# 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)





CoverMyMeds®



www.covermymeds.com



1-866-452-5017

- 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

OR

### 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

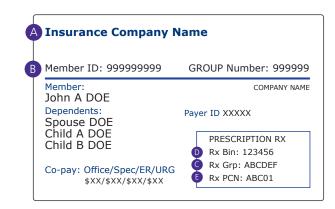
With a little preparation, the process for gaining access to Saxenda® is streamlined





## Pharmacy prescription card examples







Be ready to provide the following information from your card:

- A Prescription Insurance Name
  The Prescription Insurance Name
  - The Prescription Insurance Nam looks similar to this.
- B Member ID

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

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."

Rx Bin #

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

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).

Please see Prescribing Information, including Boxed Warning.



