ONESOURCE®
Personalized Patient Support from Alexion

Sample Letter of Medical Necessity of Meningococcal Vaccinations

For patients who are currently prescribed or are anticipated to start therapy with a complement inhibitor in the near future

THE FOLLOWING TEMPLATE IS INTENDED FOR:

- **Physicians** looking to support their patients in obtaining the required meningococcal vaccinations as prescribed
- **Patients** seeking support from their physician in receiving or gaining access to the required meningococcal vaccinations as prescribed

THE LETTER MAY HELP AS ADDITIONAL DOCUMENTATION FOR:

- **Pharmacies** to dispense or administer the vaccines as prescribed
- **Payors** to support the insurance coverage for vaccinations

INSTRUCTIONS FOR PATIENTS:

1. Bring this cover page and the Sample Letter of Medical Necessity to your physician's office
2. Ask your physician to read the "Instructions for Physicians" below
3. Once your physician has completed the form, they may fax or email it to the desired recipient or, if applicable, they may ask you to deliver it directly to them

INSTRUCTIONS FOR PHYSICIANS:

1. Use this page as a guide only; discard this page before sending the Letter of Medical Necessity (LMN)
2. On next page, add patient-specific information and complete the signature line
3. If able, copy and paste the exact text, including the links and code at the bottom of the page, into your office letterhead
4. Include any supporting information, such as the vaccination prescription(s) OR the completed OneSource™ Vaccination Order Form (see attached)
5. Send the LMN to the intended recipient by one of the means below:

PLEASE NOTE:

This template is based on current Advisory Committee on Immunization Practices (ACIP) recommendations. Physicians should refer to the most up-to-date ACIP recommendations and prescribe medically appropriate vaccines according to his or her independent medical judgment.

OneSource is a free, personalized patient support program offered by Alexion and designed to help with patients' specific needs.

Please contact OneSource at 888-765-4747 for any questions.

To: [Pharmacist **OR** Payer Name, Address, City, State, ZIP Code]
From: [Prescriber Name]
Date: [Date]
Suggested Subject: Letter of Medical Necessity of Meningococcal Vaccinations for My Patient

To Whom It May Concern,

I am writing on behalf of the patient listed below to document the **MEDICAL NECESSITY** for receiving the meningococcal vaccination(s) as prescribed.

PATIENT INFORMATION

PATIENT NAME (FIRST, MIDDLE INITIAL, LAST): _____

PATIENT DATE OF BIRTH (MM/DD/YYYY): _____

PATIENT POLICY NUMBER: _____

PATIENT GROUP NUMBER: _____

HEALTHCARE PRESCRIBER INFORMATION

FIRST NAME: _____ **LAST NAME:** _____

NPI: _____ **PHONE NUMBER:** _____

RATIONALE FOR VACCINATION

This patient is expecting to receive or is currently receiving treatment with a complement inhibitor product for [FDA-approved diagnosis]. This vaccination decision is in accordance with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations for patients receiving treatment with a complement inhibitor.

IN COMPLIANCE WITH ACIP RECOMMENDATIONS, MENINGOCOCCAL VACCINATIONS SHOULD BE COMPLETED OR UPDATED IN ADVANCE OF INITIATING COMPLEMENT INHIBITOR THERAPY; THOSE WHO REMAIN AT RISK NEED REGULAR BOOSTER DOSES.

This includes vaccinating with MenB for people over 25 years of age and with MenACWY for those over 55.

For more information, please see: https://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm#T4_down.

IN SUMMARY, meningococcal vaccinations as prescribed are medically necessary in the setting of this patient's treatment plan.

Please do not hesitate to call me if you have any questions or if you require additional information. Thank you for your attention to this matter.

Sincerely,

[Physician Name and Credentials]