Complete entire form and fax to Novartis Patient Support at 1-855-951-4363, OR upload completed form at www.zolgensma-enrollment.com. Questions? Contact 1-855-441-4363.

Novartis Patient Support™

ZOLGENSMA® (onasemnogene abeparvovec-xioi) PATIENT AUTHORIZATION AND ADDITIONAL CONSENTS FORM

* = REQUIRED

Patient and Parent/Legal Representative Information

* Patient Name (First Name and Last Name)

* ZIP

Email

* **Print Parent/Legal Representative Name (First Name and Last Name)**

* **Date (MM/DD/YYYY)**

X

* **Parent/Legal Representative Signature**

* **Date (MM/DD/YYYY)**

Additional Caregiver Information for Caregiver Support Calls (optional)

I give permission to disclose my/the patient's personal health information to the following additional caregiver(s) in case the Parent/Legal Representative is unavailable:

Additional Caregiver Name	Relationship to Patient	Caregiver Phone Number ☐ Mobile ☐ Home
		*We'll keep the Caregiver informed through non-marketing calls and texts.**
Additional Caregiver Name	Relationship to Patient	Caregiver Phone Number ☐ Mobile ☐ Home
		*We'll keep the Caregiver informed through non-marketing calls and texts.**

Please check the boxes below for the Novartis Patient Support services you would like to receive.

Patient Authorization and Enrollment Consents

☐ **I have read and agree to the Patient Authorization on page 2.**

COPAY SUPPORT†

- Enrollment in the ZOLGENSMA CopayAssist™ Program

☐ I have read and agree to the CopayAssist™ Terms and Conditions on page 2 of this resource.

CAREGIVER SUPPORT CALLS*

- Dedicated phone support to help caregivers navigate the process before and after treatment with ZOLGENSMA

☐ I'd like to sign up for access to ongoing support. I'll get ZOLGENSMA tips, resources, and reminders from Novartis Patient Support at the mobile phone number(s) I gave above.

By checking this box, I agree to receive recurring marketing calls and texts from and on behalf of Novartis Pharmaceuticals Corporation. These calls and texts may be automatic or recorded in advance. The number of calls and message frequency varies. My consent is not a condition of getting any goods or services from Novartis. I can opt out of the program at any time by calling 1-855-441-4363.

Do Not Fax Patient Medical Records.

Complete entire form and fax to Novartis Patient Support at 1-855-951-4363, OR upload completed form at www.zolgensma-enrollment.com. Questions? Contact 1-855-441-4363.

Novartis Patient Support™

ZOLGENSMA® (onasemnogene abeparvovec-xioi) PATIENT AUTHORIZATION AND ADDITIONAL CONSENTS FORM

Patient Authorization. I authorize my/patient's health care providers, including testing laboratories, pharmacies and health insurers, and their service providers ("Providers") to disclose information relating to my/patient's insurance benefits, medical condition, treatment, genetic information, including the results of genetic testing and prescription details, and financial information needed to determine financial assistance eligibility ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis") and the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF") so they can provide the following Services:

- Communicate with the patient's Providers about treatment and payment for treatment;
- Check if the patient is eligible for financial assistance provided by NPAF, and administer the patient's participation in NPAF if they are enrolled;
- Help coordinate insurance coverage for, access to, and receipt of medication, if that service is selected above;
- Communicate with Providers about lab test results, if that service is selected above;
- Administer the ZOLGENSMA CopayAssist™ Program if that service is selected above;
- Administer Caregiver Support Calls, if that service is selected above;
- Conduct quality assurance and other internal business activities; and
- Ask for feedback related to the Services or my treatment.

In delivering the Services, Novartis and NPAF may share my/patient's Personal Information with each other and with my/patient's Providers. They may combine information collected from me/patient with information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from Novartis or NPAF for providing certain Services based on enrollment or participation. Once I authorize disclosure of my/patient's Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get medication or insurance coverage for me/the patient, that I have a right to a copy, and can cancel this Authorization at any time by calling 1-855-441-4363 or by writing to:

UBC on behalf of Novartis Pharmaceuticals Corporation, 600 Emerson Road, Suite 300, Creve Coeur, MO 63141

This Authorization will expire 5 years after I/patient sign(s) it, or earlier if required by state law, unless I/patient cancel(s) it sooner. If I/patient cancel, I/patient may no longer qualify for Services from Novartis or NPAF, but it will not impact any Provider treatment or insurance benefits. I also understand that if a Provider is disclosing my/patient's Personal Information to Novartis or NPAF on an authorized, ongoing basis, cancellation will be effective with respect to that Provider as soon as they receive notice of cancellation. Cancellation will not affect prior uses or disclosures.

*Novartis Patient Support may call and text you at the numbers provided for non-marketing purposes (eg, to help you access and start on ZOLGENSMA). Calls may be autodialed or prerecorded. Message and data rates may apply. You may change your communication preferences at any time by calling 1-855-441-4363.

†**Limitations apply.** Valid only for those with private insurance. The Program includes the CopayAssist™ Program Plus offer, Plus Card (if applicable), and Rebate, with a combined annual limit up to $20,000. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable copayments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

Please see full Novartis Pharmaceuticals Corporation Privacy Policy and the Mobile Terms of Use.

Do Not Fax Patient Medical Records.

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