MODULE 4

SUBMIT REFERRAL

Coordinator Corner has developed this summary to assist your learning and help you fully understand the information featured in this video

Video breakdown by topic

1 Topic: Determining where and how to submit referrals | Time: 0:31

- When submitting completed referrals, review your patient's particular Specialty Pharmacy Provider (SPP) and/or payer forms with your MedImmune representative to determine where and how to submit
  - Make sure to attach all supportive documentation, including copies of the front and back of the patient's insurance and pharmacy benefit cards
- Follow up with an SPP within 3 days of submitting a referral, and continue to follow up until the medication is delivered
  - Your ongoing efforts to prevent holdups can make an incredible difference
  - Look for follow-up from the SPP and notify parents to expect a call from their SPP regarding cost and shipment authorization
  - Coordinator quick tip: Always ask parents to call you back after they speak with their SPP so you are updated on the order status

2 Topic: Begin completing and submitting referrals 60 days before RSV season starts | Time: 1:35

- Keep in mind that submitting all pre-RSV season referrals at once when the RSV season starts can create a bottleneck of paperwork, which can delay the delivery of SYNAGIS® (palivizumab)
  - Don't wait—begin completing and submitting referrals 60 days in advance of RSV season start, even before payers are formally accepting submissions
  - Doing so can help the SPP get a head start to keep submissions moving
  - Your MedImmune representative can help determine when these submissions should begin, based on each patient's SPP
- *Note: SYNAGIS should be administered prior to commencement of the RSV season and the remaining doses should be administered monthly throughout the RSV season*
  - Children who develop an RSV infection should continue to receive monthly doses throughout RSV season

INDICATION

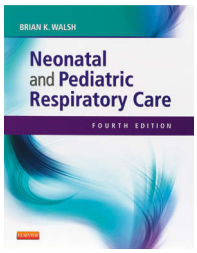
SYNAGIS is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients:

- with a history of premature birth (≤35 weeks gestational age) and who are 6 months of age or younger at the beginning of RSV season
- with bronchopulmonary dysplasia (BPD) that required medical treatment within the previous 6 months and who are 24 months of age or younger at the beginning of RSV season
- with hemodynamically significant congenital heart disease (CHD) and who are 24 months of age or younger at the beginning of RSV season

Please see additional Important Safety Information on pages 2 and 3, and accompanying full Prescribing Information for SYNAGIS, including Patient Information.

3 Topic: Access 360™ submission support | Time: 2:36

- Three scenarios where Access 360 can provide additional support with the submission process:
  - Scenario 1: If carve-outs create uncertainty
    - If private insurance carve-outs create any uncertainty around submission
      - Carve-outs are medical services not covered by the patient's plan but are reimbursed under a separate contract
      - Read more about carve-outs in the insurance terms glossary in the Resources section of Module 3
  - Scenario 2: If you are unclear where referral should be sent
  - Scenario 3: If a referral is kicked back or if you receive no response from the SPP
- Access 360 can also create an in-depth report of a patient's insurance coverage and out-of-pocket costs for medical, pharmacy, and home health benefits
  - Access 360 will also follow up with the SPP to check on the status of a submission
  - *Note: All Access 360 support services require a Patient Authorization Form on file for each patient*
- Submitting referrals to Access 360
  - If submitting by fax (1-844-329-2360), make sure you receive a fax confirmation to ensure your submission was received
  - *Note: Access 360 support is for referrals submitted within approved labeling for SYNAGIS® (palivizumab)*



PREEMIES TODAY®

If you want to become an official certified coordinator for SYNAGIS, Coordinator Corner will help you every step of the way. All you have to do is view all the modules and take all the checkpoints to become certified and eligible to receive an educational textbook, or you can make a charitable donation.

You must be registered to be eligible for certification—**so register today.**

IMPORTANT SAFETY INFORMATION

Adverse reactions occurring greater than or equal to 10% and at least 1% more frequently than placebo are fever and rash. In post-marketing reports, cases of severe thrombocytopenia (platelet count <50,000/microliter) and injection site reactions have been reported.

Please see additional Important Safety Information on page 3, and accompanying full Prescribing Information for SYNAGIS, including Patient Information.

IMPORTANT SAFETY INFORMATION (continued)

- SYNAGIS is contraindicated in children who have had a previous significant hypersensitivity reaction to SYNAGIS
- Cases of anaphylaxis and anaphylactic shock, including fatal cases, have been reported following initial exposure or re-exposure to SYNAGIS. Other acute hypersensitivity reactions, which may be severe, have also been reported on initial exposure or re-exposure to SYNAGIS. The relationship between these reactions and the development of antibodies to SYNAGIS is unknown. If a significant hypersensitivity reaction occurs with SYNAGIS, its use should be permanently discontinued. If a mild hypersensitivity reaction occurs, clinical judgment should be used regarding cautious readministration of SYNAGIS
- As with any intramuscular injection, SYNAGIS should be given with caution to children with thrombocytopenia or any coagulation disorder
- Palivizumab may interfere with immunological-based RSV diagnostic tests, such as some antigen detection-based assays
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LIMITATIONS OF USE

The safety and efficacy of SYNAGIS have not been established for treatment of RSV disease.

DOSING

The recommended dose of SYNAGIS is 15 mg/kg of body weight given monthly by intramuscular injection. The first dose of SYNAGIS should be administered prior to commencement of the RSV season and the remaining doses should be administered monthly throughout the RSV season. Children who develop an RSV infection should continue to receive monthly doses throughout the RSV season.

The efficacy of SYNAGIS at doses less than 15 mg/kg, or of dosing less frequently than monthly throughout the RSV season, has not been established.

Please see accompanying full Prescribing Information for SYNAGIS, including Patient Information.

AstraZeneca

Gaithersburg, MD 20878 US-12528 7/17
Customer Support Network: 1-877-633-4411 (Option 6)

SYNAGIS® PALIVIZUMAB