

Complete the Child Disability Report online at: www.socialsecurity.gov/childdisabilityreport

- You **can** complete the Child Disability Report online, but you **must** contact Social Security to complete the SSI application

Then:

Complete the SSI application in person.

- You can **only** apply for an SSI application in person at a Social Security office near you or over the phone. Call 877-KIDS-NOW (877-543-7669), a free, confidential hotline, to be connected directly to your state's program. For more information, visit: www.socialsecurity.gov or call 800-772-1213



Actual patient

The Social Security Child Disability Starter Kit provides answers to frequently asked questions about SSI benefits for children.

You can download this resource at:

https://www.ssa.gov/disability/disability_starter_kits_child_eng.htm

Social Security Disability Insurance

When is Social Security Disability Insurance (SSDI) an option?

Until relatively recently, boy patients usually did not survive beyond their teen years. Thanks to advances in cardiac and respiratory care, survival into the early 30s is becoming more common, and there are cases of men living into their 40s and 50s.

Your adult child may be able to receive SSDI, even with no work history if they:

- ☐ Developed a disability before age 22
- ☐ Have at least 1 parent who receives Social Security retirement benefits
- ☐ Are unmarried

However, patients are much more likely to receive healthcare insurance from Medicaid and CHIP than Medicare.

When Medicare is an option

Medicare benefits are only available for those younger than age 65 under exceptional circumstances. “Children” over the age of 20 may be enrolled in Medicare after receiving Social Security Disability Insurance (SSDI) benefits for at least 2 years.

Medicare Part B and Part D are the areas that are most likely to help cover some of the costs and services for infused medications. Medicare Part B provides coverage for outpatient and home care and some preventive services. Medicare Part D covers prescription drug costs.

Learn more about eligibility and applying for Medicare at: **www.medicare.gov**.

NS Support Programs

NS Support Commercially Insured Co-pay Assistance Program

Eligible patients with commercial insurance coverage for treatment with VILTEPSO® (viltolarsen) **may be automatically enrolled** once NS Support receives their completed Patient Start Form for VILTEPSO.*

What this means for you:



Savings on your co-pay or co-insurance costs for VILTEPSO

\$0

Pay as little as \$0 per infusion (program covers the cost of the medication and does not cover the costs to administer the infusion)



Medication out-of-pocket costs are covered—up to \$20,000 per calendar year



Automatic re-enrollment every calendar year, as long as you continue to meet the eligibility requirements



NS PHARMA ACCESS SOLUTIONS



(viltolarsen)injection

Patient Name: XXXXXXXX XXXXXXXX
Co-pay ID: XXXXXXXXXX

Pharmacy Benefit Claims
RxBIN: 610020
RxPCN: PDMI
RxGRP: 99993575
Processor: 08

Powered by


Co-pay Assistance Program

ELIGIBLE PATIENTS
PAY AS LITTLE AS **\$0** FOR VILTEPSO PER INFUSION

Restrictions apply. Program covers the cost of the medication and does not cover the costs to administer the infusion. \$20,000 maximum program benefit per calendar year per eligible patient. See full Eligibility Requirements & Terms and Conditions at www.VILTEPSO.com

Patient: Present this card to your infusion provider. By using this card, you certify that you understand the program rules, regulations, eligibility requirements, and terms and conditions, including, but not limited to: you are covered by commercial insurance; you reside and receive treatment in the US or its territories; you are not enrolled in government-funded health coverage (eg, Medicare, Medicaid, Indian Health Service, Department of Defense, or any other federal or state government assistance program). The Program covers the cost of the medication only and does not cover the costs to administer the infusion or any other products or services. See full Eligibility Requirements & Terms and Conditions at www.VILTEPSO.com.

Infusion provider: By using this card, you certify that you will not submit a claim for reimbursement under any government-funded programs for this prescription.

Medical Claims: Fax applicable documents to 888-212-0482.

Pharmacy Claims: Submit to AssistRx using information on front of card:

- For primary commercial prescription insurance, input as secondary coverage and transmit using COB segment of NCPDP transaction

Questions: Call NS Support at 833-NSSUPRT (833-677-8778), Monday–Friday, 8 AM–8 PM ET.

NS Pharma, Inc. reserves the right to rescind, revoke, or amend this offer at any time.

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*Restrictions apply. See full Eligibility Requirements & Terms and Conditions on the next page.



Eligibility Requirements

- ❑ You must be a citizen or a permanent resident of the US or its territories and reside in the US or its territories where co-pay assistance is not prohibited.
- ❑ You must not be enrolled in government health insurance (eg, Medicare, Medicaid, Indian Health Service, Veterans Administration, Department of Defense, or any other federal or state government assistance programs). If you move or switch from commercial insurance to any government-funded insurance, you will no longer be eligible.
- ❑ You are being treated as an outpatient by a licensed healthcare provider in the US and have been prescribed VILTEPSO® (viltolarsen) by a licensed healthcare provider.
- ❑ You currently have private, commercial health insurance with prescription coverage for VILTEPSO medication, and your insurance does not cover the entire cost of VILTEPSO.
- ❑ You are under age 65.
- ❑ There is no income requirement.

Terms and Conditions

- The Program covers only the cost of VILTEPSO and not the cost of any infusion services or healthcare provider visits, which are the sole responsibility of the patient.
- You will be automatically re-enrolled every calendar year as long as you continue to meet the eligibility requirements for participation in the Program.
- You are responsible for reporting receipt of co-pay assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the medication or treatment cost using the NS Support Co-pay Assistance Program, as may be required.
- You must not seek reimbursement, in whole or in part, from government health insurance (eg, Medicare, Medicaid, Indian Health Service, Veterans Administration, Department of Defense, or any other federal or state government assistance programs).
- You will not in any way report or count the value of the product provided under this Program as true out-of-pocket (TrOOP) spending under a Medicare Part D prescription drug benefit.
- Claims must be submitted in a timely manner. An EOB from your private, commercial health insurance must be submitted within 365 days of the date of service on the EOB for you to receive a co-pay assistance benefit. No EOB may be submitted more than 90 days after the expiration date of the NS Support Co-pay Assistance Program, and the date of service on the EOB must be prior to the program expiration date. The EOB must reflect your out-of-pocket cost for VILTEPSO and submission of the claim by your physician for the cost of the medication.
- The NS Support Co-pay Assistance Program is not health insurance.
- NS Pharma, Inc. has the right to modify, alter, or cancel the NS Support Co-pay Assistance Program at any time without prior notification.



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Patient Assistance Program (PAP)

- May help patients in financial need who are uninsured
- Patients who meet program requirements may be able to receive VILTEPSO® (viltolarsen) at no charge for up to 1 year (program covers the cost of the medication and does not cover the costs to administer the infusion)
- Restrictions apply. See full Eligibility Requirements & Terms and Conditions on the next page



Actual patient

Eligibility Requirements

- ☐ You must be a citizen or a permanent resident of the US or its territories and reside in the US or its territories.
- ☐ You must not be covered, in whole or in part, by government health insurance (eg, Medicare, Medicaid, CHIP, TRICARE, Indian Health Service, Department of Defense, or other federal or state assistance programs).
- ☐ You are being treated as an outpatient by a licensed healthcare professional in the US and have been prescribed VILTEPSO® (viltolarsen) by a licensed healthcare professional.
- ☐ You must be uninsured.
- ☐ You were denied coverage by Medicaid.
- ☐ Your income must not exceed 4 times the Federal Poverty Level based on household size (Federal Poverty Level Guidelines available at <https://aspe.hhs.gov/poverty-guidelines>).
- ☐ You may be required to submit accurate and complete documentation (eg, most recent federal tax return, W-2, pay stubs, Social Security Award Letter or check) as requested by NS Pharma, Inc. each year to validate levels of income.

Terms and Conditions

- You and your prescriber may not bill, charge, seek credit for, or otherwise submit any claim for reimbursement for VILTEPSO provided through the Patient Assistance Program to any third-party payor.
- NS Pharma, Inc. and NS Support have the right to verify your eligibility, including the right to audit any information provided on the Patient Start Form, and the right to contact you to confirm receipt of medications.
- NS Pharma, Inc. and NS Support in their sole discretion can determine your eligibility to participate in the NS Support Patient Assistance Program.
- Approved patients will be eligible to receive assistance for one year from the date of enrollment for each enrollment form submitted.
- The Patient Assistance Program covers only the cost of VILTEPSO and not the cost of any infusion services or healthcare provider visits, which are the sole responsibility of the patient.
- The program requires that you (or your parent, guardian, or legal representative) re-enroll every year by completing an NS Support Patient Assistance Program Form for VILTEPSO and provide proof of income.
- A notice regarding re-enrollment will be sent to you (or your parent, guardian, or legal representative) 45 days in advance of the expiration of your participation in the program.
- Patients (or their parent, guardian, or legal representative) must notify NS Support of any changes in their total gross income and/or health insurance status.
- Patients who no longer satisfy the eligibility requirements will be immediately withdrawn from the NS Support Patient Assistance Program, including patients participating in the NS Support Patient Assistance Program who become eligible for Medicaid coverage.
- NS Pharma, Inc. has the right to modify, alter, or cancel the NS Support Patient Assistance Program at any time without prior notification.



Glossary

Child Disability Report: A form that must be completed on behalf of a child applying for Supplemental Security Income (SSI) disability benefits.

Children's Health Insurance Program (CHIP): A program created in 1997 to provide insurance coverage to children whose families earn too much to qualify for Medicaid, but who cannot afford to purchase private insurance. CHIP is the single largest taxpayer-funded expansion of healthcare insurance coverage for children since President Lyndon Johnson established Medicaid in 1965.

Co-insurance: A percentage of the cost of your medications and healthcare services that you are responsible for paying, commonly 20%.

Co-pay: A set amount, determined by your health plan, that you pay for medications and healthcare services at the time of service.

Home- and Community-Based (HCBS) Waivers (also called 1915[c] waivers):

Waivers that allow state Medicaid programs to provide coverage for children and adults with significant disabilities who prefer to receive long-term care services and supports in their home or community, rather than in an institutional setting.

Medicaid: A joint federal and state program that helps with medical costs for some people with physical or mental disabilities and/or limited income and resources.

Premium: The periodic payment to Medicare or a health insurance company for healthcare or prescription drug coverage.

Section 1115 Waivers: Waivers established under Section 1115 of the Social Security Act that allow states to waive certain provisions of the Medicaid program so that states have additional flexibility in designing and improving their programs. In addition to reducing costs, these waivers have been used to increase eligibility, expand services covered, and implement innovative service delivery systems to improve efficiency, quality of care, and health outcomes.

Social Security Disability Insurance (SSDI): A Social Security Administration program that can pay monthly benefits if you become disabled with a long-term medical condition before you reach retirement age and aren't able to work.

Spend-down rules: Under these rules, a person whose income exceeds their state's eligibility income levels to qualify for Medicaid may subtract the amount of uncovered medical expenses from his or her regular income to qualify for Medicaid.

Supplemental Security Income (SSI): A Social Security Administration program that pays benefits to disabled children and adults who have limited income and resources.

TEFRA/Katie Beckett Waivers: Waivers that allow states to provide Medicaid services to individuals 19 years of age and younger who have a physical and/or developmental disability, who would normally not qualify for Medicaid due to family income. These waivers are named after Katie Beckett, a child who was ventilator-dependent for over 3 years after contracting encephalitis. Although home nursing care would have been one-sixth of the cost of her care in the hospital, if she left the hospital, she would no longer be eligible for Medicaid. President Ronald Reagan granted an exception that allowed Katie to move home and still receive Medicaid coverage that included private duty nursing. This exception was passed into law as the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982, which gives any state the option to provide Medicaid to a child with a significant disability in their home- or community-based setting.



Actual patient

**For additional information or assistance,
please contact NS Support or your NS Pharma Representative.**



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Patient Start Form

FAX OR MAIL THE COMPLETED FORM TO NS SUPPORT



888-212-0482



PO Box 7613, Overland Park, KS 66207-9941

PLEASE COMPLETE ALL SECTIONS. By providing full information and signatures, you can help avoid processing delays.

1. PATIENT/PARENT/GUARDIAN/LEGAL REPRESENTATIVE INFORMATION

PATIENT FIRST NAME _____ PATIENT LAST NAME _____ DOB (MM/DD/YYYY) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PRIMARY CONTACT NAME _____ RELATIONSHIP TO PATIENT _____
PREFERRED PHONE _____ ☐ Home ☐ Cell ☐ Other PREFERRED LANGUAGE ☐ English ☐ Spanish
EMAIL _____

2. INSURANCE INFORMATION

Complete all information requested below.

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

If you have secondary insurance, such as Medicaid, include it here.

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

☐ Check if you are including a copy of the front and back of the patient's insurance card(s) or face sheet.

3. PHYSICIAN INFORMATION

PHYSICIAN FIRST NAME _____ PHYSICIAN LAST NAME _____
FACILITY NAME _____
ADDRESS _____ SUITE # _____ CITY _____ STATE _____ ZIP _____
NPI # _____ TAX ID # (Optional) _____ OFFICE CONTACT _____
PHONE _____ FAX _____ EMAIL _____

4. PREFERRED SITE OF CARE (OPTIONAL)

Check all that apply.

☐ Hospital Clinic ☐ Home Infusion ☐ Physician's Office ☐ Other ☐ Needs Site of Care Identification PREFERRED PROVIDER(s) (If Available) _____

5. EXON CONFIRMATION

☐ Exon 53 Amenable

6. 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 G71.01 Duchenne muscular dystrophy; and (3) I have obtained and provided 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, contractors, and assignees, including but not limited to commercial and field-based teams (together, "NS Pharma"), for purposes of benefits verification and coordination of dispensing the therapy. I also certify that I may be contacted by NS Pharma by fax, email, phone calls, and detailed voice messages.

PHYSICIAN NAME (Please Print) _____

PHYSICIAN SIGNATURE _____

DATE _____

7. PATIENT/PARENT/GUARDIAN/LEGAL REPRESENTATIVE AUTHORIZATION

NS Support will contact the patient if the physician is unable to obtain the patient's signature.

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/Parent/Guardian/Legal Representative Authorization.

☐ Promotional/educational communications consent: Yes, NS Pharma may send me promotional and/or educational patient communications related to my treatment and condition. Examples of these communications may include but are not limited to product information, newsletters, announcements, healthcare reminders, and tips. I understand that I (or my parent/guardian/legal representative) may opt out of receiving these communications at any time by following the instructions on the communications.

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

DATE _____

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

RELATIONSHIP TO PATIENT _____

Patient Authorization Form

Patient/Parent/Guardian/Legal Representative Copy

Provider Instructions – NS Support will contact the patient if the physician is unable to obtain the patient's signature.

- 1. Instruct the patient or parent/guardian/legal representative to read this page and sign the authorization in Section 7 on page 1 of the Patient Start Form.**
- 2. Give the patient or parent/guardian/legal representative a copy of page 1 of the Patient Start Form and a copy of the Parent/Guardian/Legal Representative Authorization on this page.**

PARENT/GUARDIAN/LEGAL REPRESENTATIVE AUTHORIZATION ON BEHALF OF PATIENT

Permission to share and use your Protected Health Information

My (or my parent/guardian/legal representative's) signature on page 1 of the Patient Start Form ("the Form") authorizes each of my physicians and pharmacists (including any specialty pharmacies and other healthcare providers) and each of my health insurers to use and disclose my Protected Health Information ("PHI"), including but not limited to medical records, information related to my medical condition and treatment, financial information, lab values, insurance coverage information, my name, address, and telephone number, to NS Pharma, Inc. and its Patient Engagement Leads, agents, contractors, and assignees (together, "NS Pharma") to enroll me in and contact me (or my parent/guardian/legal representative) about NS Support; provide case management by mail, email, phone calls, detailed voice messages, interactive voice recordings that may include use of auto-dialers or artificial or prerecorded voice messages, and SMS text messages (data rates may apply) as explained in the Telephone Consumer Protection Act (TCPA) consent to assist with adherence to my medication regimen; and work with third parties to provide community resources and referrals. Third-party vendors, such as specialty pharmacies, may receive financial remuneration in exchange for data, product support services, reimbursement services, etc. This authorization expires 5 years from the date of execution, unless a shorter period is required by state law. I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) may refuse to sign this authorization and that my treatment, payment, enrollment, or eligibility for benefits, including my access to therapy, is not conditioned on signing this authorization. I (or my parent/guardian/legal representative) understand that revoking this authorization will not affect the ability to use and disclose PHI received prior to receipt of notification that I (or my parent/guardian/legal representative) wish to discontinue my participation in the program. I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) may revoke this authorization at any time verbally at 833-NSSUPRT (833-677-8778) or in writing to NS Support at PO Box 7613, Overland Park, KS 66207-9941. Once authorization has been revoked or expired, I (or my parent/guardian/legal representative) understand that my future PHI will not be disclosed. I (or my parent/guardian/legal representative) understand that my PHI will not be used or disclosed for any other purposes, unless permitted by law, than for the purposes stated above. Information disclosed pursuant to this authorization or provided to a third party may no longer be protected by federal privacy laws. I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) have a right to receive a copy of this authorization.

Cancelling this authorization

A copy of this authorization will be as valid as the original. Cancelling this authorization will not affect the ability of NS Pharma to use and disclose Protected Health Information that it has received prior to receipt of the cancellation of my (or my parent/guardian/legal representative's) authorization. My (or my parent/guardian/legal representative's) authorization will also end if NS Support is discontinued. Furthermore, I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) have the right to see or copy the Protected Health Information the patient's Healthcare Providers or Insurers have given to NS Pharma.

Communications consent

By checking the box in Section 7 on page 1 of the Patient Start Form, I authorize NS Pharma to send promotional and/or educational patient communications related to my condition, treatment, or related products or services that might be of interest; to contact me (or my parent/guardian/legal representative) occasionally to obtain feedback for market research purposes about my treatment, condition, or experience with the product, NS Pharma, and/or NS Support; and to contact me (or my parent/guardian/legal representative) about other products and services offered by NS Pharma.

Questions? Call NS Support at 833-NSSUPRT (833-677-8778), Monday–Friday, 8 AM–8 PM ET.



833-NSSUPRT (833-677-8778)

Patient Authorization Form for VILTEPSO® (viltolarsen)

FAX OR MAIL THE COMPLETED FORM TO NS SUPPORT



888-212-0482



PO Box 7613, Overland Park, KS 66207-9941

PATIENT/PARENT/GUARDIAN/LEGAL REPRESENTATIVE AUTHORIZATION ON BEHALF OF PATIENT

Permission to share and use Protected Health Information

My (or my parent/guardian/legal representative's) signature below authorizes each of my physicians and pharmacists (including any specialty pharmacies and other healthcare providers) and each of my health insurers to use and disclose my Protected Health Information ("PHI"), including but not limited to medical records, information related to my medical condition and treatment, financial information, lab values, insurance coverage information, my name, address, and telephone number, to NS Pharma, Inc., and its Patient Engagement Leads, agents, contractors, and assignees (together, "NS Pharma") to enroll me in and contact me (or my parent/guardian/legal representative) about NS Support; provide case management by mail, email, phone calls, detailed voice messages, interactive voice recordings that may include use of auto-dialers or artificial or prerecorded voice messages, and SMS text messages (data rates may apply) as explained in the Telephone Consumer Protection Act (TCPA) consent to assist with adherence to my medication regimen; and work with third parties to provide community resources and referrals. Third-party vendors, such as specialty pharmacies, may receive financial remuneration in exchange for data, product support services, reimbursement services, etc. This authorization expires 5 years from the date of execution, unless a shorter period is required by state law. I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) may refuse to sign this authorization and that my treatment, payment, enrollment, or eligibility for benefits, including my access to therapy, is not conditioned on signing this authorization. I (or my parent/guardian/legal representative) understand that revoking this authorization will not affect the ability to use and disclose PHI received prior to receipt of notification that I (or my parent/guardian/legal representative) wish to discontinue my participation in the program. I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) may revoke this authorization at any time verbally at 833-NSSUPRT (833-677-8778) or in writing to NS Support at PO Box 7613, Overland Park, KS 66207-9941. Once authorization has been revoked or expired, I (or my parent/guardian/legal representative) understand that my future PHI will not be disclosed. I (or my parent/guardian/legal representative) understand that my PHI will not be used or disclosed for any other purposes, unless permitted by law, than for the purposes stated above. Information disclosed pursuant to this authorization or provided to a third party may no longer be protected by federal privacy laws. I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) have a right to receive a copy of this authorization.

Cancelling this authorization

A copy of this authorization will be as valid as the original. Cancelling this authorization will not affect the ability of NS Pharma to use and disclose Protected Health Information that it has received prior to receipt of the cancellation of my (or my parent/guardian/legal representative's) authorization. My (or my parent/guardian/legal representative's) authorization will also end if NS Support is discontinued. Furthermore, I (or my parent/guardian/legal representative) understand that I (or my parent/guardian/legal representative) have the right to see or copy the Protected Health Information the patient's Healthcare Providers or Insurers have given to NS Pharma.

Communications consent

By checking the box below, I authorize NS Pharma to send promotional and/or educational patient communications related to my condition, treatment, or related products or services that might be of interest; to contact me (or my parent/guardian/legal representative) occasionally to obtain feedback for market research purposes about my treatment, condition, or experience with the product, NS Pharma, and/or NS Support; and to contact me (or my parent/guardian/legal representative) about other products and services offered by NS Pharma.

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 above, for the patient to participate in the NS Support Program, and to release the patient's Protected Health Information to NS Pharma, Inc., supporting the access program as indicated on this form.

- ☐ Promotional/educational communications consent: Yes, NS Pharma may send me promotional and/or educational patient communications related to my treatment and condition. Examples of these communications may include, but are not limited to, product information, newsletters, announcements, healthcare reminders, and tips. I understand that I (or my parent/guardian/legal representative) may opt out of receiving these communications at any time by following the instructions on the communications.

PATIENT NAME _____ DOB (MM/DD/YYYY) _____

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

DATE _____

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

RELATIONSHIP TO PATIENT _____

Questions? Call NS Support at 833-NSSUPRT (833-677-8778), Monday–Friday, 8 AM–8 PM ET.