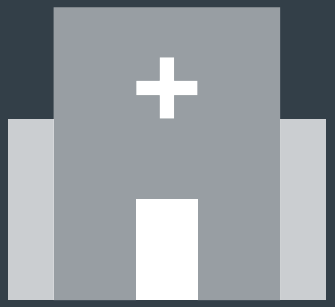
UPLIZNA®
inebilizumab-cdon

COMMON PROCESSES FOR SECURING ACCESS TO BIOLOGIC INFUSIONS

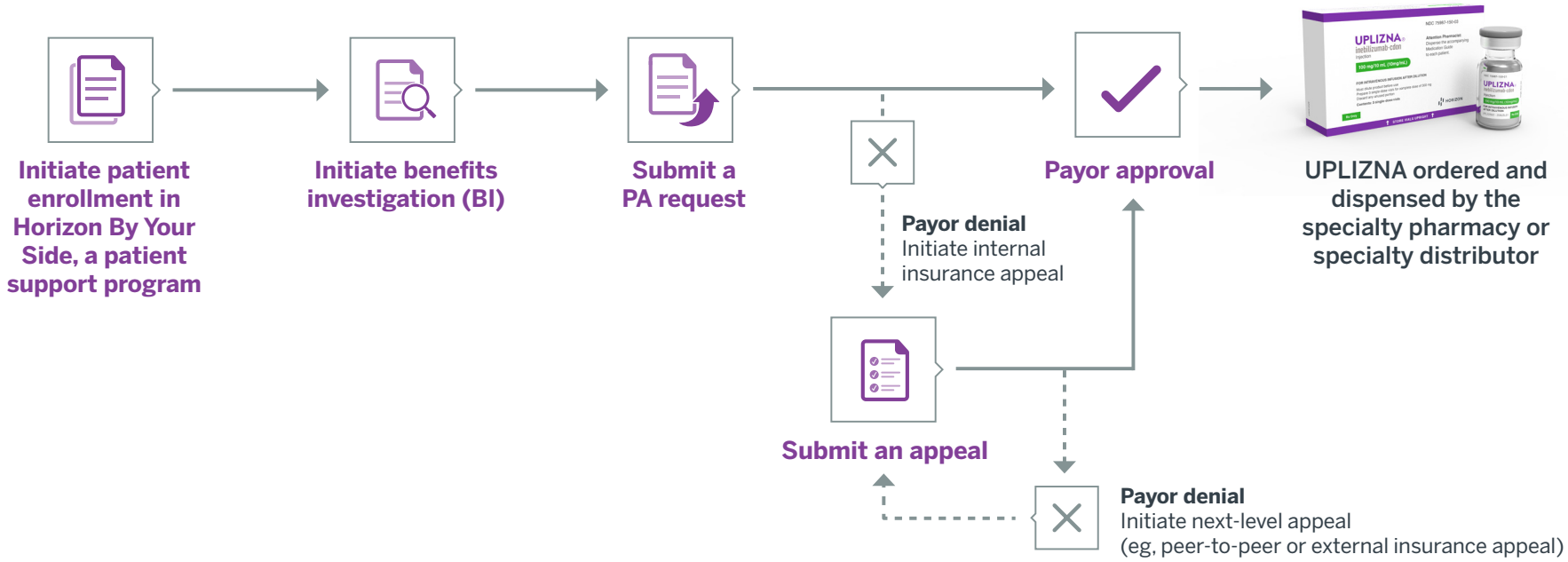


Please see Important Safety Information on page 4 and Full Prescribing Information.

HORIZON OFFERS RESOURCES TO SUPPORT PATIENTS THROUGHOUT THE PAYOR ACCESS JOURNEY

The payor access process, step by step

Your office may need to connect with the referring physician to gather the clinical documentation required to complete the prior authorization (PA).



Horizon By Your Side has team members who educate about navigating insurance processes and accessing treatment on your patient's behalf

Once your patient is enrolled in Horizon By Your Side, our team can help provide options for the best site of care (SOC) locations for your patient.

Simplify access for your patients through Horizon By Your Side. Just call **1-833-842-8477** or visit **www.HorizonByYourSide.com** to initiate enrollment for your patient by submitting the Patient Enrollment Form (PEF). Your patient must complete enrollment to access these patient-focused services and resources.

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SUBMITTING A PA REQUEST

A payor policy for an UPLIZNA PA may include:

- Diagnosis of neuromyelitis optica spectrum disorder (NMOSD)
- Lab results showing that the patient is positive for aquaporin-4–Immunoglobulin G (AQP4-IgG) antibodies
- Patient is 18 years of age or older
- Documentation of diagnosis by, or in consultation with, a neurologist
- Documentation of failure or of inadequate response to previous therapy (≥1 relapse in the past 12 months or ≥2 relapses in the past 24 months)
  - If medication was discontinued, list all reasons for discontinuation, including side effects, intolerance, nonadherence, or comorbidities, if applicable

PAYOR ACCESS AND CARE COORDINATION BEST PRACTICES

Open communication between SOC, prescribing office, and payor

- Create a system, such as an electronic medical record (EMR), to identify and track accurate clinical documentation and other patient information
- Implement coordination between all parties (SOC, provider, and payor) for continuity
- Ensure necessary documentation, such as chart notes and supporting publications, is available in order to fulfill payor requirements and prepare for a peer-to-peer review, if necessary
- Recognize that policy and clinical documentation requirements may vary considerably from payor to payor
- Include a letter of medical necessity
- Identify one staff member to be in charge of all claims and reimbursement matters

Important: Policy requirements may vary considerably from payor to payor. Identifying each payor's policy early in the process is critical for smooth transactions between the prescribing office, SOC, payor, and patient.

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INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

UPLIZNA® (inebilizumab-cdon) is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

IMPORTANT SAFETY INFORMATION

UPLIZNA is contraindicated in patients with:

- A history of life-threatening infusion reaction to UPLIZNA
- Active hepatitis B infection
- Active or untreated latent tuberculosis

WARNINGS AND PRECAUTIONS

Infusion Reactions: UPLIZNA can cause infusion reactions, which can include headache, nausea, somnolence, dyspnea, fever, myalgia, rash, or other symptoms. Infusion reactions were most common with the first infusion but were also observed during subsequent infusions. Administer pre-medication with a corticosteroid, an antihistamine, and an anti-pyretic.

Infections: The most common infections reported by UPLIZNA-treated patients in the randomized and open-label periods included urinary tract infection (20%), nasopharyngitis (13%), upper respiratory tract infection (8%), and influenza (7%). Delay UPLIZNA administration in patients with an active infection until the infection is resolved.

Increased immunosuppressive effects are possible if combining UPLIZNA with another immunosuppressive therapy.

The risk of Hepatitis B Virus (HBV) reactivation has been observed with other B-cell-depleting antibodies. Perform HBV screening in all patients before initiation of treatment with UPLIZNA. Do not administer to patients with active hepatitis.

Although no confirmed cases of Progressive Multifocal Leukoencephalopathy (PML) were identified in UPLIZNA clinical trials, JC virus infection resulting in PML has been observed in patients treated with other B-cell-depleting antibodies and other therapies that affect immune competence. At the first sign or symptom suggestive of PML, withhold UPLIZNA and perform an appropriate diagnostic evaluation.

Patients should be evaluated for tuberculosis risk factors and tested for latent infection prior to initiating UPLIZNA.

Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation, until B-cell repletion.

Reduction in Immunoglobulins: There may be a progressive and prolonged hypogammaglobulinemia or decline in the levels of total and individual immunoglobulins such as immunoglobulins G and M (IgG and IgM) with continued UPLIZNA treatment. Monitor the level of immunoglobulins at the beginning, during, and after discontinuation of treatment with UPLIZNA until B-cell repletion especially in patients with opportunistic or recurrent infections.

Fetal Risk: May cause fetal harm based on animal data. Advise females of reproductive potential of the potential risk to a fetus and to use an effective method of contraception during treatment and for 6 months after stopping UPLIZNA.

Adverse Reactions: The most common adverse reactions (at least 10% of patients treated with UPLIZNA and greater than placebo) were urinary tract infection and arthralgia.

Please see Full Prescribing Information.

HORIZON

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