

How to complete the YourBlueprint® Patient Support Program enrollment form



YourBlueprint is a patient support program that assists eligible patients throughout many aspects of treatment by providing a variety of support along the treatment journey.

To ensure there is no delay in patient access to prescribed therapy, be sure to completely fill in the enrollment form, including patient signatures and HCP signature. If the patient isn't able to sign in person, the patient can submit their signature through DocuSign at yourblueprint.com/consent-form/.

Submitting the enrollment form to YourBlueprint at the time of prescribing will enable the YourBlueprint team to proactively support your patient's access needs.

1 Enter complete **patient information** and include pre-approval program participant information (EAP, CUP or Clinical Trial) if applicable

2 If patient may need to apply for PAP, enter the **number of people within their household**

3 Enter complete **patient insurance information**, notably their prescription drug insurer. Please attach a copy of the patient's insurance card (front and back). If patient does not have insurance, please select "No Insurance"

Select for **PA and/or Appeal support**. If you have started the PA process, please make YourBlueprint team aware

4A Patient to complete **YourBlueprint enrollment consent**. If patient is not able to sign at time of enrollment form submission, they can sign consent via DocuSign at www.yourblueprint.com/consent

Patient can check this box if they would like to receive **text messages** from YourBlueprint

4B Patient to complete **authorization to share health information**. If patient is not able to sign at time of enrollment form submission, they can sign authorization via DocuSign at www.yourblueprint.com/consent

5 Enter complete **ICD-10 Code**

Enter **SM subtype**, if applicable.

6 Enter full **prescriber and office contact information**

7 Please indicate whether your patient would like to fill their prescription at one of our in **Network Specialty Pharmacies or an Authorized In Office Dispenser/Health System Pharmacy**. Select Yes if prescription has already been sent

8 Enter appropriate **prescription, dose, and refills**

- Prescription 8A can either be forwarded to an in-network pharmacy or used for PAP dispensing
- Prescription 8B will be used for QuickStart dispensing. Submit date of PA submission with enrollment form if applicable
- Prescription 8C will be used for Coverage Interruption dispensing

Selecting all three will ensure that patient can access all programs, if needed

Ensure **prescribing physician signs and dates** the prescription

Submit the enrollment form to YourBlueprint using any of these options:



Fax: **1-866-370-3082**



Email: **info@yourblueprint.com**

Reimbursement Support

What is it?

Your dedicated Case Manager and Field Access Manager (FAM) will work to determine the path to access and communicate with you the requirements for coverage, including the correct form to submit, the supporting documentation to provide and where to send it.

What do we need from you?

- ☐ Complete the enrollment form for your patient, selecting the option for additional support with prior authorizations and appeals at the end of **Section 3**
- ☐ Ensure patient's insurance information is completed on the form and attach copies of the front and back of insurance card(s)

Coverage Interruption

What is it?

Should the patient experience a temporary lapse in coverage for their therapy, YourBlueprint will provide eligible patients with a limited supply of no-cost medication. Examples of eligible coverage lapse could be prior authorization expiration or job transition

What do we need from you?

- ☐ Complete the enrollment form for your patient, selecting the Coverage Interruption prescription in **section 8C** of the enrollment form

Copay Assistance

What is it?

For eligible patients enrolled in copay assistance who have commercial insurance, YourBlueprint will assist with their out-of-pocket expenses, and patients can pay as little as \$0 for their Blueprint Medicines therapy up to an annual maximum of \$25,000. Terms and conditions apply. Please call 1-888-BLUPRNT (1-888-258-7768) to learn more.

What do we need from you?

- ☐ Enroll your patient via the online portal at portal.trialcard.com/yourblueprint
- ☐ Once enrolled, adjudication information will be assigned to your patient and you can adjudicate the claim using your pharmacy system

Your Medically Integrated Dispensing (MID) pharmacy must be contracted with our copay processor to adjudicate claims. For more information, contact your Blueprint Medicines Sales Representative.

Quick Start

What is it?

Should the patient's coverage determination be delayed more than 5 business days from the date your office submits the PA to the payer, YourBlueprint® will provide eligible patients with up to a 60-day limited supply of no-cost medication pending a final coverage determination or, if

What do we need from you?

- ☐ Complete the enrollment form for your patient, selecting the QuickStart prescription in **section 8B** of the enrollment form
- ☐ Provide YourBlueprint with the PA submission date with the enrollment form

Dose Exchange

What is it?

Should the patient experience a dose modification while on AYYAKIT, the patient may exchange medication for the new prescribed dose at no cost to them

What do we need from you?

- ☐ Complete the dose exchange form for your patient and submit to YourBlueprint

Access the form at YourBlueprint.com/dose-exchange

Patient Assistance Program (PAP)

What is it?

Patients with no insurance, no coverage for AYYAKIT, or high out-of-pocket costs, including Medicare Part D, for their Blueprint Medicines therapy may be eligible to receive their therapy at no cost through our non-commercial dispensing pharmacy

What do we need from you?

- ☐ Complete the enrollment form for your patient, selecting the prescription in **section 8A** of the enrollment form
- ☐ If patient has insurance but no coverage for their therapy, provide YourBlueprint the **prior authorization and two (2) subsequent appeal denials** with the enrollment form



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Fax: 1-866-370-3082



Monday-Friday 8 am-8 pm ET



www.YourBlueprint.com



info@yourblueprint.com