

A 3-step process to confirm access to Saxenda®

Identifying patients who have coverage through their employers is critical to defining the action your office should take to start your appropriate patients on Saxenda®.

STEP 1 CONFIRM COVERAGE

- Go to **SaxendaCoverage.com** to find out your patient's Saxenda® co-pay (the tool will also notify you if Saxenda® is not covered by that plan and/or employer)
- If you do not have Internet access, you can call the **Novo Nordisk Insurance Reimbursement Hotline (1-888-809-3942)**

TIP ▶ You will need your patient's pharmacy prescription card information on hand, or have the patient confirm his/her own coverage (see back page for pharmacy prescription card examples)

STEP 2 INITIATE THE PRIOR AUTHORIZATION (PA) PROCESS

- If your patients have confirmed coverage, initiate the PA process using one of the following services:

– Prior Authorization Support System (PASS)

 www.parxsolutions.com  1-866-725-7279

– CoverMyMeds®

 www.covermymeds.com  1-866-452-5017

OR

- If your patients are not covered for Saxenda®, **do not** start the PA process

– Instead, encourage your patients to approach their employer's Human Resources department to see if they are able to obtain individual Saxenda® coverage, or if the employer must opt in for all employees

WRITE PRESCRIPTION

STEP 3 START YOUR APPROPRIATE PATIENT ON SAXENDA®

- Once the PA is initiated, give your patient the Saxenda® prescription (don't forget one for the needles, if required) and a Saxenda® Sample Kit
- Prior to the pharmacy visit, direct your patient to Saxenda.com to obtain and/or activate a Saxenda® Savings Card and enroll in SaxendaCare®

Patient must activate Saxenda® Savings Card before pharmacy pickup



Saxenda® Sample Kit

With a little preparation, the process for gaining access to Saxenda® is streamlined



Please see Prescribing Information, including Boxed Warning.

Saxenda®
liraglutide injection **3mg**

Pharmacy prescription card examples

A Insurance Company Name

B John A Doe
 ID Number: XYZ999999999 99
 GROUP: XXXXXXXX

\$XX EMER ROOM
 \$XX OFFICE VISIT

D Rx Bin: 123456
E Rx PCN: ABCD01
C Rx Grp: ABCDEF

CUST SERV: 888-000-0000

A Insurance Company Name

B Member ID: 999999999 GROUP Number: 999999

Member: John A DOE COMPANY NAME

Dependents: Spouse DOE Payer ID XXXXX
 Child A DOE
 Child B DOE

PRESCRIPTION RX

D Rx Bin: 123456
C Rx Grp: ABCDEF
E Rx PCN: ABC01

Co-pay: Office/Spec/ER/URG
 \$XX/\$XX/\$XX/\$XX

A Prescription Insurance Company Name

D Rx Bin: 012345
C Rx Grp: ABCDEF1
E Rx PCN: ABC01
 Issuer: Company

B ID Number: 000123456789
 Name: John A Doe

Be ready to provide the following information from your card:

A Prescription Insurance Name

The Prescription Insurance Name looks similar to this.

C Rx Group ID

The Rx Group ID looks similar to this. If your card has 2 group numbers, enter the one that starts with "Rx."

E Rx PCN #

The Rx PCN # looks similar to this. If you do not have a PCN # on your card, leave the field blank. This number might have numbers and letters (eg, ABC12).

B Member ID

The Member ID looks similar to this. It may include letters and numbers.

D Rx Bin #

The Rx Bin # is a 6-digit number that looks similar to this.

Please see Prescribing Information, including Boxed Warning.



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