



Understanding Your Patient's Medical and Pharmacy Benefits

Indication and Usage

Gamifant[®] (emapalumab-lzsg) is an interferon gamma (IFN γ)-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 IFN γ 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.



Determining Medical vs Pharmacy Benefits

When conducting a benefits investigation, it is important to include all of the information provided by the patient about their insurance. This includes the medical and pharmacy benefit information that is supplied on insurance cards. Some plans include pharmacy benefits along with the medical benefits, while other plans use a separate provider for pharmacy benefits called a pharmacy benefit manager.

This brochure provides examples to help your staff identify coverage for prescription drugs, like Gamifant® (emapalumab-lzsg), delivered in a health care setting.

Gamifant will most likely be covered under the medical benefit

- Medical benefits typically cover drugs such as Gamifant that are infused by a health care provider at a facility such as a hospital
- However, health plan requirements differ. Some plans may cover Gamifant under the pharmacy benefit
- The benefits investigation will determine whether the health plan will cover Gamifant through your patient's medical or pharmacy benefit
 - Gamifant Patient Services can assist with a benefits investigation. Contact 1-833-597-6530.




It is important to reverify your patient's benefits prior to each administration of Gamifant, especially if it is administered at a different site of care.

Please see additional Important Safety Information on back cover and accompanying full Prescribing Information.

Insurance cards for commercially insured patients

One card: for both medical and pharmacy benefits

- Some health plans may combine the medical and pharmacy benefits into 1 program. In that case, a patient will have 1 card that includes member identification information (eg, group number and member number) for both the medical and pharmacy benefit. The card may also include co-pay costs for physician office, specialist, and emergency room visits
- When 1 insurance card contains both pharmacy and medical information, words such as “prescription” or “Rx” typically appear on the card

Lifeworks Insurance		<i>Enterprise Employer Group</i>	
Member Name John Doe	Dependent Name Jane Doe		
Member ID EXP000099900		Co-pays	
		Primary Care \$20	
		Specialist \$40	
		Urgent Care \$40	
		ER \$100	
Group No. 32155-000	Plan		
Effective Date 11/01/11	STANDARD/OPTION		
Rx BIN: 015552			
Rx 			

Medical benefit information for patient co-pays for office and emergency room visits

The Rx BIN number shows that the pharmacy benefit is included on this card

For illustrative purposes only.

Two cards: 1 for the medical benefit and 1 for the pharmacy benefit


- Some health plans may use a pharmacy benefit manager to provide the pharmacy benefit. In this case, the patient will have 1 card for the medical benefit that does *not* include pharmacy benefit information and a separate card with pharmacy benefit information

HealthVantage Insurance *Preferred Provider Network*

MEMBER NAME
John Q Proof

MEMBER ID
ABC101202303

GROUP	PBMJ63	Prevention	\$0
Plan	123456	Primary Care	\$25
		Specialist	\$45



Patient co-pays for office and emergency room visits indicate the medical benefit

Vital Rx | Prescription Card



JOHN Q PROOF
ID 123456789

RX BIN: 610029
RXPCN: CRK
RXGRP: CMCDX
Issuer: 80840

10000

“Prescription Card” indicates that this is a pharmacy benefit card

Rx identification numbers provide the pharmacy benefit information

For illustrative purposes only.

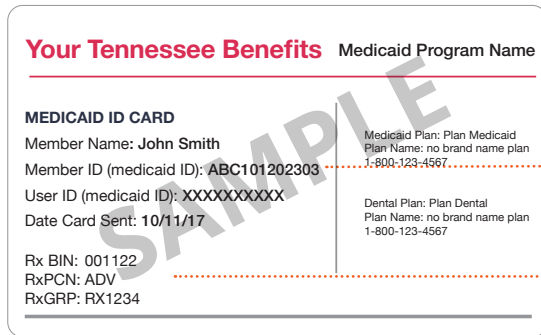


Check the medical insurance card first to determine whether you need to obtain the pharmacy benefit information from a different card.

Please see Important Safety Information on back cover and accompanying full Prescribing Information.

Patients with Medicaid have 1 card

Patients with Medicaid are likely to have 1 card for all benefits. Medicaid cards look different in each state. They may or may not include the name of the health plan that administers the benefits.



○ Member ID indicates the medical benefit

○ Rx BIN and other information is used for the pharmacy benefit

For illustrative purposes only.



Remember that patients can have more than 1 insurance plan. Be sure to ask the patient for all of his or her insurance cards. Make a copy of the front and back of each card for your patient records.

Please see Important Safety Information on back cover and accompanying full Prescribing Information.



Indication and Usage

Gamifant® (emapalumab-lzsg) is an interferon gamma (IFN γ)-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.

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 IFN γ 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.

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.

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.

Adverse Reactions

In the pivotal trial, the most commonly reported adverse reactions ($\geq 10\%$) 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.

Please see the accompanying full Prescribing Information for Gamifant.

