



HORIZON BY YOUR SIDE

A patient support
program designed with
your patient in mind

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

UPLIZNA (inebilizumab-cdon) is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

IMPORTANT SAFETY INFORMATION

UPLIZNA is contraindicated in patients with:

- A history of life-threatening infusion reaction to UPLIZNA
- Active hepatitis B infection
- Active or untreated latent tuberculosis

WARNINGS AND PRECAUTIONS

Infusion Reactions: UPLIZNA can cause infusion reactions, which can include headache, nausea, somnolence, dyspnea, fever, myalgia, rash, or other symptoms. Infusion reactions were most common with the first infusion but were also observed during subsequent infusions. Administer pre-medication with a corticosteroid, an antihistamine, and an anti-pyretic.

Please see Important Safety Information on last page and Full Prescribing Information at UPLIZNAhcp.com.

HORIZON BY YOUR SIDE

SUPPORT DESIGNED WITH YOUR PATIENT IN MIND

Managing your patient's neuromyelitis optica spectrum disorder (NMOSD) can involve a lot of moving parts. Horizon By Your Side is a patient support program with dedicated team members who take a personalized approach to meeting your patient's unique treatment needs.

LEARN ABOUT OUR DEDICATED TEAM MEMBERS:



PATIENT ACCESS LIAISON (PAL)

Starting a new medication or treatment often comes with a lot of questions. Once enrolled, a PAL is assigned to your patient. The PAL provides dedicated, one-on-one support for your patient. They work directly with individual patients to answer non-medical, logistical questions and provide support upon enrollment. Additionally, the PAL educates about navigating insurance processes and accessing treatment on your patient's behalf. The PAL has the expertise and tools to support the patient by educating on patient benefits, prior authorization requirements, payer policies and coding and claim submissions.



SITE OF CARE TEAM

The Site of Care Team establishes business-to-business relationships with sites of care and expands the network of infusion center options. The team educates on coding, billing, and payer access, and provides product in-servicing.

Your patient will receive a welcome call from a PAL upon receipt of the enrollment form. Once your patient is enrolled, they can call, text, or email the PAL whenever they need non-medical, logistical support.

FINANCIAL ASSISTANCE

Our Commitment to Improving Lives Through Access

Paying for treatment shouldn't get in the way of health. That's why the Horizon By Your Side team is diligent in exploring all options to help your patient.

- Does your patient have commercial insurance, like a preferred provider organization (PPO) or health maintenance organization (HMO)? If so, they may qualify for a lower co-pay*
- Does your patient have government insurance, such as Medicare, Medicare Part D, Medicaid, Medigap, VA, CHAMPUS, Department of Defense, TRICARE, or any state, patient foundation, or other pharmaceutical program? If so, there may be additional support for them
- Once your treatment plan is set in place, the PAL can help talk with your patient about the insurance approval process and what the potential out-of-pocket treatment costs may be

Through our team's knowledge of how insurance companies work and our understanding of your specific benefits, our PAL can help your patient understand the insurance process by walking them through coverage and possible financial assistance options.

Learn more at HorizonByYourSide.com



THE HORIZON BY YOUR SIDE TEAM IS HERE TO HELP, SO YOUR PATIENT CAN FOCUS ON MOVING TOWARD THE FUTURE THEY DESERVE

Together, we will:



CONNECT

Your patient will be paired with a personal PAL who will support your patient throughout their treatment when they need it



CHAMPION

The PAL will be the point of contact to work with your patient's unique needs and help them build confidence throughout their treatment



COORDINATE

The Horizon By Your Side team will work with your patient and healthcare team to make sure non-medical, logistical efforts are coordinated properly

As treatment with UPLIZNA begins, our Horizon By Your Side team is ready to support your patient and their caregivers. Once your patient is enrolled in the program, we'll partner with them to discuss support options and next steps. Our dedicated team provides ongoing non-medical, logistical assistance so there's support throughout your patient's treatment journey.

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WHETHER YOUR PATIENT NEEDS PERSONAL SUPPORT, INSURANCE AND FINANCIAL ASSISTANCE, OR HELPFUL RESOURCES, THE HORIZON BY YOUR SIDE TEAM IS HERE TO HELP YOUR PATIENT THROUGHOUT THEIR TREATMENT JOURNEY.



PATIENT SUPPORT:

- Receive non-medical, educational support
- Avoid surprises at the start of treatment by talking about what to expect
- Receive reminders to help your patients stay on UPLIZNA



INSURANCE BENEFITS ASSISTANCE:

- Support patients with accessing treatment by educating you and your staff about payer access and insurance processes, including specific payer requirements



INFUSION LOGISTICS ASSISTANCE:

- Prepare patients to complete necessary steps for their next appointment/treatment
- Coordinate infusion dates and schedule appointments at the site of care



FINANCIAL ASSISTANCE:

- Understand financial assistance options

SHARED RESPONSIBILITY

As an industry partner, we have limitations that we must respect. We cannot guarantee access or reimbursement for our medicines; however, we can educate you and your staff about gaining access to the medicine and various patient financial support programs.

Similarly, we cannot provide medical advice to your patient about the medicines you prescribe or act as an extension of—or substitution for—your staff.

Together, we can advocate for your patients to gain access to the medicines you believe will improve their lives.



Initiate your patient's enrollment in Horizon By Your Side by submitting the Patient Enrollment Form (PEF).

Your patient must complete enrollment to access our patient-focused services and resources.

Once your patient is enrolled in the program, you will receive a comprehensive summary of your patient's benefits from the Horizon By Your Side team.

QUESTIONS?

Contact Horizon By Your Side at 1-833-842-8477

*The Horizon Commercial Co-Pay Program may be available to patients who meet the following minimum criteria:

- Patient's prescription cannot be paid in part or in full by any government-funded program including but not limited to: Medicare, Medicare Part D, Medicaid, Medigap, VA, CHAMPUS, Department of Defense (DOD), TRICARE, or any state, patient foundation, or other pharmaceutical program
- Patient is prescribed a covered Horizon rare disease medication for an indication approved by the Food and Drug Administration; the indication for each product is shown in its prescribing information
- Patient is a resident of the United States
- Patient must be commercially insured and have financial responsibility for a portion of the drug and/or infusion cost if applicable

The assistance offered under this co-pay program is subject to additional terms and conditions, including but not limited to the following:

Terms and Conditions: Offer cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription. Not valid for prescriptions reimbursed in whole or in part by any government-funded program including but not limited to Medicare, Medicare Part D, Medicaid, Medigap, VA, CHAMPUS, DOD, TRICARE, or any state, patient foundation, or other pharmaceutical program. Offer good only in the United States at participating specialty pharmacies or sites of care. Offer not valid where otherwise prohibited by law, for example by applicable state law prohibiting co-pay cards. Horizon reserves the right to rescind, revoke, or amend offer without notice. The selling, purchasing, trading, or counterfeiting of any co-pay card or benefits is prohibited by law. This co-pay program is not insurance and is not intended to substitute for insurance. Age for eligibility is dependent on product indication.

Participating Pharmacies or Healthcare Providers: By using this co-pay program, you acknowledge and confirm that the prescription will not be reimbursed in whole or in part by any government-funded program (such as, without limitation, Medicare, Medicaid, VA, DOD, TRICARE) and the patient and prescription meet the eligibility criteria set forth in the terms and conditions. You are responsible for reporting the receipt of the co-pay program benefits as required by an insurer, payer, or applicable law or regulation.

Patients: By enrolling in this co-pay program, you acknowledge and confirm that you and the prescription meet the eligibility requirements set forth in the terms and conditions, including that the prescription will not be reimbursed in whole or in part by any government-funded program (such as, without limitation, Medicare, Medicaid, VA, DOD, TRICARE). You may not seek any claims to government payers or other payers or insurers for this prescription. You may not seek reimbursement from any health savings, flexible savings, or other healthcare reimbursement account for any amounts received from the co-pay program. You are responsible for reporting the receipt of the co-pay program benefits as required by an insurer, payer, or applicable law or regulation.

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Infections: The most common infections reported by UPLIZNA-treated patients in the randomized and open-label periods included urinary tract infection (20%), nasopharyngitis (13%), upper respiratory tract infection (8%), and influenza (7%). Delay UPLIZNA administration in patients with an active infection until the infection is resolved.

Increased immunosuppressive effects are possible if combining UPLIZNA with another immunosuppressive therapy.

The risk of Hepatitis B Virus (HBV) reactivation has been observed with other B-cell-depleting antibodies. Perform HBV screening in all patients before initiation of treatment with UPLIZNA. Do not administer to patients with active hepatitis.

Although no confirmed cases of Progressive Multifocal Leukoencephalopathy (PML) were identified in UPLIZNA clinical trials, JC virus infection resulting in PML has been observed in patients treated with other B-cell-depleting antibodies and other therapies that affect immune competence. At the first sign or symptom suggestive of PML, withhold UPLIZNA and perform an appropriate diagnostic evaluation.

Patients should be evaluated for tuberculosis risk factors and tested for latent infection prior to initiating UPLIZNA.

Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation, until B-cell repletion.

Reduction in Immunoglobulins: There may be a progressive and prolonged hypogammaglobulinemia or decline in the levels of total and individual immunoglobulins such as immunoglobulins G and M (IgG and IgM) with continued UPLIZNA treatment. Monitor the level of immunoglobulins at the beginning, during, and after discontinuation of treatment with UPLIZNA until B-cell repletion especially in patients with opportunistic or recurrent infections.

Fetal Risk: May cause fetal harm based on animal data. Advise females of reproductive potential of the potential risk to a fetus and to use an effective method of contraception during treatment and for 6 months after stopping UPLIZNA.

Adverse Reactions: The most common adverse reactions (at least 10% of patients treated with UPLIZNA and greater than placebo) were urinary tract infection and arthralgia.

For additional information on UPLIZNA, please see Full Prescribing Information at UPLIZNAhcp.com.