WAINUA® (eplontersen) 45 mg injection for subcutaneous use

AstraZeneca Access 360™

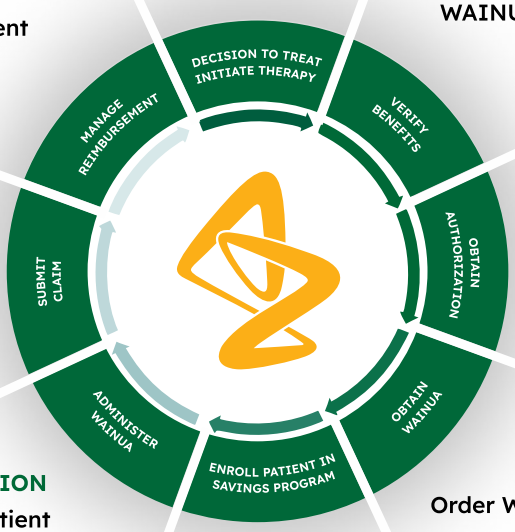
Buy-and-Bill Process

Quick Reference Guide

AstraZeneca Access 360™ program provides personal support to connect patients to affordability programs and streamline access and reimbursement processes for providers. The following details are intended to support Healthcare Professional (HCP) offices through acquisition of buy-and-billing.

What is buy-and-bill?

Buy-and-bill is defined as a process for acquiring a product, including WAINUA® (eplontersen). Through this process, a provider purchases WAINUA from an approved AstraZeneca specialty distributor. Following administration, providers submit a claim to payers for reimbursement of both the medication and the medication administration.



PATIENT AFFORDABILITY

Review payer policies to ensure WAINUA is a covered benefit

PRIOR AUTHORIZATION

Submit Prior Authorization and supplemental documentation to payer

PURCHASE PRODUCT

Order WAINUA from specialty distributor once prescription is written

COPAY SUPPORT

Enroll patient in WAINUA Supports copay prescription program (commercially insured patients only)

PRODUCT ADMINISTRATION

Administer WAINUA to patient and document in medical record

CLAIM SUBMISSION

Submit appropriate and timely medical claim (CMS-1500 or UB-04) to payer

REIMBURSEMENT

Track claim status and payment

The information provided is for educational purposes only and is not intended to serve as guidance for specific coding, billing, and claims submissions. The decision on which codes best describe the services provided must be made by the individual providers based on specific payer guidance and requirements. The use of this information does not guarantee payment or that any payment received will cover your costs.

Process

The below table includes common steps organizations may consider to assist with acquisition through buy-and-bill.

Step	Action	Considerations & Available Resources
1. Verify Benefits	Review payer policies to ensure WAINUA is a covered benefit	• WAINUA is typically covered PA to label if Prior Authorization criteria are met and the requested use is consistent with the product's FDA-approved labeling. If coverage is initially denied after the Prior Authorization review, a letter of medical necessity or appeal letter may be required for coverage • Common Payer Requirements or PA Criteria https://www.myaccess360.com/content/dam/website-services/us/552-access360/hcp/wainua/wainua_common_payer_requirements.pdf • Sample Letter of Medical Necessity https://www.myaccess360.com/content/dam/website-services/us/552-access360/hcp-pdf/GENERAL_NON-BRANDED_Sample_Letter_of_Medical_Necessity.pdf • Sample Appeal Letter https://www.myaccess360.com/content/dam/website-services/us/552-access360/hcp-pdf/Access360_AppealTemplate.pdf
2. Obtain Authorization	Submit Prior Authorization and supplemental documentation to payer	• When Prior Authorization or predetermination is noted as optional on the verification of benefits: • Pursuing approval prior to administration can improve the payer's timeliness with payment • If not pursued, the payer may not reimburse or may require documentation post injection, thus delaying payment for the service • You may refer to WAINUA Sample Appeal Letter for assistance in managing denials: www.myaccess360.com/wainua-eplontersen/forms-and-resources.html
3. Obtain WAINUA	Order WAINUA from specialty distributor once prescription is written	• WAINUA Acquisition Distribution Sheet: https://www.myaccess360.com/content/dam/website-services/us/552-access360/hcp/wainua/wainua_distribution_sheet.pdf • Ensure product is added to EMR/Practice Management and Inventory Systems
4. Enroll Patient in Savings Program	Enroll patient in WAINUA Supports copay prescription program (Commercially insured patients only. Subject to eligibility rules and restrictions may apply). Full Terms and Conditions are available at: https://www.myaccess360.com/content/dam/website-services/us/552-access360/hcp/wainua/wainua_affordability_broucher.pdf	• WAINUA Savings Program: HCPs can enroll patients at www.wainuasavings.com Patients can complete direct enrollment at azpatientsupport.com • WAINUA Savings Program offers assistance for out-of-pocket expenses, including the cost of the product itself and the cost of infusion administration • Refer to full Prescribing Information: www.WainuaPI.com
5. Administer WAINUA	Administer WAINUA to patient and document in medical record	If needed, HCPs may utilize an Infusion Locator Tool to identify an ASOC (Alternative Site of Care) for product administration www.myaccess360.com/wainua-eplontersen/forms-and-resources.html
6. Submit Claim	Submit appropriate and timely medical claim (CMS-1500 or UB-04) to payer	• Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient • You may refer to WAINUA *Access & Reimbursement Guide* for hospital and physician coding resources available on AstraZeneca's Access 360 website: www.myaccess360.com • Claim submission deadline for Copay Savings Program is 365 days post date of service (if applicable)
7. Manage Reimbursement	Track claim status and payment	• Review Explanation of Benefits to ensure appropriate payment • Submit Explanation of Benefits to WAINUA Savings Program: www.WAINUAcopayportal.com (if applicable) • You may contact Access 360 and Field Reimbursement Managers for access, claims, and appeal process support, if needed

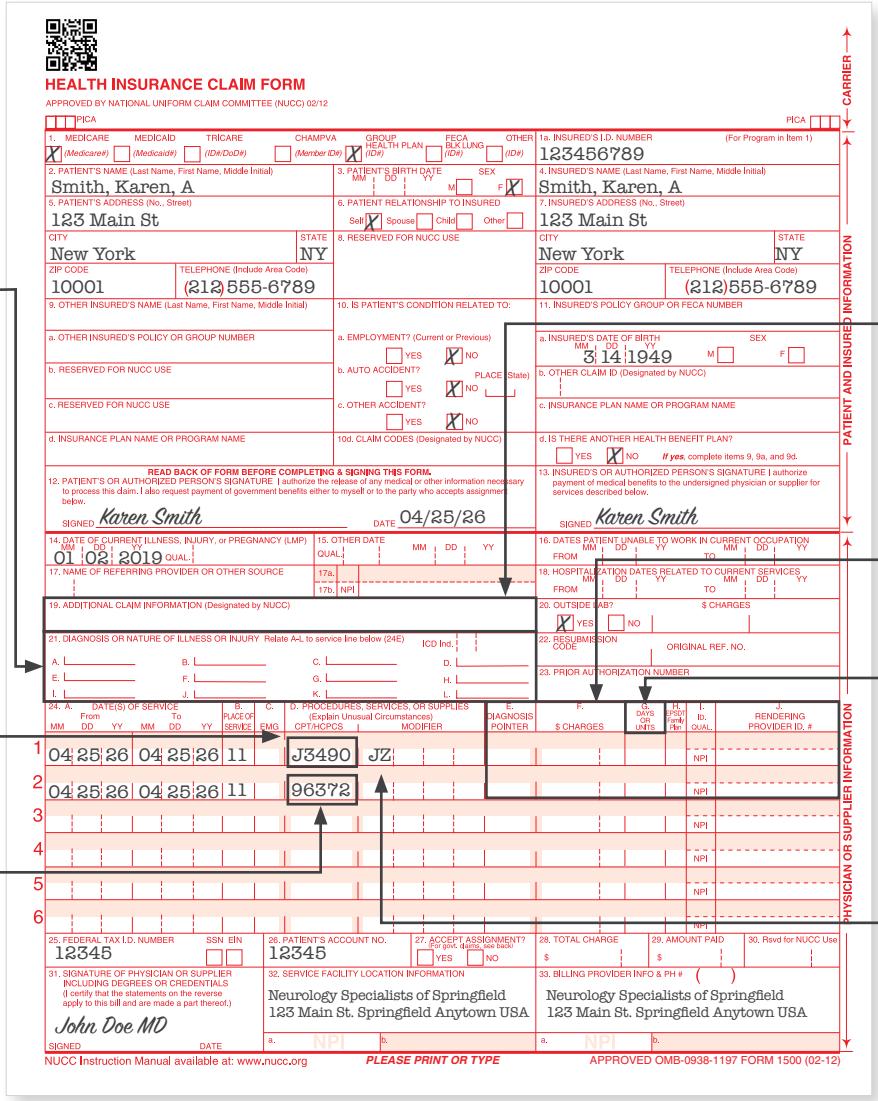
CMS–1500 Example Claim Form

WAINUA® (eplontersen) 45 mg injection for subcutaneous use

Prescribers use this form when billing insurers for medication administered in the physician's office and for their professional services.

Input Diagnosis Code(s) here.

Input the **appropriate** HCPCS code for WAINUA PFS. For example: J3490-Unclassified Drugs. Check local payer and MAC policies to obtain the appropriate code. The code provided is an example miscellaneous code and not payer-specific.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (X) (Medicare#) | MEDICAID ( ) (Medicaid#) | TRICARE ( ) (ID#/DoD#) | CHAMPVA ( ) (Member ID#) | GROUP HEALTH PLAN (X) (ID#) | FECA BLK LUNG ( ) (ID#) | OTHER ( ) (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Smith, Karen, A

3. PATIENT'S BIRTH DATE MM DD YY: SEX M ( ) F (X)

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Smith, Karen, A

5. PATIENT'S ADDRESS (No., Street): 123 Main St

6. PATIENT RELATIONSHIP TO INSURED: Self (X) Spouse ( ) Child ( ) Other ( )

7. INSURED'S ADDRESS (No., Street): 123 Main St

CITY: New York | STATE: NY

8. RESERVED FOR NUCC USE

CITY: New York | STATE: NY

ZIP CODE: 10001 | TELEPHONE (Include Area Code): (212)555-6789

ZIP CODE: 10001 | TELEPHONE (Include Area Code): (212)555-6789

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES ( ) NO (X)

a. INSURED'S DATE OF BIRTH MM DD YY: 3 14 1949 SEX M ( ) F ( )

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES ( ) NO (X) PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES ( ) NO (X)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ( ) NO (X) If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Karen Smith DATE 04/25/26

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Karen Smith

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 01 02 2019 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES (X) NO ( ) $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 04 25 26	04 25 26	11		J3490	JZ					NPI	
2 04 25 26	04 25 26	11		96372						NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 12345

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ( ) NO ( )

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

John Doe MD

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Neurology Specialists of Springfield
123 Main St. Springfield Anytown USA

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

Neurology Specialists of Springfield
123 Main St. Springfield Anytown USA

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

When using a miscellaneous code for WAINUA, enter the product name, quantity administered and NDC (NDC XXXXX-XXXX-XX).

Confirm with payers whether additional information is required in this field (eg, wastage, invoice price, strength).

Complete sections E-J.

Miscellaneous drug HCPCS codes are typically reported with a unit of service of "1".

Input JZ modifier to indicate no drug was wasted.

Under Medicare's discarded drug policy, claims for drugs for single-dose containers require use of the JZ (zero drug amount discarded/not administered to any patient) or JW (drug amount discarded/ not administered to any patient) modifier.

Input the appropriate CPT code for the WAINUA administration service based on the actual service performed. For example: 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.

Check local payer and MAC policies to determine which code is most appropriate.

The suggestions contained on this form are for example only, and AstraZeneca makes no representation that the information is accurate or that it will comply with the requirements of any particular payer/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payer/insurer. The information provided here is not intended to be conclusive or exhaustive and is not intended to replace the guidance of a qualified professional advisor. AstraZeneca makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

Important Safety Information

WAINUA® (eplontersen) 45 mg injection for subcutaneous use

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%).

INDICATION

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

Please see full Prescribing Information, including Patient Information.

You may report side effects related to AstraZeneca products.

For more information, please contact Access 360 at 1-844-2-WAINUA, Monday through Friday, 8 AM – 6 PM ET, excluding holidays

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

AstraZeneca