A Guide to Prior Authorization Submissions for Gamifant® (emapalumab-lzsg)

Indication and Usage
Gamifant® (emapalumab-lzsg) is an interferon gamma (IFNγ)-blocking antibody indicated for the treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent, or progressive disease or intolerance with conventional HLH therapy.

Please see Important Safety Information on back cover and accompanying full Prescribing Information.
Important Safety Information
Before initiating Gamifant, patients should be evaluated for infection, including latent tuberculosis (TB). Prophylaxis for TB should be administered to patients who are at risk for TB or known to have positive purified protein derivative (PPD) test result or positive IFNγ release assay.

During Gamifant treatment, patients should be monitored for TB, adenovirus, Epstein-Barr virus (EBV), and cytomegalovirus (CMV) every 2 weeks and as clinically indicated.
An Introduction to Submitting Prior Authorization for Gamifant (emapalumab-lzsg)

On occasion, your facility may need to obtain prior approval from a health plan before it will cover Gamifant. This request for approval is referred to as prior authorization (PA), precertification, or coverage determination.

PAs are very common for orphan drugs that treat rare diseases, such as primary HLH, because they enable health plans to ensure that drugs are being used to treat only appropriate patients. For drugs that are used to treat rare diseases, some health plans may require a PA renewal (reauthorization) after a certain period of time. Typically, this is a 6-month or 12-month reauthorization period. It is important to know the renewal period for Gamifant for your patients’ health plans. You may need to start the PA process several months before the renewal deadline to ensure that your patients can continue coverage.

Gamifant Patient Services can assist you with the PA process. After Gamifant Patient Services completes the benefit verification, your patient’s Care Manager will provide you and your patient’s parent/guardian with a benefit verification summary, including payer PA requirements.

Contact Gamifant Patient Services at 1-833-597-6530 for assistance with the PA process.

Please see additional Important Safety Information on back cover and accompanying full Prescribing Information.
How this guide can help with PA submissions
To help you understand the submission process for a PA for Gamifant (emapalumab-lzsg), this guide will provide information on

Key steps to a PA submission
Required fields to complete on a PA form
Additional supporting documentation

Site-of-care restrictions for infused treatments
For infused treatments, it is important to determine whether a patient’s health plan imposes site-of-care restrictions for infused drugs. These are special restrictions used to determine where the infusion may be administered (e.g., a hospital or an outpatient center). Check your patient’s health plan to determine if there is a site-of-care restriction.

The Differences Between a PA and a Medical Exception
A medical exception (ME) is a process that allows a physician to prescribe a drug that is not on a health plan’s formulary. Typically more complex than PAs, an ME request requires specific documentation, including a letter of medical necessity and more information about the patient’s medical history. You may need to complete an ME in addition to a PA in order for your patient to receive Gamifant.

For more information about the ME process and its requirements, refer to A Guide to Requesting a Medical Exception for Gamifant® (emapalumab-lzsg) and the Sample Letter of Medical Necessity included in this kit.

Important Safety Information (continued)
Patients should be administered prophylaxis for herpes zoster, Pneumocystis jirovecii, and fungal infections prior to Gamifant administration.

Do not administer live or live attenuated vaccines to patients receiving Gamifant and for at least 4 weeks after the last dose of Gamifant. The safety of immunization with live vaccines during or following Gamifant therapy has not been studied.
The Key Steps in the PA Process

The next several pages provide you with step-by-step instructions on how to process a PA.

- **Step 1**: Complete the benefits investigation
- **Step 2**: Complete the PA request
- **Step 3**: Submit the PA request
- **Step 4**: Track the status of the request
- **Step 5**: Follow up

Please see additional Important Safety Information on back cover and accompanying full Prescribing Information.
How to Complete a PA

Step 1: Complete the benefits investigation

To determine whether your patient has health plan coverage for Gamifant (emapalumab-lzsg), you will need to complete a benefits investigation. This will help determine

- If the health plan has restrictions on where the drug can be administered
- If any patient cost sharing is required

Tips to Completing a Benefits Investigation

For assistance with the benefits investigation for Gamifant, refer to the Tips for Completing a Benefits Investigation guide included in this kit.

Health plans may not yet have formulary coverage rules, eg, a medical policy, in place for Gamifant when the product becomes available. In this case, it is very important to ask the health plan what you will be required to submit, eg, a PA, ME, and/or supporting information, in order for your patient’s treatment to be covered.

Step 2: Complete the PA request

- Make sure you have the correct PA form for that specific health plan. PAs can be denied because an incorrect form has been submitted
- Check the plan’s website, as downloadable forms are often available there
- Remember to fill out the PA form completely. Missing information can cause a PA to be denied

Important Safety Information (continued)

Infusion-Related Reactions

Infusion-related reactions, including drug eruption, pyrexia, rash, erythema, and hyperhidrosis, were reported with Gamifant treatment in 27% of patients. In one-third of these patients, the infusion-related reaction occurred during the first infusion.
Submit the PA request

- Check the PA form and the health plan's requirements to determine the method of submitting the request (e.g., email, fax, or website)
- Keep a copy of everything your facility submits with the request. There are many reasons, such as financial assistance service requests, why you may need to reference these documents
- You may want to add the insurance carrier contact information, proper submission requirements, and other notes in the Insurance Carrier and Specialty Pharmacy Provider Contact Sheet included in this kit
- Keep the information in this kit for future reference

Track the status of the request

- Keep a thorough log of the PA submission process for each patient

Follow up

- Because HLH is a life-threatening condition requiring urgent treatment, follow up with the health plan often regarding the status of the PA request. Contact Gamifant Patient Services at 1-833-597-6530 for assistance if you have not heard from your patient's health plan.

Please see additional Important Safety Information on back cover and accompanying full Prescribing Information.
A Successful PA Begins With an Accurate and Complete Form

PA forms vary by health plan and may require more documentation than what is included on the sample in this guide. Please contact the specific health plan to obtain the correct PA form.

This sample form is intended as a guide to completing a PA form. It should not be submitted.

**Important Safety Information (continued)**

**Adverse Reactions**

In the pivotal trial, the most commonly reported adverse reactions (≥10%) for Gamifant included infection (56%), hypertension (41%), infusion-related reactions (27%), pyrexia (24%), hypokalemia (15%), constipation (15%), rash (12%), abdominal pain (12%), CMV infection (12%), diarrhea (12%), lymphocytosis (12%), cough (12%), irritability (12%), tachycardia (12%), and tachypnea (12%).

Additional selected adverse reactions (all grades) that were reported in less than 10% of patients treated with Gamifant included vomiting, acute kidney injury, asthenia, bradycardia, dyspnea, gastro-intestinal hemorrhage, epistaxis, and peripheral edema.
Completing the PA Form

This part of the brochure provides a section-by-section guide to completing a PA form. Although the information required may be in a different order depending on the health plan's PA form, the type of information requested on a PA form is relatively similar. Remember to check with your patient's health plan for the specific PA form.

The first part of the PA form is typically where you will include all of your relevant contact information. Be sure to complete this information accurately.

- **Patient and insurance information sections**
  - Make sure to list the patient's name exactly as it appears on his or her insurance card. It is important to check for possible name changes and make sure all the documents match
  - Please note that in some instances, the patient may have separate medical and pharmacy benefit cards – Some therapies may be covered under the medical benefit (ie, the same card you would use to charge for the office visit); double-check the card
  - Your patient may have more than 1 health plan. Include information for primary, secondary, and, if applicable, tertiary plans
  - Include all relevant patient contact information

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Important Safety Information (continued)

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Diagnosis and product information sections
- Provide a detailed diagnosis and ICD-10-CM code so the health plan understands why the medication is being requested
- Ensure that both the ICD-10-CM code and the language used to describe the diagnosis matches the FDA-approved indication for the drug
- Include the product name Gamifant (emapalumab-lzsg), dosage, and NDC number

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<table>
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<th>Description</th>
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<td>One 10-mg/2-mL (5 mg/mL) single-dose vial</td>
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<tr>
<td>NDC 72171-505-01</td>
<td>One 50-mg/10-mL (5 mg/mL) single-dose vial</td>
</tr>
</tbody>
</table>

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**Completing the PA Form (continued)**

- **Place of administration, dispensing provider/pharmacy, and clinical information sections**
  - For the Place of Administration, select the type of facility where Gamifant (emapalumab-lzsg) will be administered (e.g., hospital, outpatient infusion center, physician’s office). If the form asks for information about the Place of Administration, include the name, tax ID number, and date of service.
  - For the Dispensing Provider/Pharmacy section, use the information you obtained from the benefits investigation to include a specialty pharmacy that is in-network.
  - For the Clinical Information section, provide a detailed explanation describing why Gamifant is appropriate for your patient.
    - Refer to the Sample Letter of Medical Necessity template included in this kit to help with your explanation. You may need to provide additional documentation, such as the patient’s medical history, clinical notes detailing the relevant diagnosis, applicable laboratory results, and peer-reviewed literature.
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What to Do if a PA Is Denied

A PA may be denied for many reasons. One of the main reasons is incomplete or inaccurate information on the PA form. Check to ensure all information is complete and accurate. In cases where there are mistakes or omissions, resubmit the form if necessary.

It may help the PA process if a letter of medical necessity is submitted with the PA. Refer to the Sample Letter of Medical Necessity in this kit to help you prepare information about why Gamifant (emapalumab-lzsg) is appropriate for your patient.

When a PA is denied, the physician can appeal the decision directly. He or she can call the health plan to have a peer-to-peer discussion with a medical representative at the plan. The physician can explain the patient’s background and reason for prescribing Gamifant. In the event a peer-to-peer discussion is not an option, you can submit an ME request. Refer to A Guide to Requesting a Medical Exception for Gamifant® (emapalumab-lzsg) in this kit.

Due to the rarity of primary HLH, it is very likely that the prescribing physician will need to have a peer-to-peer discussion with the health plan to explain the disease, the patient’s medical history and condition, and rationale for prescribing Gamifant.

If you work with a specific individual at the insurance carrier to handle denials of PA requests, you may want to include that individual’s contact information on the Insurance Carrier and Specialty Pharmacy Provider Contact Sheet found in this kit for future reference.

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Important Safety Information (continued)

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**Please see the accompanying full Prescribing Information for Gamifant.**

**References:**