



Copay Claim Submission Guide



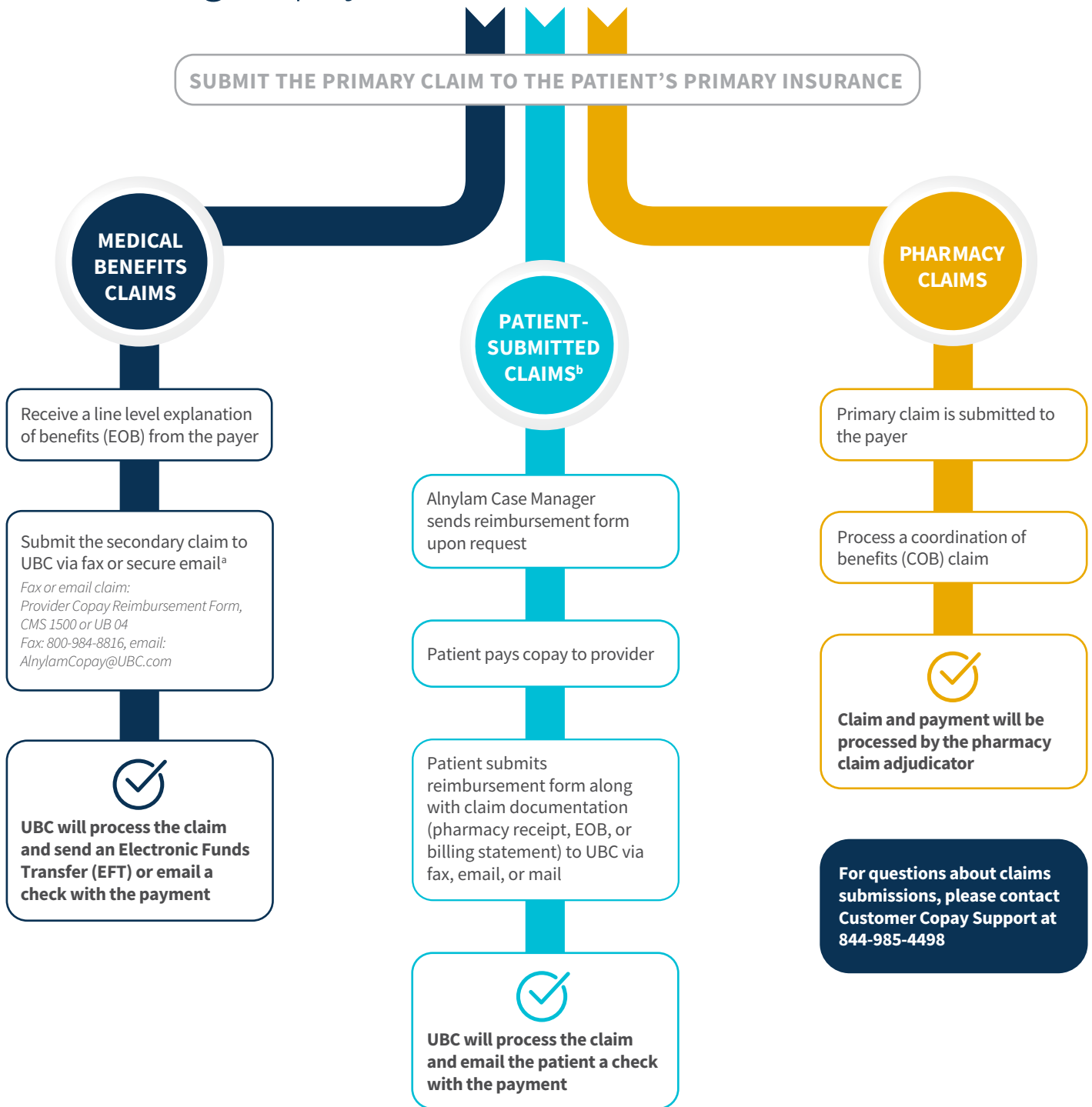
The following outline will show you how to submit a medical benefits claim, pharmacy claim, or a patient-submitted claim for AMVUTTRA® (vutrisiran).

Before submitting a claim, please ensure the following:

- ▶ The patient is enrolled in Alnylam Assist® (via the Start Form found at AlnylamAssist.com)
- ▶ The patient's benefits have been verified
- ▶ The patient has provided their medical benefit or pharmacy member number

Upon a patient's enrollment into the copay program, an Alnylam Case Manager will provide your practice with the patient's Payer ID, Group Number, and Member Number required to submit a copay claim.

Submitting Copay Claims for AMVUTTRA® (vutrisiran)



^aAt Alnylam, we are committed to protecting privacy and encourage the utilization of secure email for submissions to safeguard sensitive patient information. Senders are asked to use secure email options for comprehensive data protection.

^bMedical Benefits or Pharmacy Claims.

