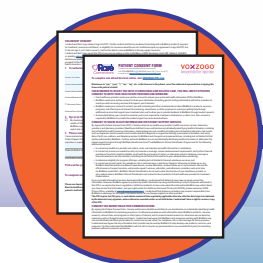


BioMarin RareConnections™ and Specialty Pharmacy Caregiver Pathway

BioMarin RareConnections

Specialty Pharmacy

Program Enrollment: Patient Consent Form (PCF)



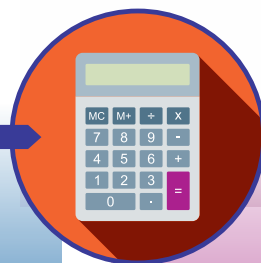
- ✓ Complete the PCF at doctor's office or at BioMarin-RareConnections.com
- ✓ Doctor submits the prescription

Explaining Coverage Options



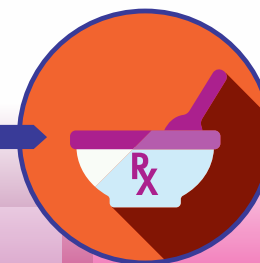
- ✓ Review of coverage and insurance prior authorization (PA) requirements through benefits investigation (BI)
- ✓ Patient/caregiver welcome call from BioMarin Clinical Coordinator with notification of BI results

Financial Assistance Support



- ✓ Co-pay program eligibility* screening
- ✓ Identification of additional support options, if needed
- ✓ Transfer of prescription to in-network specialty pharmacy

Specialty Pharmacy Shipment Coordination



- ✓ Verification of prescription and validation of insurance coverage
- ✓ Shipment coordination with patient/caregiver
- ✓ Packaging and delivery information

Maintaining Therapy



- ✓ Specialty pharmacy reviews insurance
- ✓ Doctor renews prescription as needed
- ✓ Shipment refill reminders from BioMarin Clinical Coordinator

*Valid only for those patients with commercial prescription insurance coverage who meet eligibility criteria. Offer not valid for prescriptions reimbursed, in whole or in part, by any federal, state, or government-funded insurance programs (for example, Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, or TRICARE), for cash-paying patients, where product is not covered by patient's commercial insurance, where patient's commercial insurance plan reimburses them for entire cost of their prescription drug, or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the co-pay assistance program and patient must notify BioMarin RareConnections at 1.833.869.9646 to stop participation. Patients may not seek reimbursement for the value of the out-of-pocket expense amount covered by the program from any third-party payer, whether public or private. Valid only in the United States and Puerto Rico. This program is not health insurance. Offer may not be combined with any other rebate, coupon, or offer. Co-payment assistance under the program is not transferable. BioMarin Pharmaceutical Inc. reserves the right to rescind, revoke, or amend the program without notice. Patient/caregiver certifies responsibility for complying with applicable limitations, if any, of any commercial insurance and reporting receipt of program rewards, if necessary, to any commercial insurer. This program is subject to termination or modification at any time. Some restrictions apply.

