SPINRAZA®
(nusinersen) injection
12 mg/5 mL

STARTING SPINRAZA

How to begin treatment with SPINRAZA and enroll in SMA360°™

Please see full Prescribing Information.

SPINRAZA® (nusinersen) injection 12 mg/5 mL

How to begin treatment with SPINRAZA and enroll in SMA360°™ support services*:

Please write legibly, sign where indicated, and provide all requested information. Be sure to include today's date. Partially completed forms may delay access to Biogen services.

1 Complete the Start Form

First, read the Consent Information on the next page.

Next, complete the top section of the Start Form:

- Sign your name if you agree to the Authorization to Share Health Information, section A on the Start Form
- Check the box if you agree to Opt-In for Automated Marketing Calls and Text Messages, section B on the Start Form
- Remember to include your email address, section C on the Start Form
  - By sharing your email address with us, we can provide you with up-to-date information
- Ask your healthcare provider's (HCP) office to:
  - Make a photocopy of both your insurance card and pharmacy benefits card, if available (front and back)
  - Send the completed Start Form to Biogen by faxing to 1-888-538-9781 or emailing as an attachment to StartForm@biogen.com (this email address is an unattended inbox and is for Start Forms only). For questions, please contact Biogen at 1-844-477-4672

2 Meet your SPINRAZA team

After the Start Form has been submitted to Biogen, the person receiving treatment will be enrolled in SMA360° support services.

- SMA360° support provides certain services that address nonmedical barriers to access. These include logistical assistance, product education, insurance benefits investigations, and financial assistance. A complete list of the SMA360° offerings can be found at SPINRAZA.com/support.
- You will be assigned a Family Access Manager (FAM) and Lead Case Manager (LCM) who will be your dedicated SPINRAZA care team. They will be there to help with initiation of therapy and to help you and your family throughout the treatment journey. You will be guided step by step through the process, including a face-to-face meeting with your FAM. This meeting is optional and may occur at a location of your choice
- Your FAM can provide treatment logistics and information about the treatment center and, if needed, an orientation at the center where the first dose of SPINRAZA will be administered
  - If you have caller ID on your telephone, you may see a call from a 1-919 number, or a call that says "Unknown." Calls made to you from a Biogen employee's personal home phone may indicate "Unknown" for reasons of privacy

Your LCM can also be reached at 1-844-4SPINRAZA (1-844-477-4672), Monday through Friday, from 8:30 AM to 8:00 PM ET.

3 Arrive at your SPINRAZA treatment center on your scheduled day

*SMA360° services from Biogen are available only to those who have been prescribed SPINRAZA.

SMA360° is intended for US residents only.

INDICATION

SPINRAZA is a prescription medicine used to treat spinal muscular atrophy (SMA) in pediatric and adult patients.

IMPORTANT SAFETY INFORMATION

Increased risk of bleeding complications has been observed after administration of similar medicines. Your healthcare provider should perform blood tests before you start treatment with SPINRAZA and before each dose to monitor for signs of these risks. Seek medical attention if unexpected bleeding occurs.

Increased risk of kidney damage, including potentially fatal acute inflammation of the kidney, has been observed after administration of similar medicines. Your healthcare provider should perform urine testing before you start treatment with SPINRAZA and before each dose to monitor for signs of this risk.

Please see Important Safety Information continued on the following page and full Prescribing Information.

For more information about SPINRAZA, visit SPINRAZA.com.

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Please read the following. If you agree to the following Authorizations, please sign and date the corresponding sections of the Start Form.

Authorization to Share Health Information for Patient Support Services and Marketing/Other Communications

Authorization to Share Health Information for Patient Support Services

By signing this Authorization, I authorize my/my child's HCP, health insurance company, and pharmacy providers ("Healthcare Entities") to disclose to Biogen, and companies working with Biogen (collectively, "Biogen"), health information relating to my/my child's medical condition, treatment, and insurance coverage for Biogen to (i) provide me/my child with support services (and related information and materials) related to any of Biogen's products, including but not limited to, online support, financial assistance services, compliance and persistency and other therapy support services, (ii) conduct data analysis, market research and other internal business activities, and (iii) provide me with information about Biogen's products, services, and programs and other topics of interest for marketing, educational or other purposes, and (iv) aggregated de-identified data for research and publication. Once my/my child's health information has been disclosed to Biogen, I understand that federal privacy laws no longer protect the information. However, Biogen agrees to protect my/my child's health information by using and disclosing it only for purposes authorized in this Authorization or as required by law or regulations. I understand that my/my child's pharmacy provider may receive remuneration from Biogen in exchange for the health information and/or for any therapy support services provided to me/my child.

Marketing/Other Communications

I authorize Biogen to contact me by mail, email, fax, telephone call, and text message for marketing purposes or otherwise provide me with information about Biogen products, services, and programs or other topics of interest, conduct market research or otherwise ask me about my/my child's experience with or thoughts about such topics. I understand and agree that any information that I provide may be used by Biogen to help develop new products, services, and programs. Note that Biogen will not sell or transfer your personal data to any unrelated third party for marketing purposes without your express permission.

I understand that I may refuse to sign this Authorization. I further understand that my/my child's treatment (including with a Biogen product), payment for treatment, insurance enrollment or eligibility for insurance benefits are not conditioned upon my agreement to sign this Authorization; but if I do not sign it or later cancel it, I/my child will not be able to receive Biogen's therapy support services.

I may cancel this Authorization at any time by mailing a letter to: Biogen, 5000 Davis Drive, PO Box 13919, Research Triangle Park, NC, 27709 or visiting biogen.com/privacy.

Canceling this Authorization will end my consent to further disclosure of my health information to Biogen by my Healthcare Entities after they are notified of my cancellation, but will not affect previous disclosures by them pursuant to this Authorization. Canceling this authorization will not affect my ability to receive treatment, payment for treatment, or my eligibility for health insurance.

This Authorization expires ten (10) years, or such shorter timeframe required by applicable law, from the day I sign it as indicated by the date next to my signature unless otherwise canceled earlier as set forth above. I understand I have a right to receive a copy of this form.

To authorize your consent, please sign section A on the Start Form. Please write legibly.

Opt-In for Automated Marketing Calls and Text Messages

I also consent to receive autodialed and prerecorded marketing calls and text messages from Biogen, and companies working with Biogen, at the telephone number(s) that I provide. I understand that my consent is not required as a condition of purchasing or receiving any goods or services from Biogen. I understand that I may revoke this authorization and choose not to receive automated marketing calls and text messages from Biogen by mailing a letter to the address above or visiting biogen.com/privacy.

To authorize your consent, please check the box in section B on the Start Form.

IMPORTANT SAFETY INFORMATION (CONT'D)

The most common side effects of SPINRAZA include lower respiratory infection, fever, constipation, headache, vomiting, back pain, and post-lumbar puncture syndrome.

These are not all of the possible side effects of SPINRAZA. Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Before taking SPINRAZA, tell your healthcare provider if you are pregnant or plan to become pregnant.

This information is not intended to replace discussions with your healthcare provider.

Please see full Prescribing Information.

For more information about SPINRAZA, visit SPINRAZA.com.

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START FORM

Questions? Contact Biogen at: 1-844-4SPINRAZA (1-844-477-4672)

SPINRAZA® (nusinersen) injection 12 mg/5 mL

AUTHORIZATION TO SHARE HEALTH INFORMATION FOR PATIENT SUPPORT SERVICES AND MARKETING/OTHER COMMUNICATIONS

I have read and understand the Authorization to Share Health Information for Patient Support Services and Marketing/Other Communications and agree to the terms. A signature is required in order to receive Biogen services.

A

Signature of patient or parent/guardian (if under 18) *Date*

In addition, I authorize the disclosure of my health information to the following designated individual(s) (optional):

Name (print) *Relationship*

Name (print) *Relationship*

B OPT-IN FOR AUTOMATED MARKETING MESSAGES

☐ I have read and understand the Opt-In for Automated Marketing Calls and Text Messages and hereby agree to receive these types of communications from Biogen (optional).

PATIENT INFORMATION

First name *Last name*

☐ Male ☐ Female *Date of birth*

My preferred language

CONTACT INFORMATION

C

Email address

Home telephone *Mobile phone*

Address

City *State* *ZIP code*

☐ OK to leave message

ALL INFORMATION MUST BE COMPLETED BY A HEALTHCARE PROVIDER IN ORDER TO RECEIVE BIOGEN SERVICES.

PRESCRIBER INFORMATION

First name *Last name*

Address

City *State* *ZIP code*

Telephone *Fax*

Email

NPI # *State license #*

Tax ID # *Clinic/hospital affiliation*

ADMINISTERING PHYSICIAN INFORMATION

First name *Last name*

Specialty *Care coordinator contact*

Telephone *Fax*

NPI # *Tax ID #*

MEDICAL INSURANCE INFORMATION*

Disease type: ☐1 ☐2 ☐3 ☐4 ☐ Genetic test on file

Primary insurance *Policy #*

Group # *Insurance company telephone*

Policyholder's first name *Policyholder's last name*

Secondary insurance *Policy #/group #*

Medicaid/governmental payer

*Please remember to include front and back copy of insurance card(s) along with this Start Form.

TREATMENT

☐ Prior/current treatment (medication) Next scheduled SPINRAZA dose

Name of treatment *Date*

SITE OF CARE

Facility name

Address

City *State* *ZIP code*

Telephone *Fax*

NPI # *Tax ID #*

PROCUREMENT

☐ Specialty pharmacy—*optional prescription below*

☐ Direct buy—*order must be submitted*

☐ Unknown

PLACE OF SERVICE (POS) CODE

☐ Physician office (11)

☐ Outpatient off-campus clinic (19)

☐ Inpatient (21) Observation a possibility in lieu of inpatient admission? Yes ☐ No ☐

☐ Outpatient on campus (ie, infusion, short stay, surgical suite) (22)

☐ Ambulatory surgical center (24)

☐ Other _____

PRESCRIPTION FOR SPECIALTY PHARMACY (OPTIONAL)†

Inject SPINRAZA treatment with 4 loading doses. The 1st 3 loading doses should be administered at 14-day intervals. The 4th should be administered 30 days after the 3rd dose. A maintenance dose should be administered every 4 months. For more information, please refer to the Prescribing Information.

SPINRAZA (nusinersen) injection 12 mg/5 mL (2.4 mg/mL) in a single-dose vial:

☐ Loading doses (4 doses) ☐ 1 year of SPINRAZA with maintenance doses (3 doses)

☐ 1 year of SPINRAZA with loading doses (6 doses) Refills _____

Prescriber signature (dispense as written) *Prescriber signature (substitution allowed)*

Name (print) *Date*

I authorize Biogen as my designated agent and on behalf of my patient to forward the above prescription, by fax or other mode of delivery, to the pharmacy chosen by the above-named patient.

†In New York, please attach copies of all prescriptions on Official New York State Prescription Forms.

PRESCRIBER AUTHORIZATION (REQUIRED)

I authorize Biogen as my designated agent on behalf of my patient to furnish any information on this form to his/her insurer.
I will either administer treatment or supervise the treatment accordingly.

Prescriber signature *Date*

Written signature only; stamps not acceptable.

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Once complete, submit by fax or email:
1-888-538-9781
StartForm@biogen.com

SPINRAZA® (nusinersen) injection 12 mg/5 mL

To help your patients enroll in SMA360°™ or begin SPINRAZA treatment, please follow these steps*:

1. Discuss the benefits and risks of treatment, and ask the patient or parent/guardian to read the Consent Information and complete the indicated areas on the SPINRAZA Start Form
2. Complete the Healthcare Provider section of the Start Form. Partially completed forms may delay access to Biogen services
   - **Specialty Pharmacy:** Fill out the Prescription section of the Start Form. Submitting the Start Form will enroll your patients in SMA360° and a prescription will be filled by the specialty pharmacy
   - **Direct Buy:** Follow your usual office procedure for procuring medication. Submitting the Start Form will only enroll your patients in SMA360°
   - **Unknown:** If your procurement methodology is unknown, please check the corresponding box and Biogen will follow up with you
3. Please make a photocopy of both sides of the covered individual's insurance card and pharmacy benefit card, if available
4. Give the patient or parent/guardian the Instructions and Consent Information pages to take home
5. Send the completed Start Form and copies of insurance card and pharmacy benefit card to Biogen
   - Fax to 1-888-538-9781 or
   - Email as an attachment to StartForm@biogen.com (this email address is an unattended inbox and is for Start Forms only). For questions, please contact your Biogen Rare Disease Account Executive at 1-844-477-4672

Once the Start Form has been received by Biogen, the patient or parent/guardian will be contacted by a SPINRAZA Family Access Manager (FAM) or Lead Case Manager (LCM) to help navigate the process.

Biogen takes the confidentiality of personal information seriously. The benefits of granting consent include:

- Expediting enrollment into SMA360° support services from Biogen, which includes help in areas such as treatment logistics, insurance, and financial assistance
- Giving Biogen access to the status of your prescription should assistance be required

*SMA360° services from Biogen are available only to those who have been prescribed SPINRAZA.
SMA360° is intended for US residents only.

INDICATION

SPINRAZA is indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients.

SELECTED IMPORTANT SAFETY INFORMATION

Coagulation abnormalities and thrombocytopenia, including acute severe thrombocytopenia, have been observed after administration of some antisense oligonucleotides. Patients may be at increased risk of bleeding complications.

In the sham-controlled studies for patients with infantile-onset and later-onset SMA, 24 of 146 SPINRAZA-treated patients (16%) with high, normal, or unknown platelet count at baseline developed a platelet level below the lower limit of normal, compared to 10 of 72 sham-controlled patients (14%). Two SPINRAZA-treated patients developed platelet counts <50,000 cells per microliter, with the lowest level of 10,000 cells per microliter recorded on study day 28.

Please see Important Safety Information on page 6 and full Prescribing Information.

For more information about SPINRAZA, visit SPINRAZA-hcp.com.

INDICATION

SPINRAZA (nusinersen) is indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients.

IMPORTANT SAFETY INFORMATION

Coagulation abnormalities and thrombocytopenia, including acute severe thrombocytopenia, have been observed after administration of some antisense oligonucleotides. Patients may be at increased risk of bleeding complications.

In the sham-controlled studies for patients with infantile-onset and later-onset SMA, 24 of 146 SPINRAZA-treated patients (16%) with high, normal, or unknown platelet count at baseline developed a platelet level below the lower limit of normal, compared to 10 of 72 sham-controlled patients (14%). Two SPINRAZA-treated patients developed platelet counts <50,000 cells per microliter, with the lowest level of 10,000 cells per microliter recorded on study day 28.

Renal toxicity, including potentially fatal glomerulonephritis, has been observed after administration of some antisense oligonucleotides. SPINRAZA is present in and excreted by the kidney. In the sham-controlled studies for patients with infantile-onset and later-onset SMA, 71 of 123 SPINRAZA-treated patients (58%) had elevated urine protein, compared to 22 of 65 sham-controlled patients (34%).

Laboratory testing and monitoring to assess safety should be conducted. Perform a platelet count, coagulation laboratory testing, and quantitative spot urine protein testing at baseline and prior to each dose of SPINRAZA and as clinically needed.

Severe hyponatremia was reported in an infant treated with SPINRAZA requiring salt supplementation for 14 months.

Cases of rash were reported in patients treated with SPINRAZA.

SPINRAZA may cause a reduction in growth as measured by height when administered to infants, as suggested by observations from the controlled study. It is unknown whether any effect of SPINRAZA on growth would be reversible with cessation of treatment.

The most common adverse reactions (≥20% of SPINRAZA-treated patients and ≥5% more frequently than in control patients) that occurred in the infantile-onset controlled study were lower respiratory infection and constipation. Serious adverse reactions of atelectasis were more frequent in SPINRAZA-treated patients (18%) than in control patients (10%). Because patients in this controlled study were infants, adverse reactions that are verbally reported could not be assessed. The most common adverse reactions that occurred in the later-onset controlled study were pyrexia, headache, vomiting, and back pain. Post-lumbar puncture syndrome has also been observed after the administration of SPINRAZA.

Please see full Prescribing Information.

For information about SPINRAZA, visit SPINRAZA-hcp.com.

For all other information, contact your Biogen Rare Disease Account Executive at 1-844-4SPINRAZA (1-844-477-4672).

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Biogen

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