

Your Guide to the Benefits Verification Process



A benefits verification confirms costs and coverage for your patients prescribed Otsuka treatments, including any steps your practice may need to take for treatment approval and to avoid delays.* Always confirm coverage for each therapy with the patient's health plan at the time of service.

Start by calling the health plan or pharmacy. Be ready with the required patient, prescriber, and insurance information, and any relevant site-of-care considerations.

Conduct benefits verification	Determine coverage criteria	Identify patient costs	Manage a coverage or PA denial, if applicable	Acquire product
<p>Complete the benefits verification on the patient's primary insurance (and secondary plan if applicable)</p> <p>Questions to ask during the benefits verification:</p> <ul style="list-style-type: none">Is the treatment covered on the health plan's medical or pharmacy benefit?<ul style="list-style-type: none">Verify coverage specifically by drug name and J-codeAre there any plan limitations or exclusions around the prescribed treatment?Is a prior authorization (PA) required?Who is the pharmacy benefit manager (PBM)? What is the best way to contact the PBM?Is there a website with further policy guidance or relevant forms? <p>Document all communications during the verification process in case your practice needs to coordinate between multiple health plans</p> <ul style="list-style-type: none">Obtain a reference number for each phone call to the insurance company <div><p>CoverMyMeds can assist with the PA process: 1-866-452-5017</p></div>	<p>Confirm any PA requirements</p> <ul style="list-style-type: none">What is the phone number, fax, or website used to request the PA?Does the plan have a product- or category-specific PA form? <p>Confirm additional coverage requirements or next steps—whether support for the diagnosis is needed, and any lab or test results</p> <ul style="list-style-type: none">Step edit: if the patient meets the necessary criteria for prior use of treatmentsQuantity limits: ensure that the prescription and refills meet the payer's requirementDocumentation of medical necessityAny additional necessary forms and the preferred method of submissionIf the treatment is not covered under one type of benefit (eg, pharmacy), check whether it is covered under the medical benefit<ul style="list-style-type: none">In some cases, the plan may require use of certain pharmacies under the medical benefit. In these cases, you and your patient may be responsible for completing the benefit assignment process and coordinating with the payer-mandated pharmacy	<p>Confirm patient financial responsibility</p> <ul style="list-style-type: none">What is the patient's deductible and out-of-pocket maximum and/or copay?If the product is not covered, is a formulary exception needed?On which tier is the medication? Can your practice and patient request a tiering exception to help reduce patient costs?Are patient costs impacted by the site of care?Identify any relevant details about the benefit type. For example, plans with coverage under the medical benefit may require use of a payer-mandated specialty pharmacy, potentially affecting how the patient receives copay support <p>Is the copay amount affordable for the patient?</p> <ul style="list-style-type: none">Otsuka Patient Support provides copay assistance to eligible patients with commercial insurance who have been prescribed an Otsuka medication (for both medical and pharmacy benefits)<ul style="list-style-type: none">Your patients with government insurance may be eligible for additional assistance	<p>Determine the reason for the coverage denial or PA denial</p> <p>Determine the steps for submitting the appeal</p> <ul style="list-style-type: none">Steps may be different to submit an appeal for a coverage denial vs a PA denial and should be confirmed with the payerWhat new documentation may be required? How should this information be submitted?How long does the appeal process take? Can it be expedited? <p>Otsuka Patient Support provides a Sample Letter of Appeals for your office.</p>	<p>Confirm the site of care and any subsequent coverage needs</p> <ul style="list-style-type: none">Check whether the treatment is dispensed by a specific pharmacy or a specialty pharmacy providerCheck with the health plan if/when confirmation of refills is needed (if filled under the medical benefit)<ul style="list-style-type: none">Identify the specific information needed (eg, confirmation of dose and/or injection site address) <div><p>Otsuka Patient Support may be able to help your patients get their treatment</p><ul style="list-style-type: none">Our Integrated Pharmacy Network (IPN) connects patients, caregivers, and practices with experienced pharmacies that may be able to help coordinate and support accessWe can also connect patients to their Local Care Center (LCC) so they can choose the treatment location that works best for them</div>

*This resource is provided for informational purposes only and does not guarantee coverage and reimbursement. For some health plans, the initial benefits verification may be an estimate and not include all details until the script is processed.

A Closer Look at the Factors of Coverage

Your patients' access to their prescribed Otsuka treatment depends on 3 key components:



Payer type

Payer types include:

- ✓ Medicare
- ✓ Medicaid
- ✓ Dual eligible
 - Many individuals living with mental health or brain conditions are dual eligible, meaning they qualify for both Medicare and Medicaid
- ✓ Private/commercial payers, including plans purchased on state health insurance exchanges



Benefits verification

A benefits verification confirms the benefit category for the treatment, including:

- ✓ Insurance coverage requirements
- ✓ Benefit structure (ie, medical vs pharmacy benefit)
- ✓ Coverage criteria that may be required, including PA, step edits, quantity limits, and confirmation of medical necessity
- ✓ Patient financial responsibility (eg, copay, deductible, coinsurance)



Site of care

The site of care affects coverage, especially for provider-administered medications. These may include:

- ✓ Physician offices
- ✓ Certified community behavioral health clinics (CCBHCs)
- ✓ Inpatient and outpatient hospital settings
- ✓ Partial hospitalizations

The site of care may change over time, so be sure to cross-check the site of care with the patient's health plan and identify any coverage needs.

Otsuka Patient Support offers dedicated professionals and digital solutions to help make treatment more accessible for patients and provide ongoing support.

For questions about the benefits verification process, Otsuka Patient Support may be able to help provide answers.



Call Center

Representatives available to deliver personalized assistance and additional resources.

1-833-468-7852
Monday–Friday, 8 AM–8 PM ET



OtsukaPatientSupport.com

View educational resources and have your questions answered through a 24/7 chat.

Visit [Insurance Resources](#) for additional education on the access process, coverage authorizations, and Medicare programs.

