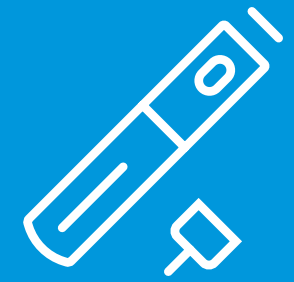![Novo Nordisk | NovoCare®]

Introduction to Prior Authorizations

Taking the Guesswork Out of Prescription Processing and Prior Authorization

First Things First

The doctor prescribes a specialty drug

If a doctor determines that a specialty drug is right for someone's condition, she or he will prescribe it.

Because specialty drugs can be expensive and may require special handling and monitoring, the prescription drug insurance plan may require that the patient and their doctor submit extra information before approving the claim.

Medical vs Prescription Drug Insurance

Health insurance plans may include both medical and prescription drug insurance. Many people believe their employer offers prescription drug insurance directly through their health insurance plan. However, that is not always true. Many health plans separate insurance into 2 parts:

Medical health insurance, which generally covers the costs of expenses other than prescription drugs—for example, office visits, hospital stays, and trips to the emergency room.

Prescription drug insurance, which covers the costs of prescription drugs or medicines. Many health insurance plans outsource prescription drug benefits to a type of company known as a pharmacy benefits manager (PBM).

About Pharmacy Benefits Managers (PBMs)

What you need to know about PBMs

A pharmacy benefit manager (PBM) is a company that manages the prescription drug benefits included in the health insurance plan an employer provides. The PBM is responsible for helping patients and their health insurance plan access prescription drugs at the lowest cost to them.

PBMs create the drug formulary for a plan

One of the main services PBMs provide to prescription drug plans is to develop a formulary. A formulary is the list of drugs that the plan covers. Most formularies include certain drugs and exclude others.

PA Initiation

Coverage check vs. benefits verification

NovoCare® can help navigate the insurance and prior authorization process by:

- Performing Coverage Check
- Assisting with obtaining PA forms
- Following up with determination outcomes

Additional support—depending on the PA outcome

NovoCare® also assists with next steps following approval or denial of your patient's PA.

Approved

Specialty Pharmacy coordination

Savings Offer Program

Denied

Appeals Support

Patient Assistance Program (for eligible patients)

Time for the doctor to prepare the claim

The investigation will help determine whether the plan will cover the prescribed specialty drug, how much it will cost, and whether the plan requires prior authorization (PA) for that drug. **PA means that a drug must be preapproved by your prescription drug plan before the plan will cover the cost of the drug.** Many plans require PA for specialty pharmaceuticals. As part of this step, the doctor may also be required to submit other information as part of the claim, such as:

- The results of any test or procedure that confirm your diagnosis
- Proof that you have tried other therapies
- A letter of mediacal necessity that explains why you need the specialty drug prescribed

Initiating the PA is Easy

- **Forms**: Forms are available in our searchable library. Information from initial coverage check will be pre-populated. Submit electronically or download and provided to insurance company.
- **Integration**: Our system integrates with CoverMyMeds® and EHR systems.
- **Status**: HCPs and patients can monitor PA status at NovoCare.com.
- **Support**: Live agent support with chat is available. HCPs can also complete a Patient Enrollment Form for additional help.
- **Appeals**: If coverage is denied, NovoCare® can help with an appeal.
- **Reauthorizations**: We support auto-reauthorizations for continuing patients.

Understanding the Summary of Benefits

The Summary of Benefits document contains details about a patient's insurance benefits. It has information about prescriptions, deductibles, out-of-pocket costs, and more. An example is provided below.

Patient: Patient DOB: Patient Program ID Product:		Date:
Physician Information Verified (Name goes here)	12345678910	12345678910
Facility Information Verified		
Prefered Product(s)	Sogroya	
	Primary Insurance	**Secondary Insurance**
Insurance Type	Commercial	
PBM Name		
Rx Insurance Phone #		
Rx Member ID		
Rx Group #		
RX BIN		
Rx PCN		
Subscriber Name		
Effective Date		
Rx Copay/Coinsurance		
Deductible Amount		
Dedecutible Amount Met		
Max Out of Pocket Amount		
Max Out of Pocket Met		
Prior Authorization Required		
Prior Authorization Phone #		
Prior Authorization Fax #		
Notes		

Supporting documentation

The physician's office needs to send the insurance company all pertinent information to obtain a prior authorization for insurance coverage. Supporting documentation may depend on the diagnosis. The most commonly recommended documentation for Growth Hormone injection diagnosis codes is listed with the diagnosis in the below chart.

Recommended supporting documentation for prior authorization submissions for Growth Hormone.*

Supporting documentation	Pediatric GHD	Adult GHD	ISS	SGA	Turner syndrome	Noonan syndrome	PWS
Stim test results (<10 ng/mL; QTY: 2)	✓	✓	✓				
Genetic/chromosomal testing report					✓	✓	✓
Growth chart (0-36 months)				✓			
Current height and weight	✓		✓	✓	✓	✓	✓
Growth velocity	✓		✓	✓	✓	✓	✓
Birth weight/length and gestational age				✓			
Growth chart history (minimum 3 years)	✓		✓	✓	✓	✓	✓
MRI	✓	✓					
Bone age x-ray report	✓		✓		✓	✓	✓
Lab test results	✓	✓	✓				
Parental height	✓		✓				
Pubertal status	✓		✓				
Physical traits						✓	✓
Medical history/clinical notes	✓	✓	✓	✓	✓	✓	✓

*This is the most commonly requested information for on-label diagnosis of Growth Hormone. Specific requests may vary by health plan. Please verify payer requirements.

Recommended supporting documentation for prior authorization submissions in adult patients

Supporting Documentation	Adult GHD E23.0: Hypopituitarism; E23.1: Drug-induced hypopituitarism; E89.3: Postprocedural hypopituitarism
Stim test results	√
MRI	√
Lab test results	√
Medical history/clinical notes	√

PA Processing

Plan receives and reviews claim

When the plan receives a claim for a specialty drug, it reviews the claim to confirm that

- The person for whom the drug is prescribed is a member of the plan.
- The drug is covered by the plan's formulary.
- The supporting information the plan requires has been provided by them, the doctor, or the specialty pharmacy.

Claim decision

- If the specialty drug claim is approved, the plan informs the specialty pharmacy and communicates what its share of the payment will be.
- If the prescription claim is denied, the plan informs the specialty pharmacy, the doctor, or the patient, and explains why.
  - Once approved, the office sends (eScribe) the prescription directly to the specialty pharmacy or NovoCare® triages it to the specialty pharmacy.

Upon approval, the specialty pharmacy fills the prescription

Once the claim has been approved, the specialty pharmacy collects its share of the drug cost, fills the prescription, and ships it to the patient.

They receive the prescription

The staff at the specialty pharmacy will tell the patient when the drug will arrive, and they may call to confirm it was received. They may also tell them more about the drug or its possible side effects. In addition, they may call the patient from time to time to ensure they are taking the drug regularly, as prescribed.

Patient Enrollment and Support

Patient Enrollment Form (PEF)

The PEF is essential to patients getting the support they need from NovoCare®. It's up to you to submit a completed PEF on their behalf. The PEF is completed by the HCP office, signed by the prescriber, and submitted on behalf of the patient.

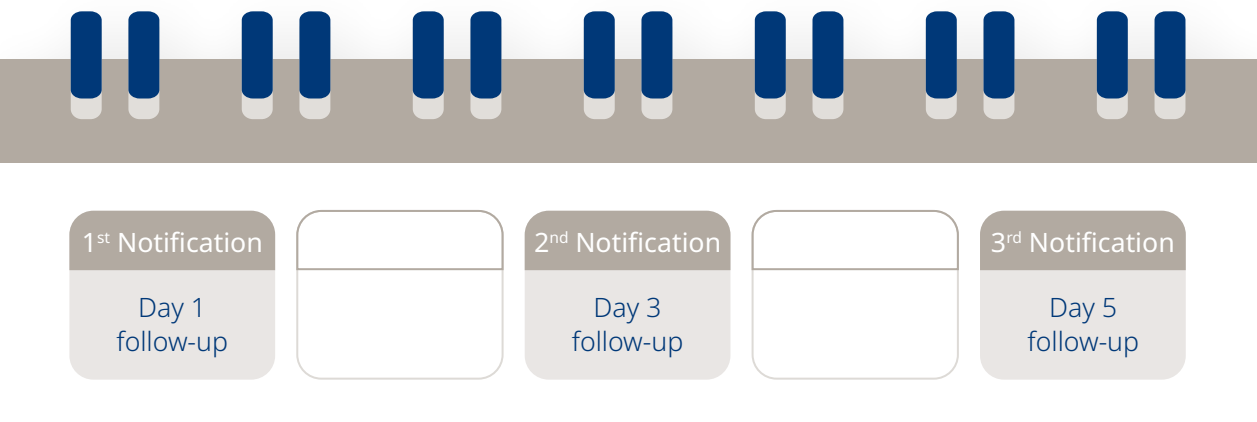The PEF can be faxed to **1-888-508-8200** or submitted electronically by visiting **https://www.novocare.com/growth-related-disorders/home.html.**

Required Information		
A	Support Requested	Identifies support physician has requested for patient
B	Patient Demographics	Includes contact information for family
C	Primary Insurance	Allows NovoCare® to verify benefits if needed
D	Diagnosis	Allows NovoCare® to verify patient eligibility — NovoCare® is able to support patients with an FDA-approved diagnosis
E	Prescription	Allows NovoCare® to provide JumpStart™a and PenMate® to eligible patients, coordinate PA, and coordinate Specialty Pharmacy shipment
F	Medical Assessment (including weight)	Helps with PA and appeal process
G	Prescriber Authorization	Signature is required for enrollment and as part of prescription if separate prescription is not included

PA=Prior Authorization; PEF=Patient Enrollment Form; HCP=Health Care Professional.

a Patients who have been prescribed Norditropin® or Sogroya® for an FDA-approved indication and who have commercial insurance may be eligible to receive a limited supply of free product from JumpStart™. Patient is not eligible if he/she participates in or seeks reimbursement or submits a claim for reimbursement to any federal or state health care program with prescription drug coverage, such as Medicaid, Medicare, Medigap, VA, DOD, TRICARE, or any similar federal or state health care program. JumpStart™ product is provided at no cost to the patient or the HCP, is not contingent on any product purchase, and the patient and HCP must not: (1) bill any third party for the free product, or (2) resell the free product.

PEF missing information

Required information that is not provided is considered "missing information." The case cannot move forward until this is received.

1st Notification		2nd Notification		3rd Notification
Day 1 follow-up		Day 3 follow-up		Day 5 follow-up

The PEF is essential to receive support from NovoCare®

Submitting a complete Patient Enrollment Form (PEF) is a critical first step in helping patients gain access to Norditropin® (somatropin) or Sogroya® (somapacitan-beco) patient support services.
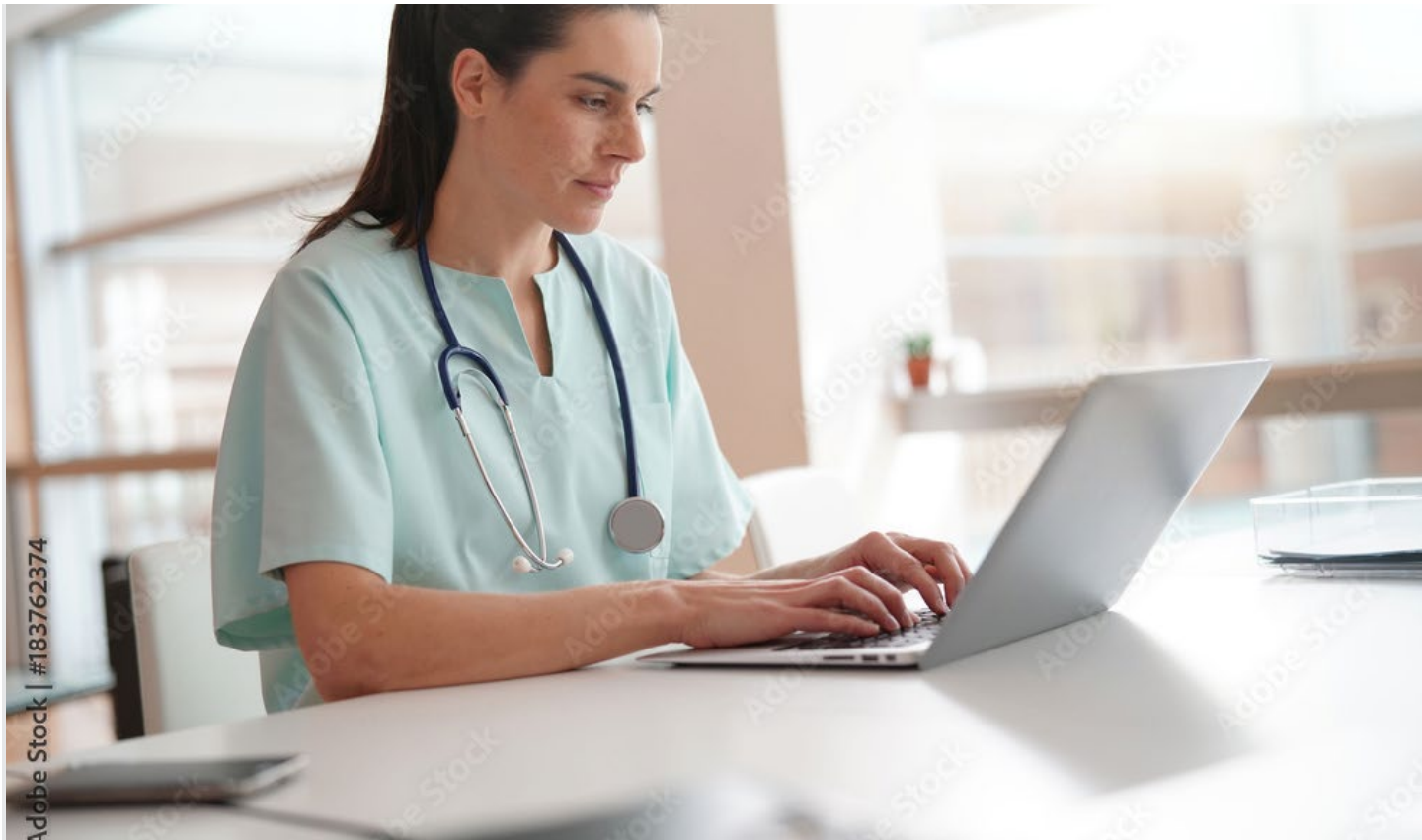
It's essential to take the time to fill out the PEF completely and supply all recommended supporting documentation. This may help avoid delays and limit the number of times NovoCare® needs to contact your office.

To ensure timely requests, electronic enrollment is available at **NovoCare.com/HCP**.

NovoCare® Support

NovoCare® provides support every step of the way

NovoCare® is dedicated to providing patients and patient caregivers with timely support throughout the reimbursement process. Our aim is to accelerate the approval process, helping your patients access their therapy. At NovoCare.com, you can perform coverage checks, submit prior authorizations, gain approvals, and help patients navigate the process—all in one place.

NovoCare®
Savings | Coverage | Support

Coverage Check
Need to know your patient's insurance coverage? With just a little information, you can get coverage results and potentially medication costs in real time.

Submit Prior Authorization
If a prior authorization is required, you'll find the right form in our searchable library. You can submit it seamlessly based on the coverage check results or integrate with your CoverMyMeds® account.

Gain Approval
NovoCare® is available to support you on the path to approval. If coverage is denied, we assist with appeals.

Initiate Patients
NovoCare® will help create a positive experience for patients as they adjust to their new treatment. Services include support for navigating insurance coverage, access to savings offer assistance, guidance for beginning treatment, and more.

Online: NovoCare.com

Fax: 1-888-508-8200

Phone: 1-888-NOVO-444
(1-888-668-6444)