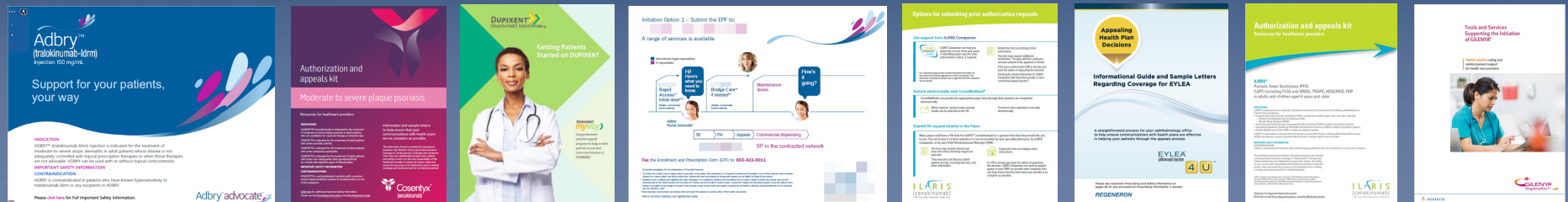




Warhaftig Associates

The field reimbursement manager — your problem solver-in-chief





The field reimbursement manager (FRM) — your field-based problem solver-in-chief

The complexity of onboarding patients in today's marketplace requires FRMs with a wide range of capabilities.



Local
Formulary
Knowledge

Patient
Support
Program
Enrollment

PAs +
Appeals

Patient
Affordability

Reimburse-
ment

Patient
Onboarding





Local Formulary Knowledge

FRMs are an important source of formulary education for HCPs and staff

At launch, PA approval criteria are not widely available.

Later in the life cycle, competitive information is key.

Prior authorization criteria in selected commercial plans in Virginia

Anthem Blue Cross and Blue Shield*1		
Requests for GILENYA may be approved when the following criteria are met: <ul style="list-style-type: none"> Requires a diagnosis consistent with the indication for GILENYA and is consistent with Prescribing Information; and Member has documented trial and failed to adequately respond to or is intolerant to one of the following <ul style="list-style-type: none"> Axitinib, Pemetrexed, Bevacizumab, Teclistra, or Copasone, (Citalopram) 	or	Treatment failure demonstrated by continued disease activity measured clinically and by MRI in the previous year (contact plan for additional details)
Download form: www11.anthem.com/provider/noapplication/10/30/10/pw_szz1328.pdf?na-pharminfo Fax form to: 1-800-338-6180 Phone: 1-866-452-5017		
Cigna*1		
Log on to: https://cigna.promptpa.com/RequestPA.aspx?fu_c20g%2b%2bYnPB0Ry1f3ag9%3d%3d Fax form to: 1-855-940-1678 Phone: 1-800-244-6224		
<ul style="list-style-type: none"> Requires a diagnosis consistent with the indication for GILENYA (contact plan for additional details) Prior authorization required 		
Humana*1		
<ul style="list-style-type: none"> Diagnosis consistent with the indication for GILENYA and is consistent with Prescribing Information (contact plan for additional details) Prior authorization required 		Download form: http://apps.humana.com/marketing/documents.asp?file=1518088 Fax form to: 1-888-447-3430 Phone: 1-866-461-7273
UnitedHealthcare*2		
<ul style="list-style-type: none"> Diagnosis consistent with the indication for GILENYA and is consistent with Prescribing Information Prior authorization required 		Download form: https://professionals.optumx.com/content/dam/optum3/professional-optumx/vg/live/HCP/Assets/PDF/UHCEnGilenya_LINC.pdf Fax form to: 1-800-853-3844 Phone: 1-800-711-4555

*Some text has been adapted from the original plan language. Data are accurate as of June 1, 2017. Inclusions or exclusions or formulary status does not imply superior clinical efficacy or safety. Certain plans may have quantity limits in place. Because formularies are subject to change and many health plans offer more than one formulary, please check with the health plan directly to confirm coverage for individual patients. The information provided is not a guarantee of coverage or payment (partial or full). Actual benefits are determined by the administrator of each plan in accordance with its policy and provisions. Provider communication only — not approved for distribution to plan members. Please verify coverage and updated information with the plan sponsor.

GILENYA
(ingolmodil) INGOLMODIL



HCP, health care professional.



Patient Support Program Enrollment

FRMs are in a unique position to balance the needs of the brand and office preferences

The FRM brings knowledge of the available options for submitting enrollment forms, as well as knowledge about the preferred office workflow.

Options for submitting prior authorization requests

Get support from ILARIS Companion

ILARIS Companion can help you obtain the correct forms and assist in identifying payer-specific prior authorization criteria, if required.

Submit the form according to their instructions. The plan may request additional information. The plan will then notify you and your patient of the approval or denial. If the prior authorization (PA) is denied, you have the option of appealing the decision. Sending the denial information to ILARIS Companion will help them provide a more customized appeal packet.*

*The customized appeal packet includes information about why a PA was denied and provides suggestions on how to get approval. This information is provided by the plan and is organized by ILARIS Companion into one packet.

Submit electronically with CoverMyMeds®

CoverMyMeds can provide the appropriate payer form through their portal to be completed electronically.

When required, medical notes and test results can be attached to the PA. The form is then submitted to the plan electronically.

Submit PA request directly to the Payer

Many payers will have a PA form for ILARIS® (canakinumab) or a general form that they would like you to use. You can locate it on their website or it can be provided by your specialty pharmacy, by ILARIS Companion, or by your Field Reimbursement Manager (FRM).

The form may include clinical and step-edit criteria that they require for approval. They may also ask that you submit patient records, including lab tests, and other information. Submit the form according to their instructions. If a PA is denied, you have the option of appealing the decision. ILARIS Companion can send an appeal packet or your FRM can provide letter templates that can help ensure that the information you provide is as complete as possible.

ILARIS (canakinumab)
150 mg subcutaneous injection

OPTION 1

Submit to the [redacted] and eligible patients may receive a range of services^a

OPTION 2

When you submit to **both** a SP in the contracted network and the [redacted], eligible patients may receive a range of services^a

OPTION 3

Submit to **only** a SP in the contracted network and patients may receive a more limited range of services^b

OPTION 4

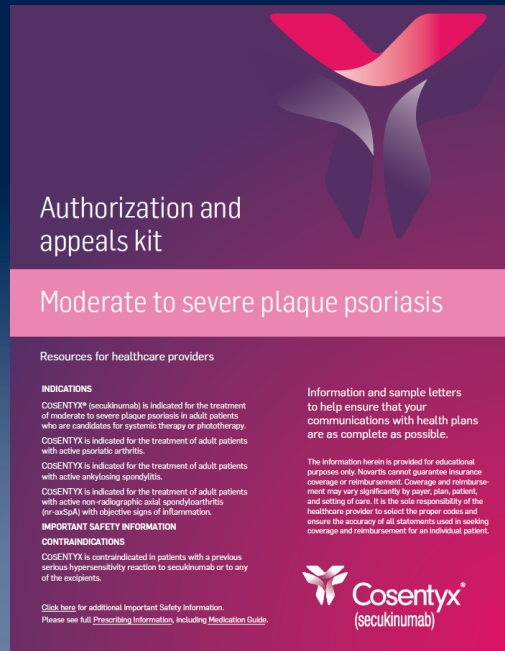
Submit to a **noncontracted SP**. Patients will not have access to any services; fulfillment may be delayed



PAs + Appeals

Templated letters for appeals and exception requests can play a key role in FRM problem solving

Templates and checklists should help the office anticipate and address restriction criteria.



Authorization and appeals kit

Moderate to severe plaque psoriasis

Resources for healthcare providers


INDICATIONS
 COSENTYX (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.
 COSENTYX is indicated for the treatment of adult patients with active psoriatic arthritis.
 COSENTYX is indicated for the treatment of adult patients with active ankylosing spondylitis.
 COSENTYX is indicated for the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

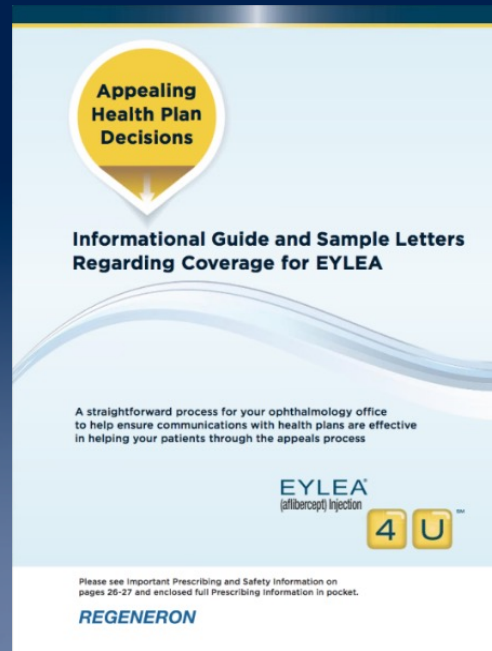
IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS
 COSENTYX is contraindicated in patients with a previous serious hypersensitivity reaction to secukinumab or to any of the excipients.

[Click here for additional Important Safety Information.](#)
 Please see full Prescribing Information, including Medication Guide.

Information and sample letters to help ensure that your communications with health plans are as complete as possible.

The information herein is provided for educational purposes only. Novartis cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.


 **Cosentyx[®]**
(secukinumab)



Appealing Health Plan Decisions

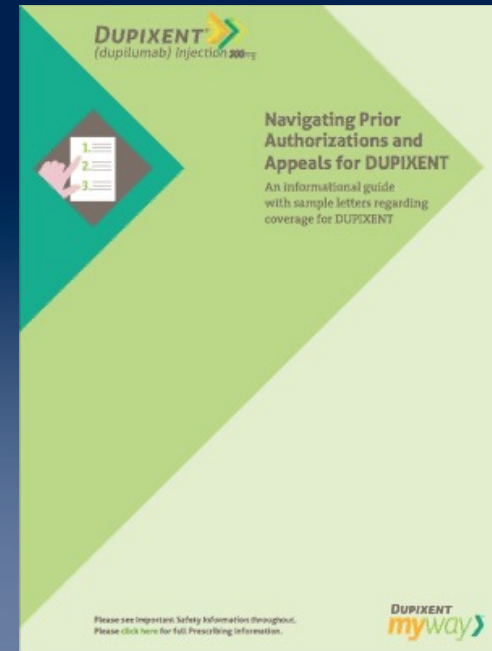
Informational Guide and Sample Letters Regarding Coverage for EYLEA

A straightforward process for your ophthalmology office to help ensure communications with health plans are effective in helping your patients through the appeals process

 **EYLEA[®]**
(faricimab) Injection **4 U**

Please see Important Prescribing and Safety Information on pages 26-27 and enclosed full Prescribing Information in pocket.

REGENERON




DUPIXENT[®]
(dupilumab) Injection 300mg

Navigating Prior Authorizations and Appeals for DUPIXENT

An informational guide with sample letters regarding coverage for DUPIXENT

Please see Important Safety Information throughout. Please click here for Full Prescribing Information.

DUPIXENT myway[®]



Adbry[™]
(tralokinumab-ldrm)
Injection 150 mg/mL

Patient Access Support Kit

Recommended practices and letter templates for appealing denials of prior authorizations

The information herein is provided for educational purposes and does not constitute legal advice. When completing a prior authorization request or an appeal, it is the responsibility of the health care provider to ensure adherence to the payer's requirements. Payer, public and nonpublic requirements may change, and LED Pharma undertakes no obligation to provide updated information with respect to such requirements. Under no circumstances should any product or ancillary supplies that are received free of charge be billed to any third party payer. LED Pharma cannot and will not guarantee coverage and nothing herein shall be construed to create such a guarantee.

INDICATION
 ADBRY[™] (tralokinumab-ldrm) Injection is indicated for the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not adequate. ADBRY[™] can be used with or without topical corticosteroids.

IMPORTANT SAFETY INFORMATION
CONTRAINDICATION
 ADBRY is contraindicated in patients who have known hypersensitivity to tralokinumab-ldrm or any excipients in ADBRY.

[Click here for Full Important Safety Information.](#)
[Click here for Full Prescribing Information.](#)

Table of Contents	Initiation System	Formulary Criteria	Checklist Letter templates	Body Diagrams	Codes: ICD-10 and NDC	Important Safety Information
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Patient Affordability

FRMs are in the unique position of understanding perspectives of the HCP office, the payor, and the patient

Communicating affordability options helps to ease access hurdles and ensure that scripts are filled.

DUPIXENT
(dupilumab)

DUPIXENT myway Copay Card

\$0
Copay
for DUPIXENT[®]

With the enclosed
DUPIXENT MyWay[™]
Copay Card

* THIS IS NOT INSURANCE. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs. Eligible patients subject to program restrictions.

YOU MAY RECEIVE DUPIXENT THROUGH
DUPIXENT MyWay[™] PATIENT SUPPORT PROGRAM
OR
THE SPECIALTY PHARMACY
SELECTED BY YOUR HEALTHCARE PROVIDER

(Healthcare Provider, check one)

If your healthcare provider submitted a DUPIXENT Enrollment Form to DUPIXENT MyWay, here's what you can expect:

- Within 1 business day, DUPIXENT MyWay will verify your insurance coverage for DUPIXENT.
- Your dedicated DUPIXENT MyWay Nurse Educator will contact you within 1 to 2 business days after your healthcare provider faxes the signed and completed enrollment form. The call will come from 1-844-387-4936.
- Your Nurse Educator will provide you with an update on your insurance coverage, ensure you understand your copay amount, and provide education and additional injection training support.
- Once approved, a specialty pharmacy will contact you to confirm the address for your DUPIXENT delivery.

Eligible patients may have a \$0 copay for DUPIXENT[®]

OR

If your healthcare provider sent your prescription directly to a specialty pharmacy, here's what you can expect:

- Name and phone number of specialty pharmacy: _____
- The specialty pharmacy will call you to explain your coverage status, copay costs, and to schedule delivery.
- You can also ask the pharmacy if you qualify for savings.
- You must talk to the pharmacy before you can receive DUPIXENT—the call may come from an unfamiliar number.
- You can still receive assistance, from additional injection training to educational support, through DUPIXENT MyWay. Simply call 1-844-DUPIXENT [1-844-387-4936] **Option 1**.
- Make sure to ask your healthcare provider about the DUPIXENT Copay Card if you have commercial insurance that is not funded through a government healthcare program.

DUPIXENT myway

* THIS IS NOT INSURANCE. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs. Eligible patients subject to program restrictions.

DUPIXENT
(dupilumab) injection 300mg

Getting Patients Started on DUPIXENT

DUPIXENT myway

Comprehensive patient support program to help enable patient access and minimize barriers to DUPIXENT



Reimbursement

Only the FRM is in a position to educate office staff on reimbursement requirements

FRMs can help offices understand requirements that can vary by site of care, by geography, and by plan.

Tools and Services Supporting the Initiation of GILENYA*

Patient-specific coding and reimbursement support for health care providers



NOVARTIS

Medical Office

Coding options for diagnosis, prescreening, and baseline assessments*

Diagnosis and Prescreening

ICD-10 code ¹	Description
G35	Diagnosis
Z23	Encounter for immunization
Z51.81	Encounter for therapeutic drug level monitoring
Z99	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z03.81	Encounter for preprocedural cardiovascular examination
Z03.812	Encounter for other preprocedural cardiovascular examination
Z03.818	Encounter for screening for cardiovascular disorders

Baseline Assessments

CPT code ²	Description
93000	ECG with interpretation and report
93005	ECG without interpretation and report
93010	ECG with interpretation and report only
80076	Hepatic function panel
85025	CBC, automated with differential
85027	CBC, automated
80097	Varicella-zoster serology

If used as:

93256	Varicella vaccine
90471	Immunization administration

NOVARTIS

Medical Office

Coding options for first-dose observation (FDO)

ICD-10 code¹

G35	Diagnosis
Z51.81	Encounter for therapeutic drug level monitoring
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z03.81	Encounter for preprocedural cardiovascular examination
Z03.812	Encounter for other preprocedural cardiovascular examination
Z03.818	Encounter for screening for cardiovascular disorders

CPT code²

93000	ECG with interpretation and report
93005	ECG without interpretation and report
93010	ECG with interpretation and report only

Modifier codes

76	Use modifier 76 for repeat procedure by the same physician or other qualified health care professional
77	Use 77 for repeat procedure by a different physician or other qualified health professional

NOVARTIS

Hospital Setting

Coding options for diagnosis, prescreening, and baseline assessments*

Baseline Assessments: Diagnosis and Prescreening

ICD-10 code ¹	Description
G35	Diagnosis
Z23	Encounter for immunization
Z51.81	Encounter for therapeutic drug level monitoring
Z99	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z03.81	Encounter for preprocedural cardiovascular examination
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CPT code²

93000	ECG with interpretation and report
93005	ECG without interpretation and report
93010	ECG with interpretation and report only

Modifier codes

76	Use modifier 76 for repeat procedure by the same physician or other qualified health care professional
77	Use 77 for repeat procedure by a different physician or other qualified health professional

NOVARTIS

Medical Office: Sample coding scenarios (CMS-1500)

Example: an FDO with 35 minutes of physician face-to-face time

The patient receives an initial dose of GILENYA with a first-dose observation (FDO). A pre-FDO ECG is conducted with an established ECG examination lasting 15 minutes. The patient is then observed for 4 hours and the physician provides face-to-face services to the patient for a total of 35 minutes. A final post-FDO ECG with interpretation and report was completed.

The following codes may be appropriate for this hypothetical scenario:

Code	Description
G35	Diagnosis
Z51.81	Encounter for therapeutic drug level monitoring
Z03.81	Encounter for preprocedural cardiovascular examination
Z03.812	Encounter for other preprocedural cardiovascular examination
Z03.818	Encounter for screening for cardiovascular disorders
93000	ECG with interpretation and report
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80097	Varicella-zoster serology

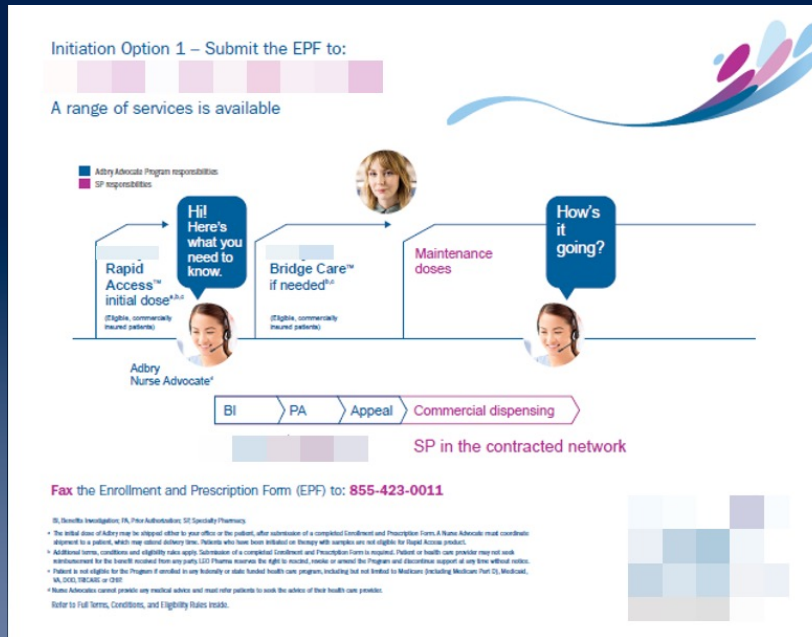
NOVARTIS



Patient Onboarding

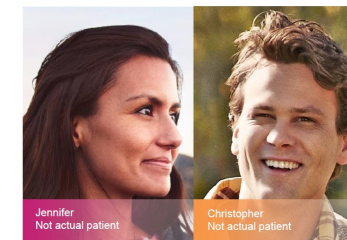
The FRM can explain how support services are designed to fit the office workflow

FRMs can help make the process of onboarding more transparent.



Starting GILENYA: Meet Jennifer, Christopher, and Sharon

With **Commercial** coverage



Jennifer
Not actual patient

Christopher
Not actual patient

At a GAN* site

In a medical office or other FDO site

On **Medicare**



Sharon
Not actual patient

At a GAN site, a medical office, or other FDO site

*GILENYA Assessment Network.

[Click here for Important Safety Information.](#)

[Click here for full Prescribing Information.](#)





Warhaftig Associates —
we can help you create the resources they need to succeed.

Local
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Knowledge

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Reimburse-
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Onboarding



Let's talk. Call Matt Warhaftig at 212 995-1700
Warhaftig.com



Warhaftig Associates: Who we are

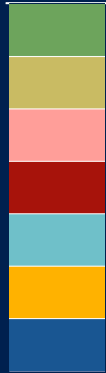
Access, payer communications, and patient support:
It's all we do

Over 30 years of collaboration with patient support, managed
market, brand, and HEOR teams

We create resources that cut through the complexity of patient initiation



Let's talk. Call Matt Warhaftig at 212 995-1700.
Warhaftig.com



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