

Digital Access and Reimbursement Guide for IMFINZI® (durvalumab)

This guide also includes information for IMFINZI + IMJUDO® (tremelimumab-actl) prescribed in combination.



AstraZeneca
Access 360™

*Helping Patients
Access The Care
They Need*

Welcome to the AstraZeneca Access 360™ Program!

The AstraZeneca Access 360™ program provides personal support to help streamline access and reimbursement for IMFINZI and/or IMJUDO. Access 360 provides:

- ✓ Assistance with understanding patient insurance coverage and pharmacy options
- ✓ Prior authorization support
- ✓ Claims and appeal process support
- ✓ Eligibility requirements and enrollment assistance with AstraZeneca's Co-pay Savings Programs
- ✓ Referrals to the AZ&Me™ Prescription Savings Program, AstraZeneca's patient assistance program
- ✓ Information about independent charitable patient assistance foundations

To learn more about the Access 360 program, please call **1-844-ASK-A360** (1-844-275-2360) Monday through Friday, 8 AM - 6 PM ET or visit **www.MyAccess360.com**.

This guide contains information to help you and your office staff understand the access and reimbursement process and provides links to additional Access 360 resources.

This description of the Access 360 program is for informational purposes only. Access 360 does not file claims or appeals on behalf of healthcare professionals or patients and makes no representation or guarantee concerning reimbursement or coverage for any service or item.

Please see Full Prescribing Information including Medication Guide for **[IMFINZI](#)** and **[IMJUDO](#)**.

Your Field Reimbursement Manager

AstraZeneca Field Reimbursement Managers (FRMs) are a resource for patients, HCPs, and office staff. FRMs provide regional, patient-specific support and have extensive expertise that can help streamline access and reimbursement for select AstraZeneca medicines.

Your FRM can provide:



Access and reimbursement support for providers and office staff, onsite or via telephone*



Personalized support to help connect patients to affordability programs



Resources to educate providers and office staff about support services offered by AstraZeneca Access 360[™]



Timely responses to questions about access and reimbursement



Access to innovative technology resources such as the Access 360 Provider Portal

For more information, please contact AstraZeneca Access 360[™] at **1-844-ASK-A360**, Monday through Friday, 8 AM - 6 PM ET.



1-844-ASK-A360 (1-844-275-2360)



www.MyAccess360.com



1-844-FAX-A360 (1-844-329-2360)



Access360@AstraZeneca.com



One MedImmune Way, Gaithersburg, MD 20878

*Please note that FRMs are not able to file claims on behalf of providers or office staff.
HCP=healthcare provider.

Please see Full Prescribing Information including Medication Guide for **[IMFINZI](#)** and **[IMJUDO](#)**.

Contents of This Guide and Overview of Key Steps*

● HCP ● Access 360 ● Patient



Prescription/Enrollment

5

- HCP prescribes IMFINZI and/or IMJUDO[†] and submits an enrollment form to Access 360

Enrollment Form



Benefits Investigation/Affordability Options

8

- Access 360 conducts benefits investigation and completes PA research
- Access 360 reports research results to HCP
- Patient considers applicable affordability options

Affordability Resources

Technology Resources



Prior Authorization

12

- HCP submits PA
- Access 360 supports office with submitted PA
- Access 360 communicates approval[‡]

Prior Authorization and Appeal Checklists

Peer-to-Peer Resource



Administration/Reimbursement

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- HCP administers IMFINZI and/or IMJUDO
- Upon request, Access 360 contacts HCP office to provide information on coding and claim support
- HCP submits claim

Distribution Card

*Please note that patient and/or HCP attestation/consent may be required. The resources in this guide may be used for IMFINZI and/or IMJUDO.

[†]Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO.

[‡]If PA is denied, Access 360 can assist with appeals support.

FDA=US Food and Drug Administration; HCP=healthcare provider; PA=prior authorization.

Please see Full Prescribing Information including Medication Guide for [IMFINZI](#) and [IMJUDO](#).

Enrollment Form

The Enrollment Form is used to capture necessary patient, provider, and prescription information to start a new request for support from Access 360. We recommend that you and your patient fill out this form so your patient can enroll in Access 360. The patient and the provider are each responsible for completing their designated sections of this form. Please note this form can be used to enroll patients who are prescribed IMFINZI and/or IMJUDO.*



Download the **Enrollment Form** from **MyAccess360.com**.

SERVICES REQUESTED

This section allows the office to specify which services Access 360 completes.

PATIENT SIGNATURE

This section is for the patient to complete in the office. The first signature will facilitate the level of support Access 360 can provide. The second signature allows Access 360 to enroll the patient into the Co-pay Savings Program (eligibility rules apply) and send the patient treatment information.

AstraZeneca Access 360™ Enrollment Form

Please complete form, sign, and fax all pages to 1-844-329-2360. For questions or assistance, please call Access 360, Monday through Friday, 8 AM – 8 PM ET at 1-844-275-2360.

Services Requested (check only those that apply)

- ☐ Benefit Investigation and Prior Authorization Support
- ☐ Co-Pay Support (Note: You may also visit www.imfinzisavings.com for direct enrollment into the IMFINZI Patient Savings Program) and/or the IMJUDO Patient Savings Program at www.imjudosavings.com (Eligibility rules apply)
- ☐ Pharmacy Coordination
- ☐ Claims/Billing Support (Please attach a copy of the claim submitted and Explanation of Benefits)
- ☐ Appeals Support (Please attach a copy of the denial letter)
- ☐ Referral to AZ&Me™ (Patient Assistance Program)
- ☐ General referral to independent foundations

Medication(s) Requiring Services

- ☐ IMFINZI
- ☐ IMFINZI + IMJUDO*
- ☐ IMJUDO*

*Support services for IMJUDO are available only when prescribed in combination with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO.

To enroll in AZ&Me™ (Patient Assistance Program), visit www.azandmeapp.com. (Eligibility rules apply)

1 Patient Information

Patient DOB: / / Gender: ☐ M ☐ F

First Name: Last Name:

Street: City: State: ZIP:

Preferred Phone #: ☐ Home ☐ Mobile Patient Email:

Alternate Contact Name: Relationship to Patient:

Alternate Contact Phone #: Patient Preferred Language (if other than English):

Okay to contact patient? ☐ Yes ☐ No Okay to leave a detailed voicemail? ☐ Yes ☐ No

Patient Authorization

I have read and agree to the Patient Authorization included on page 2

Support Programs (Savings Program and Additional Services)

I have read and agree to the Support Programs Authorization included on page 2

Patient Signature/Legal Representative MM / DD / YYYY

Printed Name/Relationship to Patient (if applicable)

Patient Signature/Legal Representative MM / DD / YYYY

Printed Name/Relationship to Patient (if applicable)

2 Insurance Information

Please include front and back copies of all medical and pharmacy cards or complete this section.

☐ Commercial/Private Insurance ☐ Medicare/Medicaid/TRICARE ☐ No insurance

	Primary Medical Insurance	Secondary Medical Insurance	Pharmacy Insurance
Insurance Provider			
Insurance Phone #			
Cardholder Name (if not the patient)			
Cardholder DOB			
Policy #			
Group #			
BIN/PCN	X	X	

Please complete form, sign, and fax all pages to 1-844-329-2360. 1 of 4

All sections of the enrollment form, with the exception of the patient authorization, can be completed by an authorized HCP who can either:

- Download and print the enrollment form [here](#). Once signed, fax the document to Access 360. This form will also need to be signed by the patient.
- Complete the form electronically through the HCP portal [here](#).

If patient or legally authorized representative is unable to sign the enrollment form, they can instead:

- Submit signature electronically at www.MyAccess360.com.
- Download and print the patient authorization form [here](#). Once signed, fax the document to Access 360.
- Call Access 360 to provide verbal authorization (1-844-275-2360).

*Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO. FDA=US Food and Drug Administration; HCP=healthcare provider.

Please see Full Prescribing Information including Medication Guide for [IMFINZI](#) and [IMJUDO](#).

Enrollment Form (cont'd)

Please note this form can be used to enroll patients who are prescribed IMFINZI and/or IMJUDO.*



Download the [Enrollment Form](#) from [MyAccess360.com](#).

PATIENT AUTHORIZATION AND SUPPORT PROGRAMS (PAGE 2)

This page details the authorization of the patient to release specific personal information to Access 360 and explains available support options for covering the cost of their medication, if necessary.

AstraZeneca Access 360™ Enrollment Form

Patient Authorization
I authorize my health care providers (HCPs) and staff, my health plan, and my pharmacies to use

AstraZeneca Access 360™ Enrollment Form

Patient First Name: _____
Patient Last Name: _____ Patient DOB: ____/____/____

3 Provider Information

Prescriber Name: _____ Specialty: _____
Practice Name: _____ Office Contact Name: _____
Street: _____ City: _____ State: _____ ZIP: _____
Phone #: _____ Fax #: _____ Email: _____
Prescriber NPI #: _____ Tax ID #: _____
PTAN: _____ Other Provider ID (if applicable): _____ Alternate Office Contact Name: _____
Alternate Office Contact Phone #: _____ Alternate Office Contact Email: _____

4 Clinical Information (to be completed by the healthcare provider)

Diagnosis

ICD-10-CM Diagnosis Code(s)	Description	Histology

By signing this form, I certify that (1) I have received the necessary authorization to release the information included on this form and other related Protected Health Information (as defined by HIPAA) to AstraZeneca Access 360™ including employees, contractors, or affiliates of AstraZeneca, and health care plans for programs, dispensing pharmacy(ies) or other entities for the purposes of treatment and payment support, and (2) I have obtained any necessary authorization to allow AstraZeneca Access 360™ to contact the patient or caregiver, if not included with this submission to obtain a signed Patient Authorization.

HCP Name: _____
HCP Signature: _____ Date: _____

5 Alternate Site of Care
If administering practice differs from provider practice, then complete this section with administering practice information:

Practice Name: _____
Office Contact Name: _____ Phone #: _____ Fax #: _____
Site Tax ID: _____ NPI#: _____ Place of Service Code: _____
Street: _____ City: _____ State: _____ ZIP: _____

Please complete form, sign, and fax all pages to 1-844-329-2360. 3 of 4

PROVIDER INFORMATION

The phone number, fax number, and email can refer directly to the office contact's information. Providing this information may help facilitate communications with Access 360.

HCP SIGNATURE

This signature allows Access 360 to complete initial research for the requested services. The signature can be provided by the prescribing physician, office staff, or practice manager.

ALTERNATE SITE OF CARE

This section is required for infused products if the prescribing facility is different from the treating facility.

*Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO. FDA=US Food and Drug Administration; HCP=healthcare provider.

Please see Full Prescribing Information including Medication Guide for [IMFINZI](#) and [IMJUDO](#).

Enrollment Form (cont'd)

Please note this form can be used to enroll patients who are prescribed IMFINZI and/or IMJUDO.*



Download the Enrollment Form from [MyAccess360.com](https://myaccess360.com).

AstraZeneca Access 360™ Enrollment Form

Patient First Name: _____
Patient Last Name: _____ Patient DOB: _____

6 Acquisition Information (Choose One)

☐ Buy and Bill (Prescription information does not need to be completed)
☐ Specialty Pharmacy Provider (SPP) (Please select preferred SPP and complete prescription below, as appropriate)

SPP:

☐ ACCREDO HEALTH GROUP INC. ☐ BIOLOGICS ☐ CENTERWELL ☐ CVS SPECIALTY ☐ OPTUM
☐ ONCO360 ☐ No Preference

*If you have questions about in-network SPP(s) for your patient, contact Access 360 at 1-844-275-2360. By choosing "No Preference," the SPP will be chosen based on the results of a benefit investigation.

IMFINZI® (durvalumab)¹

120 mg/2.4 mL vial quantity: _____
500 mg/10 mL vial quantity: _____
Refills: _____

IMJUDO® (tremelimumab-actl)¹

25 mg/1.25 mL vial quantity: _____
300 mg/15 mL vial quantity: _____
Refills: _____

Optional: Free Limited Supply (FLS) Request
Free Limited Supply is available for eligible patients who face a delay in approval by their insurance company for IMFINZI.

IMFINZI® (durvalumab)¹

120 mg/2.4 mL vial quantity: _____
500 mg/10 mL vial quantity: _____

Optional: Free Limited Supply (FLS) Request
Free Limited Supply is available for eligible patients who face a delay in approval by their insurance company for IMJUDO.

IMJUDO® (tremelimumab-actl)¹

25 mg/1.25 mL vial quantity: _____
300 mg/15 mL vial quantity: _____

¹For IMFINZI and/or IMJUDO dosing information, please reference the Coding, Dosage, and Wastage Guide at www.myaccess360.com.
²Support services for IMJUDO are available only when prescribed in combination with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO.

I authorize Access 360 program to convey the attached prescription on my behalf to the pharmacy chosen above and to receive information on the status and related matters. By signing below, I certify that the medicine prescribed on this form is medically necessary based on my independent medical judgment, and I have received the necessary authorization to release the information included on this form and other Protected Health Information (as defined by HIPAA) to Access 360, the dispensing pharmacy, or other contractors for the purpose of seeking reimbursement or assisting in initiating or continuing therapy. Each practitioner is solely responsible for ensuring the accuracy of the information submitted.

I verify that the information provided on this form is accurate. I understand that the patient must have an FDA-approved diagnosis to be eligible for free limited supply. I also understand I must submit a prescription compliant with my state law. Reimbursement for the cost of the product administered to the above patient on the date(s) indicated has not been sought and will not be sought from any source. Additionally, I understand that AstraZeneca reserves the right to conduct periodic audits of the records, excluding patient-identifiable data (unless patient authorization is on file with Access 360), of all entities receiving free limited supply. I understand that AstraZeneca reserves the right to modify or revoke this program at any time without notice. My signature confirms that this product was provided free of charge to this patient. (Using signature stamp or signing on behalf of the prescriber is not permitted.)

Prescriber Name: _____
Prescriber Signature: _____ Date: _____

Once completed and signed, fax this form to 1-844-329-2360. You may need to provide additional information depending on the type of support requested.

1-844-ASK-A360 (1-844-275-2360) 1-844-FAX-A360 (1-844-329-2360) www.MyAccess360.com
 Access360@AstraZeneca.com One MedImmune Way, Gaithersburg, MD 20878

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AstraZeneca

Please complete form, sign, and fax all pages to 1-844-329-2360. 4 of 4

PRESCRIPTION INFORMATION

This section requires you to provide detailed information about the prescription, such as product dose.

This section may also include information regarding the **Free Limited Supply (FLS) Request**, which applies to select AstraZeneca medications. If applicable, completing this section may allow a limited supply of free medication for patients (eligibility rules apply).

PRESCRIBER SIGNATURE

This section must be signed by the prescriber if this form is being used to fill a prescription. For faxing purposes, this page can be detached from the form.

*Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO. FDA=US Food and Drug Administration.

Please see Full Prescribing Information including Medication Guide for [IMFINZI](#) and [IMJUDO](#).

Affordability Resources

One of the goals of Access 360 is to connect patients to appropriate affordability programs. Below is information about the Patient Savings Programs and other independent foundations, including eligibility requirements.



 Learn more about affordability resources for IMFINZI and/or IMJUDO.

Patient Savings Programs

For eligible, commercially insured patients

The goal of the IMFINZI and IMJUDO* Patient Savings Programs is to assist eligible, commercially insured patients with their out-of-pocket costs for IMFINZI and/or IMJUDO.

Most eligible patients may pay as little as \$0 per infusion in out-of-pocket costs for IMFINZI and/or IMJUDO.

The annual benefit can be used for the cost of the drug itself and can also cover up to \$100 in infusion costs per administration.[†] There are no income requirements to participate in the program.

For additional information, please visit www.azpatientsupport.com or call Access 360 at **1-844-ASK-A360** (1-844-275-2360).

Eligibility requirements:

- Must be a resident of the United States or Puerto Rico
- Patients must have commercial health insurance that covers medication costs for IMFINZI and/or IMJUDO, but not the full cost to the patient

Patients are ineligible if prescriptions are paid for by any state or other federally funded programs, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA or TRICARE, or where prohibited by law. Eligibility rules apply. Additional restrictions may apply.

The IMFINZI and IMJUDO Patient Savings Programs cover the cost of the drug and administration, but do not cover costs for office visits or any other associated costs.

Offer is invalid for claims and transactions more than 365 days from the date of service.

Patients may apply to the IMFINZI and/or IMJUDO Patient Savings Program, as applicable. Patients do not have to enroll in both programs.

Terms and conditions may apply.

*Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO.

[†]Patients who are residents of Massachusetts or Rhode Island are not eligible for infusion administration assistance.

FDA=US Food and Drug Administration; VA=Veterans Affairs.

Affordability Resources (cont'd)

AZ&Me[™]

The AZ&Me Prescription Savings Program provides AstraZeneca medicines at no cost to qualifying patients.



Who can apply?

- People without health insurance
- Medicare Parts D and/or B recipients
- Those who have recently experienced a financial crisis
- Residents of the United States



Learn more about the **AZ&Me Prescription Savings Program**.



Other Resources for Patients Requiring Additional Assistance

AstraZeneca Access 360[™] can provide information about independent foundations that may be able to assist with out-of-pocket costs.

- Access 360 does not guarantee support by independent foundations. Each foundation sets its own eligibility requirements and support determinations



Search independent foundations.



Technology Resources

These technology resources are designed to help you manage your patients' care and may help streamline access to IMFINZI and/or IMJUDO.* Below is an overview of the different portals that are available to you (including the Access 360 Provider Portal).

Dial by Extension and Access 360 Email



Dial by Extension allows providers to connect directly with their Access 360 Patient Access Navigators. Currently, the dial-in line may result in some delays for providers and/or patients.

- Skip the phone menu and speak to or leave a message for the same Patient Access Navigator every time you call by dialing 1-844-275-2360 and selecting your navigator's extension



Access 360 Email allows HCPs to send emails directly to Access 360.

- Send questions to the Access 360 team via email at Access360@AstraZeneca.com[†]
- We will respond to your email promptly

Access 360 Provider Portal



The **Access 360 Provider Portal** simplifies the process for providers to manage access to select AstraZeneca medicines for patients online.

The portal:

- Makes it easy for you to enroll and track patient status from one location (only for Access 360 programs)
- Helps you access and enroll patients in affordability programs
- Contains advanced features, such as customizable alerts and multiple location access points
- Allows you to submit PA requests to any payer
- Notifies providers of real-time alerts and patient status updates



Visit the [Access 360 Provider Portal](#).



*Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO.

[†]Protected health information should not be included in any email communications.

FDA=US Food and Drug Administration; HCP=healthcare provider; PA=prior authorization.

Technology Resources (cont'd)

CoverMyMeds[®]

The CoverMyMeds portal* allows pharmacists and providers to initiate, transmit, and track the status of PA requests and to enroll in drug manufacturer resources, including Access 360.

The CoverMyMeds portal offers:

- Ease in finding the correct PA request
- Ability to submit PA requests to any payer and often receive real-time determinations
- Access to drug-specific financial assistance and support programs with the enrollment process for Access 360 directly incorporated

Beyond the all-payer portal solution, CoverMyMeds is also integrated into 75% of EHR systems, offering electronic PA services within workflow.

 [Access the CoverMyMeds portal.](#)

covermymeds[®]

*Available for select AstraZeneca medicines.

EHR=electronic health record; PA=prior authorization.

Prior Authorization and Appeal Checklists

The Prior Authorization and Appeal Checklists are designed to help simplify the PA and denial/appeal processes and should be used as a reference to ensure you have all the necessary items prior to submitting a PA or an appeal. The PA Checklist should be used after you have enrolled your patient but before you have submitted the PA to their insurance. The Appeal Checklist should be used if the PA was denied.



Download the **Prior Authorization and Appeal Checklists** from [MyAccess360.com](https://myaccess360.com).

PA Checklist

The items below may be necessary to obtain a PA decision from a health plan. Please ensure you have all information below prior to submitting the PA.

☐ Completed PA request form (some health plans require specific forms)

Include the following:

- ☐ Patient name, insurance policy number, and date of birth
- ☐ Patient diagnosis (ICD-10 code[s])
- ☐ Physician name and tax ID number
- ☐ Relevant procedure and HCPCS codes for services/products to be performed/provided
- ☐ Facility name and tax ID number
- ☐ Product NDC
- ☐ Date of service
- ☐ Setting of care

☐ Letter of medical necessity and relevant clinical support

- ☐ Include the Provider ID number in the letter



Download the **Sample Letter of Medical Necessity** from [MyAccess360.com](https://myaccess360.com).

☐ Documentation that supports the treatment decision, such as:

- ☐ Previous treatments/therapies
- ☐ Patient-specific clinical notes detailing the relevant diagnosis
- ☐ Relevant laboratory results
- ☐ Product Prescribing Information

PA requirements vary by health plan and may require preapproval. Please contact the patient's health plan for specific PA requirements to ensure efficient and timely review. Failure to obtain a PA can result in nonpayment by the plan.*

Prior to submission, please keep track of dates and methods of correspondence (phone, email, and written); record the names of insurance contacts and reviewers with whom you speak; and summarize conversations and written documents issued by the insurer.

*Providers and patients are encouraged to contact the patient's insurer for detailed instructions on completing a PA or appealing/overturning a denial.

HCPCS=Healthcare Common Procedure Coding System; ICD-10=International Classification of Diseases, Tenth Revision; NDC=National Drug Code; PA=prior authorization.

Please see Full Prescribing Information including Medication Guide for [IMFINZI](#) and [IMJUDO](#).

Prior Authorization and Appeal Checklists (cont'd)



Download the [Prior Authorization and Appeal Checklists](#) from [MyAccess360.com](#).

Denial and Appeal Checklist

If the health plan denied a PA for an AstraZeneca medicine:

- ☐ **Review the denial notification** to understand the reason and circumstances that need to be addressed and explained in the appeal letter
- ☐ **Understand the plan's most recent explanation of benefits (EOB)** or contact a representative at the insurer to verify where the appeal should be sent and any deadlines
- ☐ **Write an appeal letter.** If you need additional information regarding this process, please contact Access 360 for examples



Download the [Sample Letter of Appeal](#) from [MyAccess360.com](#).

If you or your patient has not received a decision within 30 days:

- ☐ **Follow up with the health plan.** Confirm the appeal letter was received and ask about its status. If the coverage denial was upheld, you could resubmit another appeal with new information or ask for a supervisor or manager to assist

If the denial is upheld again:

- ☐ **Ask for a onetime exception or a peer-to-peer medical review, or consider filing a complaint** with the state's insurance commissioner
- ☐ **If the insurer continues to deny the claim,** your patient may request an external appeal (the process varies by state law), in which an independent third party will review the claim and make a final, binding decision
- ☐ **Please contact your FRM** or Access 360 if you need additional support

FRM=Field Reimbursement Manager; PA=prior authorization.

Please see Full Prescribing Information including Medication Guide for [IMFINZI](#) and [IMJUDO](#).



Prescription/Enrollment

Benefits Investigation/
Affordability Options

Prior Authorization

Administration/
Reimbursement



Peer-to-Peer Resource

If your patient is denied IMFINZI and/or IMJUDO,* there is an option to ask for a peer-to-peer review between you and the payer. Below are some tips to help you prepare for your meeting and help you understand what to expect.

 Download the [Peer-to-Peer Resource](#) from [MyAccess360.com](#).

What to Prepare Before Your Meeting:

Confirm the meeting date and time, gather all required documentation, and prepare to thoroughly support your treatment decision rationale.

Please note: Your peer reviewer may work within a different specialty.

Gather and review documentation previously provided to payer

Include the following:

-  Patient clinical documentation: Case notes, date(s) of service, treatment history, laboratory results, etc
-  Claim form and EOB, if claim was submitted
-  PA request
-  Letter of medical necessity
-  Payer denial letter(s)
-  Letter of appeal

What to Expect During Your Meeting:

Prepare to provide/discuss the following resources:

Drug information

- | | |
|--|--|
|  Brand and established name |  ICD-10-CM codes |
|  Relevant NDC number(s) |  Relevant HCPCS code(s) – miscellaneous or permanent J-codes, depending on the medication's approval status |
|  Prescribing Information | |
|  Dosing and administration | |

Literature supporting your decision to prescribe a medication

-  Relevant clinical guidelines
-  Peer-reviewed journal articles
-  Comparison of listings

Next steps

-  Confirm timing for approval
-  Note any required follow-up steps

*Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO.

EOB=explanation of benefits; FDA=US Food and Drug Administration; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code; PA=prior authorization.

Please see Full Prescribing Information including Medication Guide for [IMFINZI](#) and [IMJUDO](#).

Distribution Card



Download the [Distribution Card](#) from [MyAccess360.com](#).

Specialty Pharmacy Providers (SPPs)

IMFINZI and/or IMJUDO* is available to order from these authorized SPPs, who also provide support to help patients with their prescribed treatments:

Specialty Pharmacy	Phone	Fax	Website
<i>ACCREDITO HEALTH GROUP INC.</i>	1-877-732-3431	1-877-251-9299	www.accredo.com
<i>BIOLOGICS</i>	1-800-850-4306	1-800-823-4506	https://biologics.mckesson.com
<i>CENTERWELL[†]</i>	1-800-486-2668	1-877-405-7940	www.centerwellpharmacy.com
<i>CVS SPECIALTY[‡]</i>	1-888-280-1193	1-800-323-2445	https://www.cvsspecialty.com/
<i>ONCO360</i>	1-877-662-6633	1-877-662-6355	www.onco360.com
<i>OPTUM[§]</i>	1-855-427-4682	1-877-342-4596	https://specialty.optumrx.com

*Support services for IMJUDO are available only when prescribed with IMFINZI for certain FDA-approved indications. IMJUDO is not approved as a monotherapy. Please refer to the full Prescribing Information when prescribing IMFINZI and IMJUDO.

[†]Effective June 2022, Humana Specialty Pharmacy was renamed to CenterWell Specialty Pharmacy.

[‡]US Bioservices is now part of CVS Specialty.

[§]Avella and Diplomat specialty pharmacies are now part of Optum Specialty Pharmacy.

Specialty Distributors

IMFINZI and/or IMJUDO is available for purchase from these authorized specialty distributors:

Specialty Distributors	Phone	Fax	Website
AMERISOURCEBERGEN			
<i>ASD Healthcare</i>	1-800-746-6273	1-800-547-9413	www.asdhealthcare.com
<i>Oncology Supply</i>	1-800-633-7555	1-800-248-8205	www.oncologysupply.com
BIOCARES D	1-800-304-3064	1-602-840-6215	www.biocaresd.com
CARDINAL HEALTH SPECIALTY DISTRIBUTION	1-855-740-1871	1-888-345-4916	http://specialtyonline.cardinalhealth.com
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