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helping patients access WAINUA

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WAINUA OPTIONS

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PRESCRIBING
INFORMATION

ACCESSING WAINUA

UNDERSTANDING ACQUISITION AND SUPPORT OPTIONS FOR HEALTHCARE PROFESSIONALS

The AstraZeneca Access 360[™] program provides personal support
to help streamline access and reimbursement for WAINUA



1-844-2-WAINUA (1-844-292-4682)



www.MyAccess360.com



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



Access360@AstraZeneca.com



One MedImmune Way, Gaithersburg, MD 20878

INDICATION

WAINUA is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.¹

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Reduced Serum Vitamin A Levels and Recommended Supplementation** WAINUA leads to a decrease in serum vitamin A levels. Supplement with recommended daily allowance of vitamin A. Refer patient to an ophthalmologist if ocular symptoms suggestive of vitamin A deficiency occur.

ADVERSE REACTIONS

Most common adverse reactions (≥9% in WAINUA-treated patients) were vitamin A decreased (15%) and vomiting (9%).

You may [report side effects related to AstraZeneca products](#) .

Reference: 1. WAINUA[®] (eplontersen) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2026.



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Administration and acquisition options for WAINUA: Autoinjector



**Patient administered
single-dose autoinjector**
Dosing: 45 mg once per month¹

Learn more about dosing
and administration

VISIT THE WAINUA
WEBSITE →

View the steps below to understand how patients receive WAINUA autoinjector pen.

1 Prescription/Enrollment

Healthcare provider (HCP) and Biologics Coordinator:

- HCP prescribes WAINUA
 - Helps obtain patient authorization
 - Helps enroll patient in Access 360
- Patient will receive WAINUA autoinjector pen via a Specialty Pharmacy Provider (SPP)

2 Benefits Investigation

Available support via Access 360 or SPP

- Conducts thorough benefits investigation and completes prior authorization (PA) research, if requested
- Researches your patient's pharmacy benefit
- Submits prescription to SPP, if requested*

**Note: When a prescription referral is included on the enrollment form, the referral will be triaged to the specialty pharmacy and, in lieu of a benefit investigation, a test claim will be run*

3 Prior Authorization

Office staff

- Submits PA to patient's plan
- CoverMyMeds is an available option for submitting PAs

Available support via Access 360 or SPP

- Tracks status of submitted PA, if requested
- Communicates approval
- Assists with appeals support if PA is denied

4 Authorization/Delivery

- SPP contacts patient to discuss co-pay (if applicable)
 - If your patient has trouble with their co-pay, they may reach out to the Co-pay Savings Program or explore other affordability options
- SPP authorizes payment and schedules delivery
- SPP delivers WAINUA autoinjector to patient's home

5 Administration/Reimbursement

- Patient self-injects WAINUA at home
- SPP submits claim for reimbursement
- Patient/SPP manages refill



Injection Support

Patient Education Managers (PEMs) are available to support injection education for patients and caregivers.

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PATIENT ADMINISTERED

HCP ADMINISTERED

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Administration and acquisition options for WAINUA: Prefilled syringe



HCP administered prefilled syringe

Dosing: 45 mg once per month¹

Learn more about dosing and administration

VISIT THE WAINUA WEBSITE →

View the steps below to understand how patients receive WAINUA prefilled syringe.

1 Prescription/Enrollment

Healthcare provider (HCP) and Biologics Coordinator:

- HCP prescribes WAINUA
 - Helps obtain patient authorization
 - Helps enroll patient in Access 360
- Patient may receive WAINUA via a Specialty Pharmacy Provider (SPP) or via buy and bill at HCP office or an alternative site of care

2 Benefits Investigation

Available support via Access 360, SPP, or alternative site of care

- Conducts thorough benefits investigation and completes prior authorization (PA) research, if requested
- Researches patient's medical benefit and pharmacy benefit, if applicable
- Submits prescription to SPP, if requested

3 Prior Authorization

Office staff

- Submits PA to patient's major medical or pharmacy plan
 - Where the PA goes is dependent on plan requirements. HCP office may also work with alternative sites of care (if applicable) to submit PA
- CoverMyMeds is an available option for submitting PAs

Available support via Access 360 or SPP

- Tracks status of submitted PA, if requested
- Communicates approval
- Assists with appeals support if PA is denied

4 Authorization/Delivery

If your office uses an SPP:

- SPP contacts patient to discuss co-pay (if applicable)
- SPP authorizes payment and schedules delivery
- SPP delivers WAINUA to administering facility

If your office uses buy and bill:

- Office orders WAINUA through approved Specialty Distributor
- Office schedules injection appointment with patient or coordinates with an alternative site of care, if applicable

5 Administration/Reimbursement

If your office uses an SPP:

- HCP administers WAINUA prefilled syringe
- Your office submits claim for administration*
- Access 360 assists with appeal support if claim is denied or underpaid*
- HCP/SPP manages refill
 - Your office submits subsequent claims for administration reimbursement
 - Access 360 offers resources if a claim is denied or underpaid

Note: Your patient may also receive WAINUA at an alternative site of care.

If your office does buy and bill:

- Office administers WAINUA prefilled syringe
- Office submits claim for medication and administration

*Commercially insured patients may be eligible for additional savings. HCPs/SPPs can enroll patients at www.wainuasavings.com (with valid log-in) or www.wainuasupport.com.

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Personalized support for WAINUA patients

Explore resources to help your patients start and stay on treatment



**Access 360 gives you personal support to
make WAINUA access and reimbursement
as simple as possible.**

See tips for completing the Patient Enrollment
Form on page 5 to receive Access 360 support.



CoverMyMeds is a no-cost solution for providers
and pharmacists that automates the prior
authorization request process to help patients
access their medication faster.

**Questions?
CoverMyMeds can help**

Live Chat: covermymeds.health
Phone: 1-866-452-5017
Monday-Friday: 8 AM to 11 PM ET
Saturday: 8 AM to 6 PM ET

Learn more about
support for WAINUA

**VISIT THE WAINUA
WEBSITE** →

**Access 360 Reimbursement Counselors can provide access support
Monday through Friday, 8 AM to 6 PM ET**

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ENROLLMENT TIPS
PATIENT ENROLLMENT FORM

PEM SUPPORT

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Get patients started on WAINUA by completing the Patient Enrollment Form

Be sure to complete the Patient Enrollment Form in its entirety and sign where indicated, including all patient and healthcare provider authorizations. Key portions are shown below to help indicate what needs to be completed.

Section 5A

■ Autoinjector (patient administered) (10-digit NDC: 0310-9400-01)	
Administration site	Acquisition method
Patient administered	Specialty Pharmacy--Orsini
Rx: WAINUA® (eplontersen) injection, 45 mg/0.8 mL single-dose autoinjector	
Dose instructions: 45 mg administered by subcutaneous injection once monthly. Other: _____	
Quantity: 1 or Other: _____ Refills: 11 or Other: _____	

■ Prefilled syringe (healthcare provider administered) (10-digit NDC: 0310-9420-01)	
Administration site	Acquisition method
☐ Physician office ☐ Alternate site of care	☐ Hospital outpatient ☐ Home health/Home ☐ Specialty Pharmacy--Orsini ☐ Undecided
☐ Buy and bill	
Rx: WAINUA® (eplontersen) prefilled syringe	
Dose instructions: 45 mg administered by subcutaneous injection once monthly. Other: _____	
Quantity: 1 or Other: _____ Refills: 11 or Other: _____	

Choose preferred WAINUA administration option (autoinjector vs prefilled syringe)

If your preferred WAINUA administration option is not covered, a benefits investigation will be conducted for the alternative WAINUA administration option.

Note: Choosing “undecided” can slow the process down.

(C) Prescriber signature and authorization	
Please read the Prescriber Authorization on page 5 before signing below.	
Prescriber first name: _____	Prescriber last name: _____
Prescriber NPI #: _____	State license #: _____
Prescriber signature: Dispense as written	MM / DD / YYYY
Prescriber signature: Substitution permitted	MM / DD / YYYY

Sign all appropriate fields

● Clinical Information
Select the relevant option(s) below for the ICD-10-CM diagnosis code:
☐ E85.1 Neuropathic hereditary amyloidosis (transthyretin-related ATTR familial amyloid polyneuropathy)
☐ Other: _____
List current treatment(s): _____
Is WAINUA replacing a current treatment? ☐ Yes ☐ No
If yes, which treatment(s): _____

Complete diagnosis code section



To connect with an AstraZeneca Field Reimbursement Manager,
please contact Access 360 at 1-844-ASK-A360 (1-844-275-2360).

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A dedicated support team is available through AstraZeneca Patient Support to help patients navigate reimbursement, disease education, and more

Patient Education Managers (PEMs) serve as a dedicated point of contact for patients who have been prescribed WAINUA. While patients should always contact their healthcare provider with any questions, they can also connect directly with a PEM.



PEMs can

OFFER INFORMATION

about polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN) and WAINUA

PROVIDE UPDATES

during the insurance approval process

SHARE RESOURCES

on how to take WAINUA, including autoinjector support



Complete the enrollment form to get started
with AstraZeneca Patient Support

Enroll now →