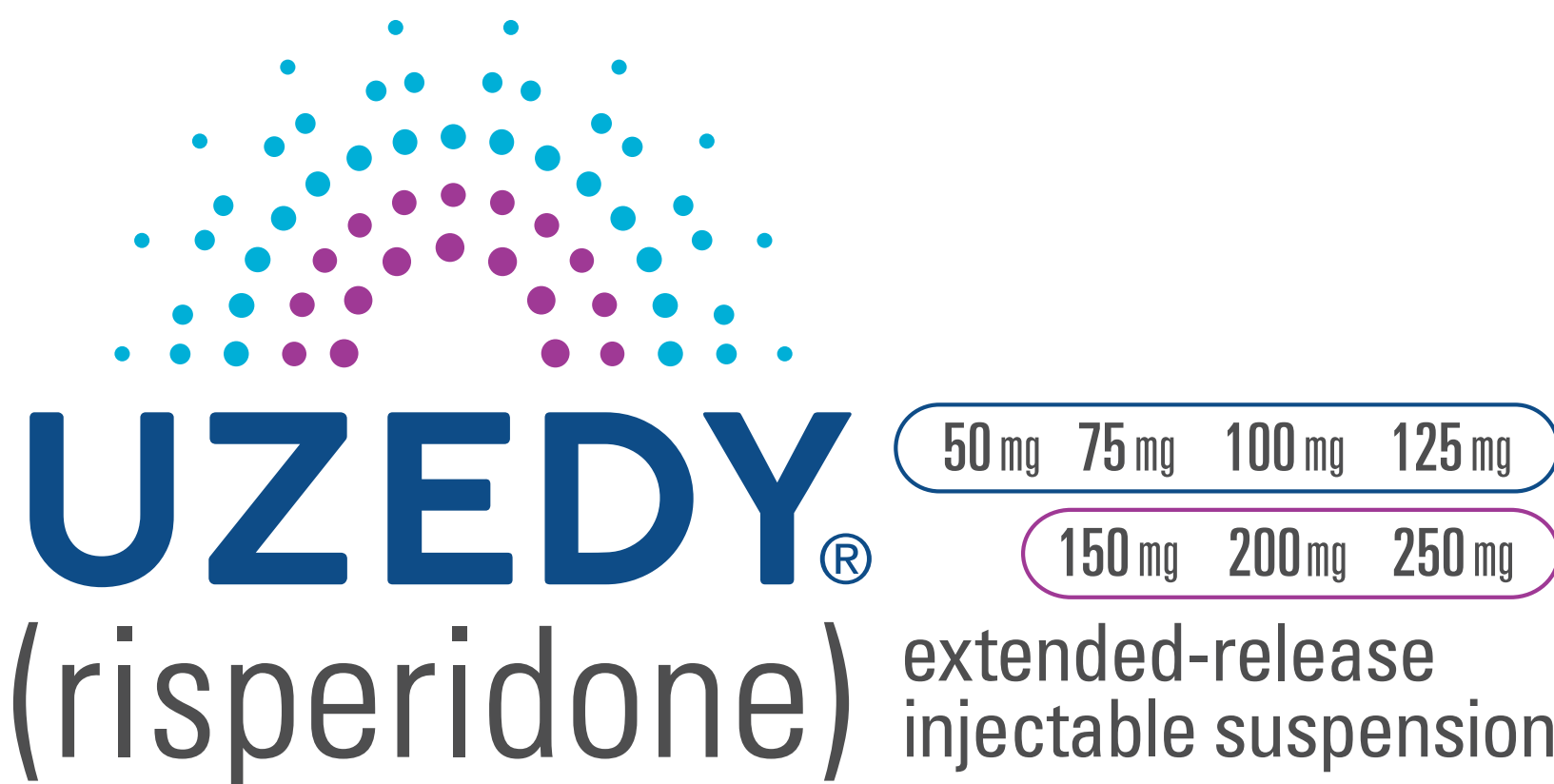




# ACCESS GUIDE



## Practical guide for providers prescribing UZEDY: Authorizations, exceptions, and appeals

This is a resource to help providers understand how to work with government and private payers to secure coverage for medically necessary prescription drugs.

It covers the 3 primary categories or types of requests for additional information payers may ask a provider to complete regarding a prescribed medication.

These are:

- Prior authorization (PA)
- Exceptions (a type of coverage determination)
- Appeals

### Processes and procedures vary by plan and payer type.

It often takes time for drugs that are new to market to be reviewed and added to payer formularies. During that time, patients or providers may be required to submit exception requests to access their prescribed medications.

This guide focuses on **practical tips** and **best practices** for providing a payer with the **necessary information** to help alleviate any barriers to patients’ access to medications.

- 1 PRIOR AUTHORIZATION (PA)
  - 1.1 Overview >  
Documentation with PA Requests >
  - 1.2 Checklist >

- 2 EXCEPTIONS
  - 2.1 Overview >  
Timelines >
  - 2.2 Checklist >

- 3 APPEALS
  - 3.1 Overview >
  - 3.2 Medicare Part D Appeals & Timelines >
  - 3.3 Medicaid Appeals >
  - 3.4 Checklist >

- 4 SAMPLE FORMS & LETTERS >

- 5 MEDICAID & MEDICARE RESOURCES >

- 6 TEVA SHARED SOLUTIONS® >

- 7 REFERENCES >

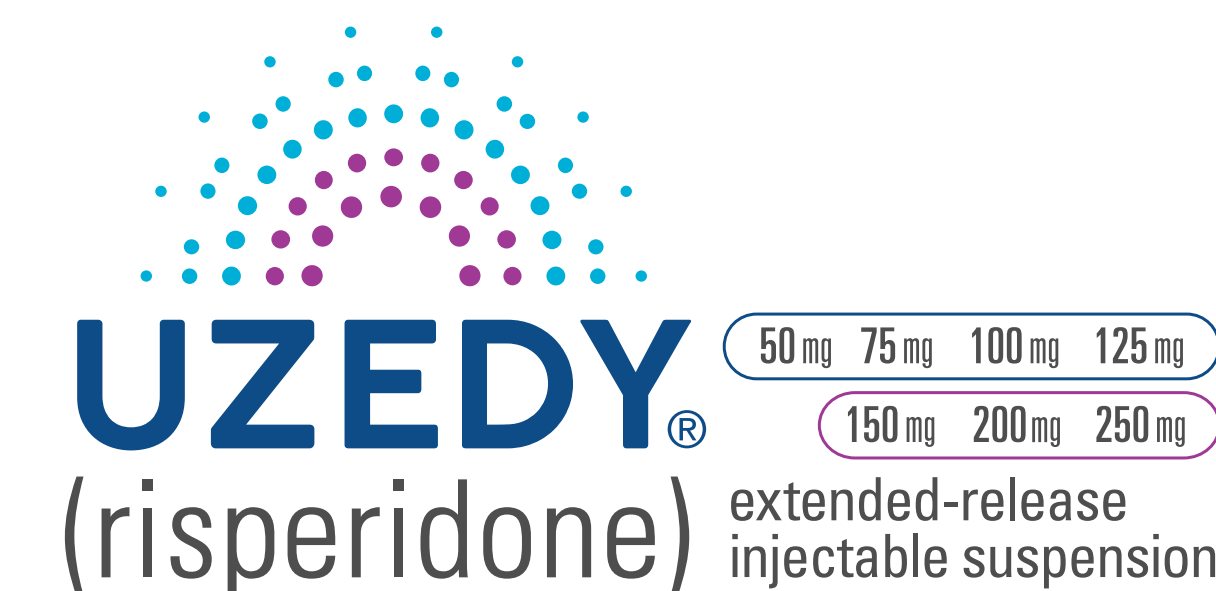
Please see the full Prescribing Information, including Boxed WARNING for UZEDY.

Prior Authorization	Exceptions	Appeals	Sample Forms & Letters	Medicaid & Medicare Resources	Teva Shared Solutions	References
✓ Checklist	✓ Checklist	✓ Checklist				





Tap ◀ ▶ to move to the previous or next screen, or 🏠 to navigate back to the table of contents.



# 1.1 PRIOR AUTHORIZATION

## OVERVIEW

PA is a common requirement of government and commercial payers, including pharmacy benefit managers (PBMs). PA describes the processes payers use to **ensure appropriate use** of certain drugs and services.<sup>1</sup> Also called pre-authorization (or pre-auth), a PA process generally requires providers to submit payer-specific **documentation of medical necessity** for a requested therapy or services to be approved for coverage.<sup>2,3</sup>

- The PA process requires the provider to **contact a patient's payer** and receive approval before a certain drug or service will be covered
- The provider must demonstrate why the certain therapy or service is **medically necessary for the patient**



### Tips for success with PAs

- ✓ Many payers have moved PA processes online to streamline and automate review and authorization<sup>4</sup>
- ✓ Always **check the payer's provider portal** for the latest forms and information about how to submit
- ✓ PA support for UZEDY can also be obtained through the CoverMyMeds portal

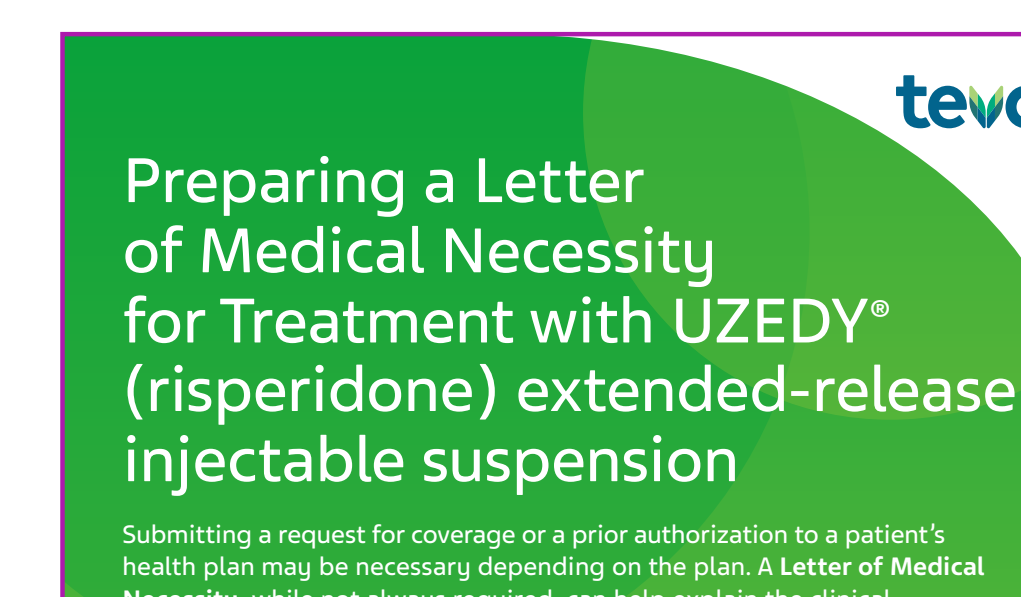
## DOCUMENTATION WITH PA REQUESTS

It's important to confirm each individual payer's **rules for submission** of PA requests.<sup>4</sup> For example:

- Does the payer require use of **plan- or product-specific PA forms**?
- Does the payer accept **verbal PA requests and information**?
- Is there a standard format for **statements of medical necessity**?

If the payer requires use of specific forms, it may be beneficial to submit additional information, such as a **letter of medical necessity**, to supplement the brief narratives allowed on the form. Some of the types of information that payers may specifically request, or that the provider may choose to provide to support medical necessity include<sup>3-5</sup>:

- Concomitant therapies
- Previous medications and treatment outcomes
- Patient allergies or previous adverse reactions
- Comorbidities
- Protected class status of the drug with no therapeutic equivalents

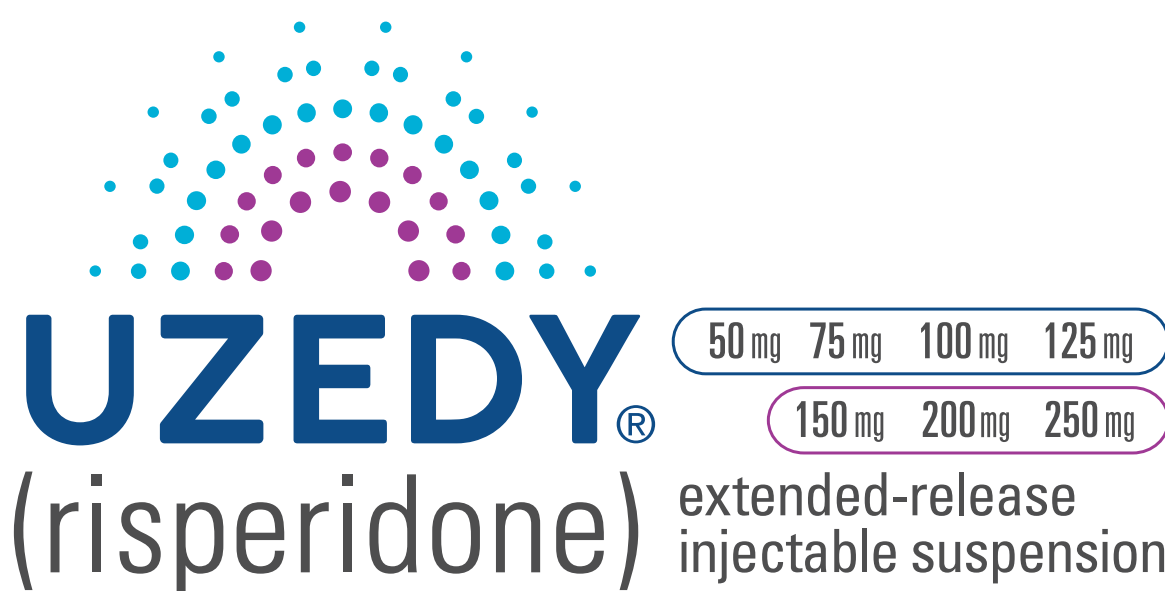


**Download a UZEDY sample letter of medical necessity** ➔

IMPORTANT SAFETY INFORMATION  
WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS  
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. UZEDY is not approved for use in patients with dementia-related psychosis and has not been studied in this patient population.  
CONTRAINDICATIONS: UZEDY is contraindicated in patients with a known hypersensitivity to risperidone, its metabolites, paliperidone, or to any of its components. Hypersensitivity reactions, including anaphylactic reactions and angioedema, have been reported in patients treated with risperidone or paliperidone.  
WARNINGS AND PRECAUTIONS  
Cardiovascular Adverse Reactions: In trials of elderly patients with dementia-related psychosis, there was a significantly higher incidence of cardiovascular adverse events (e.g., stroke, transient ischemic attacks, including fatalities, in patients treated with oral risperidone compared to placebo. UZEDY is not approved for use in patients with dementia-related psychosis.  
Neuroleptic Malignant Syndrome (NMS): NMS, a potentially fatal symptom complex, has been reported in association with antipsychotic drugs. Clinical manifestations of NMS are hyperreflexia, muscle rigidity, altered mental status including delirium, and autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmias). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. If NMS is suspected, immediately discontinue UZEDY and provide symptomatic treatment and monitoring.  
Please see the full Prescribing Information for UZEDY, including Boxed WARNING.

**Please see the full Prescribing Information, including Boxed WARNING for UZEDY.**

Prior Authorization	Exceptions	Appeals	Sample Forms & Letters	Medicaid & Medicare Resources	Teva Shared Solutions	References
✓ Checklist	✓ Checklist	✓ Checklist				



# 1.2 PRIOR AUTHORIZATION

## CHECKLIST

- 1

**Locate information** about the payer’s PA process in the patient or provider handbook or from customer service. Review the process and access any required forms.
- 2

**Develop** a brief, clear statement of the patient’s needs and rationale for the request and compile information to support the medical necessity and urgency of the authorization.
- 3

**Complete and submit** using payer-specific forms and submission methods.
- 4

**Gather details** on how and when the payer’s decision will be delivered to the provider and/or the patient. Confirm timing, based on standard or expedited timelines.

**NEXT STEPS**

**If coverage is not authorized**

Complete and correct PA requests are frequently authorized by payers. However, in the event a payer determines that a patient does not meet its PA criteria, the patient and/or provider may request a **coverage determination**.<sup>4,6</sup>

**teva** | Shared Solutions

**For additional support, contact Teva Shared Solutions.**

Call 1-800-887-8100 (9am to 8pm ET, M-F)

Please see the full Prescribing Information, including Boxed WARNING for UZEDY.

Prior Authorization	Exceptions	Appeals	Sample Forms & Letters	Medicaid & Medicare Resources	Teva Shared Solutions	References
✓ Checklist	✓ Checklist	✓ Checklist				





## 2.1 EXCEPTIONS

### OVERVIEW

A coverage determination is a request for a response to a formal inquiry about coverage. An **exception request** is a **type of coverage determination**.<sup>6</sup>

Most payers allow patients, designated representatives, or providers to request a coverage determination, such as an exception request, regarding prescription drug coverage.<sup>7</sup> Similar processes may apply to coverage determinations for pharmacy and medical benefit-covered drugs.

#### Types of exceptions

Requesting an exception to a payer's coverage policy may be appropriate if the provider's benefits investigation uncovers that<sup>6,7</sup>:

- A requested drug is **not on formulary**
- The payer has **denied access** to or payment for a requested drug
- An exception is needed regarding the **amount a patient must pay** for a drug (also called a tiering exception)
- There is a **quantity or dose limit** that is inappropriate for the patient, or the provider believes it is **medically necessary to not follow step therapy** rules
- There is a need to determine whether **PA or other requirements** have been met



#### Medicare Part D exceptions

CMS recognizes **2 types of exception requests** for Medicare Part D patient<sup>7</sup>

- **Formulary exception:** To obtain a prescription drug that is not on a Part D plan sponsor's formulary or to waive step therapy or quantity/dosing limits
- **Tiering exception:** To obtain a non-preferred drug at equivalent cost sharing to drugs in the preferred tier

#### How to submit an exception request

The patient, their representative, or the provider must submit a supporting statement to the plan sponsor that documents the medical necessity of the requested exception.<sup>7</sup>

A Medicare Part D plan sponsor may have their own request form, or a CMS **Request for Medicare Prescription Drug Coverage Determination** is available to download on the CMS website.<sup>7</sup>

Go to [CMS.gov](https://www.cms.gov) to download the Request for Medicare Prescription Drug Coverage Determination model form

### TIMELINES

Payers **must respond to exception requests** within a specified amount of time, and both standard and expedited processes are available. The following response timelines are as defined by CMS for Part D plan sponsors and reflect general standards followed by many commercial payers<sup>7,8</sup>:



**24  
hours**

**72  
hours**

#### Expedited process:

Payers must respond within 24 hours; reserved for high-risk patients

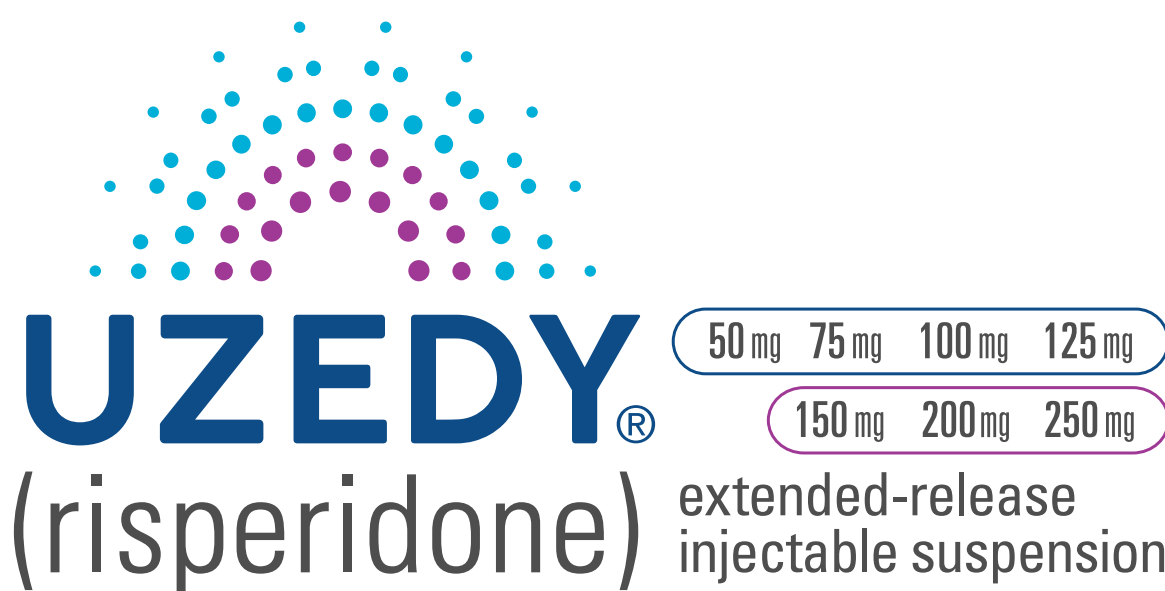
#### Standard process:

Payers must respond within 72 hours

**For either process,  
clock starts with receipt  
of provider supporting  
information**

Please see the full Prescribing Information, including **Boxed WARNING** for UZEDY.





# 2.2 EXCEPTIONS

## CHECKLIST

- 1

**Locate information** about the payer’s exception request process in the patient or provider handbook or from customer service. Review the process and access any required forms.
- 2

**Develop** a brief, clear statement of the patient’s needs and rationale for the request and compile information to support the medical necessity and urgency of the exception request.
- 3

**Complete and submit** using payer-specific forms and submission methods.
- 4

**Gather details** on how and when the payer’s decision will be delivered to the provider and/or the patient. Confirm timing, based on standard or expedited timelines.

NEXT STEPS

**If the exception request is denied**

If an exception request is denied, the payer will provide a written explanation of why and include information about how to appeal the decision.<sup>7</sup> A patient, their designated representative, or a provider can follow the progressive series of steps in the **appeals process**.<sup>7</sup>

**teva** | Shared Solutions

**For additional support, contact Teva Shared Solutions.**

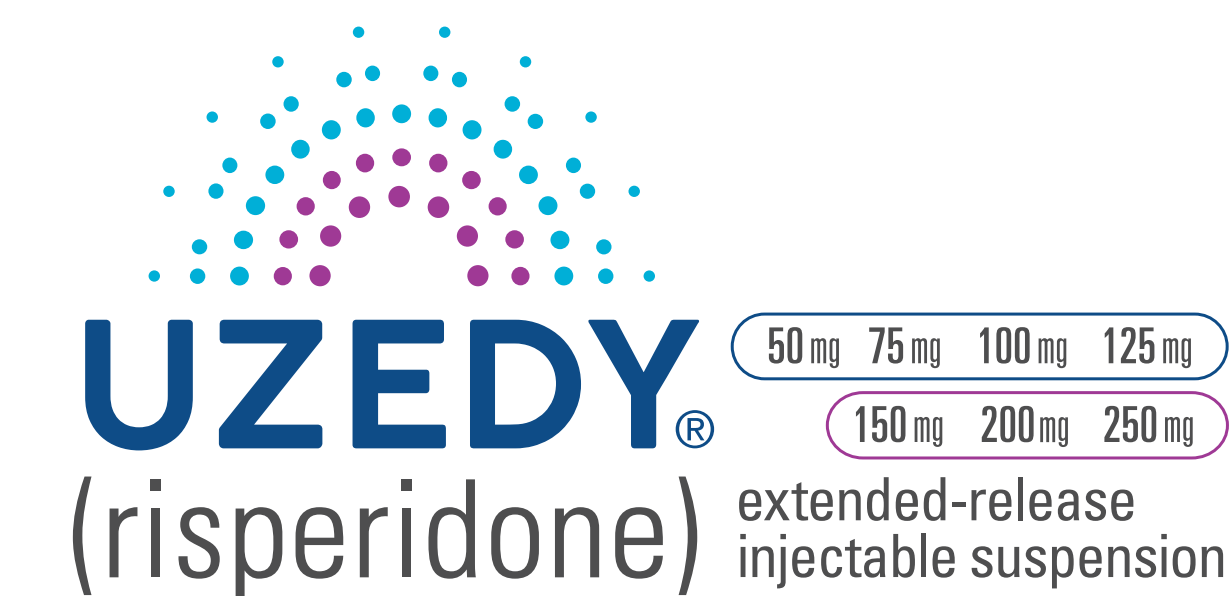
Call 1-800-887-8100 (9am to 8pm ET, M-F)

Please see the full Prescribing Information, including **Boxed WARNING** for UZEDY.

Prior Authorization	Exceptions	Appeals	Sample Forms & Letters	Medicaid & Medicare Resources	Teva Shared Solutions	References
✓ Checklist	✓ Checklist	✓ Checklist				



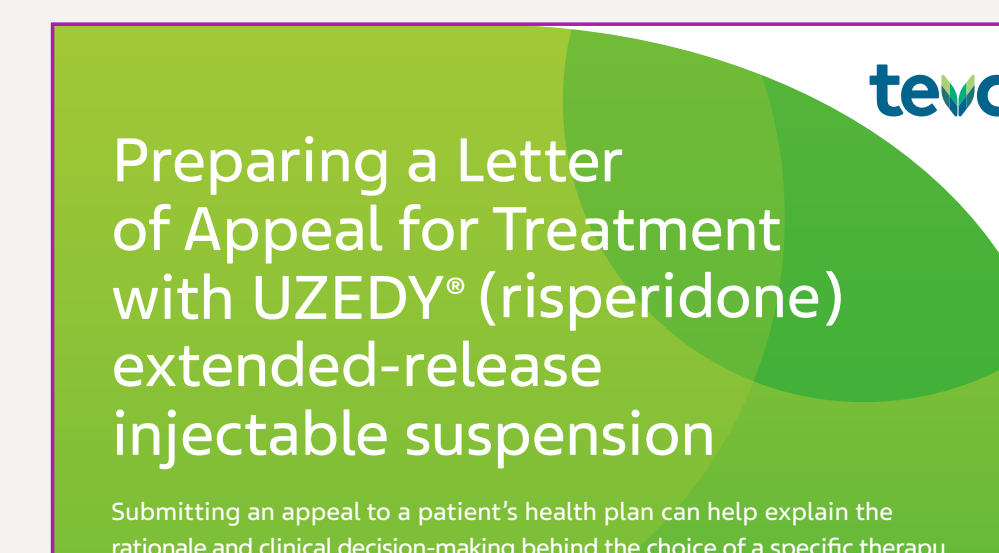
Tap ◀ ▶ to move to the previous or next screen, or 🏠 to navigate back to the table of contents.



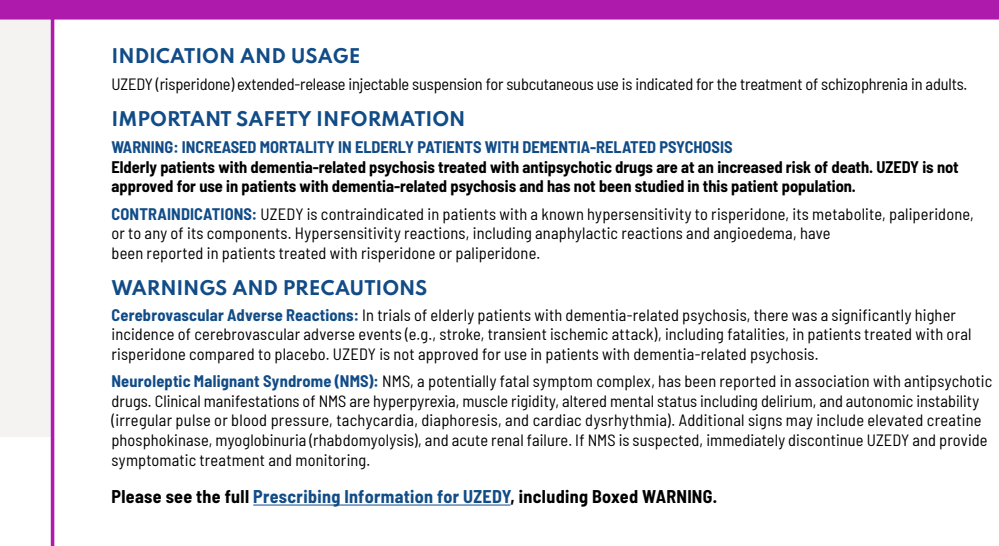
## 3.1 APPEALS

### OVERVIEW

The **next step after denial** of an exception request is to appeal. An appeal is a formal challenge of a payer's adverse coverage determination regarding benefits that a provider believes a patient should receive.<sup>9</sup> All payers are **required to have formal appeals processes** and to provide a written explanation of the next possible level of appeal when a request is denied.<sup>10,11</sup>



Download a UZEDY sample letter of appeal ➤



## APPEALS

### Administrative denial

In many cases, the denial may be the result of an administrative error or omission such as<sup>12</sup>:

- Incorrect dates
- Improper coding
- Missing documentation



Providers can **amend and resubmit** the request, rather than launching a formal appeal.<sup>12</sup>

### Clinical denial

In the event of a clinical denial – for example, the payer has determined a patient has not met the PA criteria for the requested drug – an appeal may be appropriate<sup>3,11</sup>:

- Payer appeal processes generally have several levels
- Individual payers and PBMs may have unique appeals processes



Many payers follow the well-established **Medicare Part D appeals model**.<sup>10</sup>

Please see the full Prescribing Information, including **Boxed WARNING** for UZEDY.





## 3.2 APPEALS

### MEDICARE PART D APPEALS & TIMELINES

#### Appeals levels

Payers are required to respond to each level of appeal within a specified time frame and offer both standard and expedited processes.<sup>11</sup> The figure below illustrates the Medicare timelines for each level of appeal.<sup>10,15</sup> Non-Medicare payers may have different timelines:



\*Time limits shown are for benefit-related appeals. Plans are allowed up to 14 days to respond to payment-related appeals.

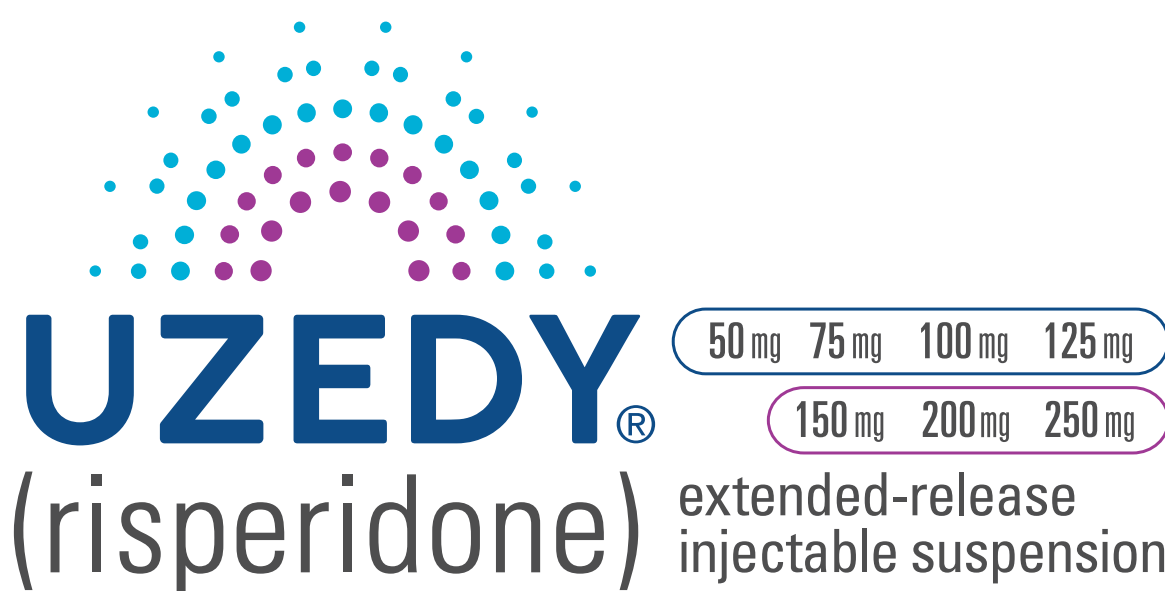


**Appeals must be filed by the deadline** that Medicare provides to the patient. However, appeals are possible if a good reason for missing the deadline can be shown.<sup>16</sup>

For more information about Medicare Part D appeals

Learn more at [CMS.gov](https://www.cms.gov) >

Please see the full Prescribing Information, including **Boxed WARNING** for UZEDY.



# 3.3 APPEALS

## MEDICAID APPEALS

### Federal requirements and state options

Federal law requires that state Medicaid programs have a process for beneficiaries to appeal adverse decisions. These rules apply to decisions about eligibility or coverage of services under fee-for-service Medicaid or by a Medicaid managed care plan.<sup>11</sup>

### Federal

Federal requirements for Medicaid plan appeals include<sup>13</sup>:

- Initiation of the process by **providing to the beneficiary a written notice** from the Medicaid program or health plan of an intended termination or suspension

### State

States can opt to offer the beneficiary a local hearing (at the local or county level) before a state-level appeal.

- If the state does not offer local hearings, a state-level hearing, if requested, must be provided within a reasonable time frame<sup>13</sup>
- In general, **states must take action within 90 days** after a request for a hearing has been received<sup>13</sup>
- States may not terminate or reduce services until a final decision is reached<sup>13</sup>



### Tips and more information about your state

Medicaid plan rules vary by state.<sup>14</sup> The official Medicaid website has compiled a state-by-state summary of Medicaid and Children’s Health Insurance Program (CHIP) plans.

[Learn more at Medicaid.gov](#) >

Please see the full [Prescribing Information](#), including **Boxed WARNING** for UZEDY.

Prior Authorization	Exceptions	Appeals	Sample Forms & Letters	Medicaid & Medicare Resources	Teva Shared Solutions	References
✓ Checklist	✓ Checklist	✓ Checklist				





## 3.4 APPEALS

### CHECKLIST

1

**Locate information** about the payer’s appeals process in the patient or provider handbook or from customer service. Review the process and access any required forms.

2

**Develop** a brief, clear statement of the patient’s needs and rationale for the appeal and compile information to support the medical necessity and urgency of the appeal.

3

**Complete and submit** using payer-specific forms and submission methods.

4

**Gather details** on how and when the payer’s decision will be delivered to the provider and/or the patient. Confirm timing, based the type or level of appeal.

### NEXT STEPS

#### If the appeals are unsuccessful

- An unfavorable decision by the payer at any level of appeal will include information about **requirements to file for the next level of appeal**<sup>10</sup>
- If the appeal reaches an external review, **the payer must accept the reviewer’s decision**<sup>11</sup>
- A provision of the Affordable Care Act (ACA) was to require all health insurers in all states to participate in an **external review process** that meets minimum consumer protection standards<sup>11</sup>
  - Note that the ACA external review process rules do not apply to **self-funded** plans. If your patient belongs to a self-funded plan, it may be appropriate to contact the employer’s human resources department for additional guidance<sup>11</sup>
- Once all internal appeal levels have been exhausted, the case may be eligible for **external review**<sup>15</sup>

 | Shared Solutions

**For additional support, contact Teva Shared Solutions.**

Call 1-800-887-8100 (9am to 8pm ET, M-F)

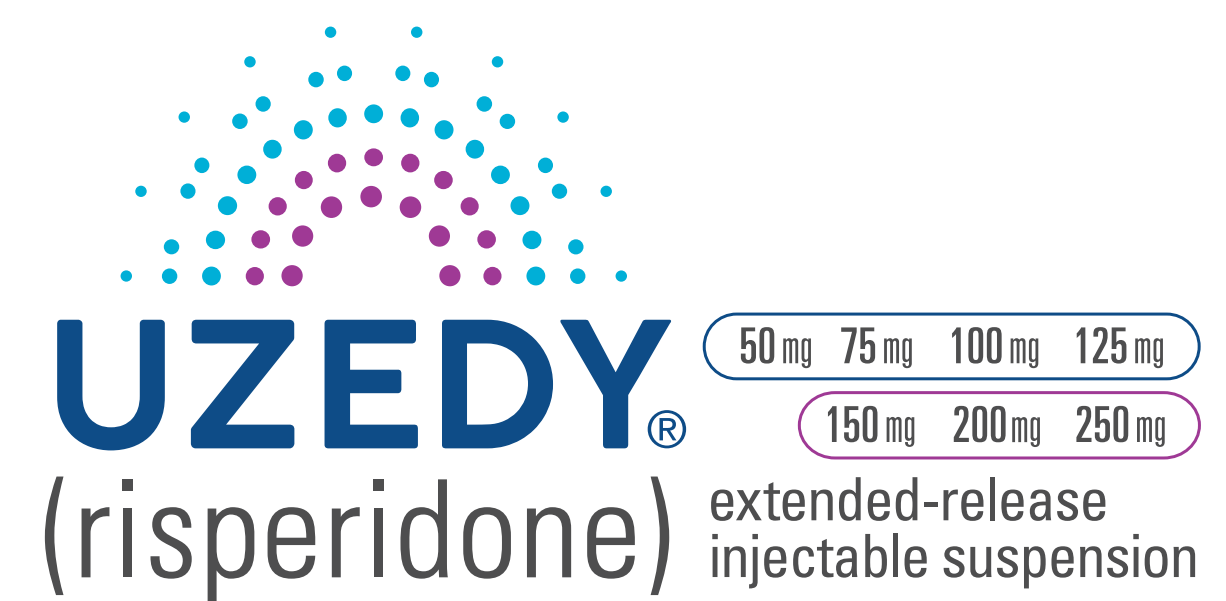
Please see the full Prescribing Information, including Boxed WARNING for UZEDY.





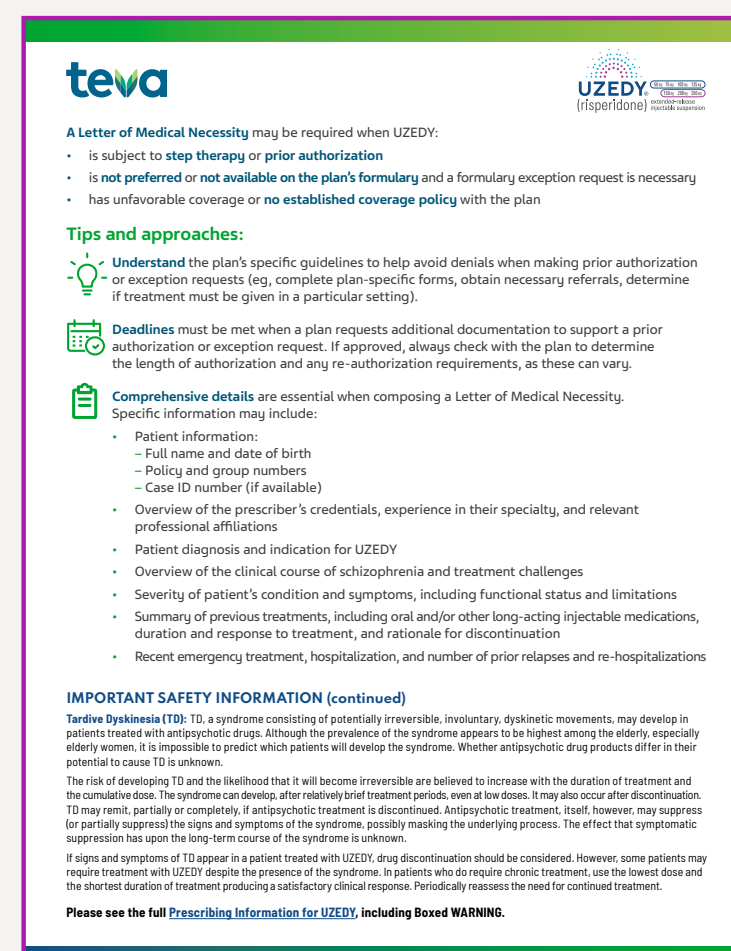
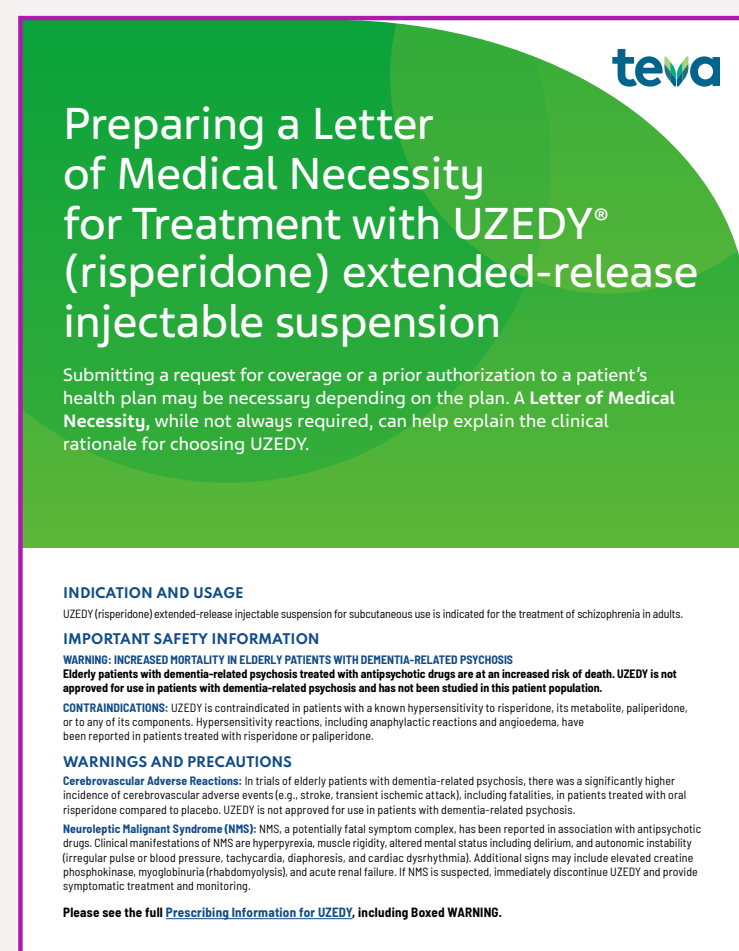
Tap ◀ ▶ to move to the previous or next screen, or 🏠 to navigate back to the table of contents.

# 4 SAMPLE FORMS & LETTERS



## TAP TO NAVIGATE TO EACH EXAMPLE

### UZEDY sample letter of medical necessity ▶



### Request for a Medicare Prescription Drug Coverage Determination Form ▶

## (CMS Model Coverage Determination Form)

**REQUEST FOR MEDICARE PRESCRIPTION DRUG COVERAGE DETERMINATION**

This form may be sent to you by mail or fax.

Address: [Insert plan address(es)] Fax Number: [Insert plan fax number(s)]

You may also ask us for a coverage determination by phone at [Insert plan telephone number] or through our website at [Insert plan web address].

**Who May Make a Request:** Your prescriber may ask us for a coverage determination on your behalf. If you want another individual (such as a family member or friend) to make a request for you, that individual must be your representative. Contact us to learn how to name a representative.

**Enrollee's Information**

Enrollee's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Enrollee's Member ID #: \_\_\_\_\_

**Requester's Information**

Requester's Name: \_\_\_\_\_

Requester's Relationship to Enrollee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Representation documentation for requests made by someone other than enrollee or the enrollee's prescriber.**

Attach documentation showing the authority to represent the enrollee (a completed **Authorization of Representation Form CMS-1086** or a written equivalent). For more information on appointing a representative, contact your plan or 1-800-Medicare.

Name of prescription drug you are requesting (if known, include strength and quantity requested per month): \_\_\_\_\_

**Type of Coverage Determination Request**

☐ I need a drug that is not on the plan's list of covered drugs (formulary exception). \*

☐ I have been using a drug that was previously included on the plan's list of covered drugs, but is being removed or was removed from this list during the plan year (formulary exception). \*

☐ I request prior authorization for the drug my prescriber has prescribed. \*

☐ I request an exception to the requirement that I try another drug before I get the drug my prescriber prescribed (formulary exception). \*

☐ I request an exception to the plan's limit on the number of pills (quantity limit) I can receive so that I can get the number of pills my prescriber prescribed (formulary exception). \*

☐ My drug plan charges a higher copayment for the drug my prescriber prescribed than it charges for another drug that treats my condition, and I want to pay the lower copayment (being exception). \*

☐ I have been using a drug that was previously included on a lower copayment tier, but is being moved to or was moved to a higher copayment tier (being exception). \*

☐ My drug plan charged me a higher copayment for a drug than I should have.

☐ I want to be reimbursed for a covered prescription drug that I paid for out of pocket.

**\*NOTE: If you are asking for a formulary or being exception, your prescriber MUST provide a statement supporting your request. Requests that are subject to prior authorization (or any other utilization management requirement), may require supporting information. Your prescriber may use the attached "Supporting Information for an Exception Request or Prior Authorization" to support your request.**

Additional information we should consider (attach any supporting documents):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

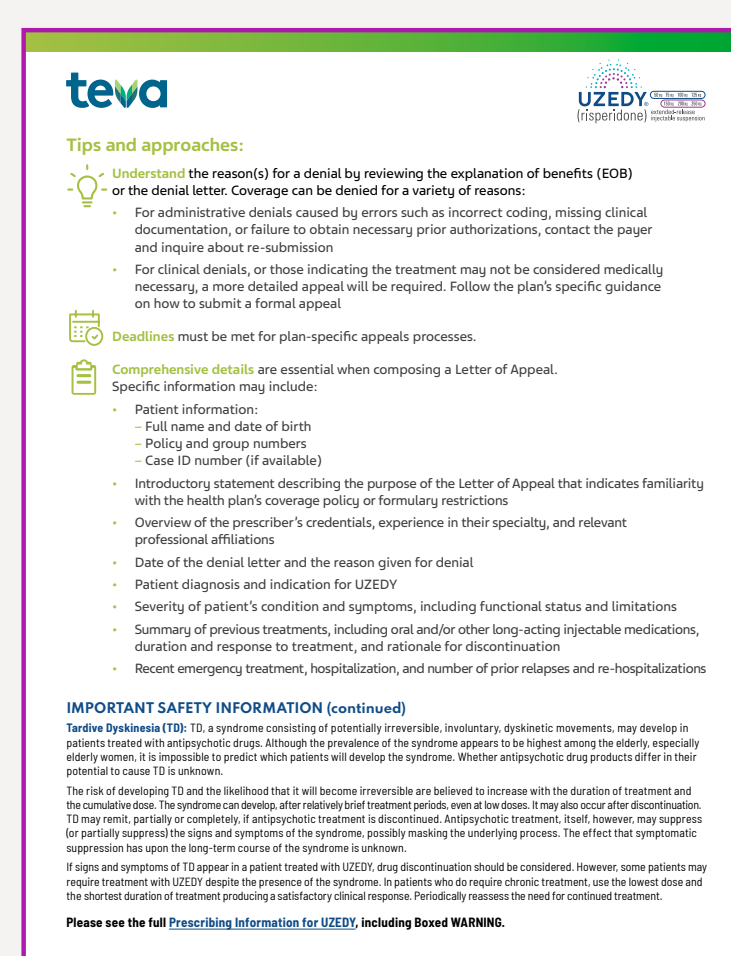
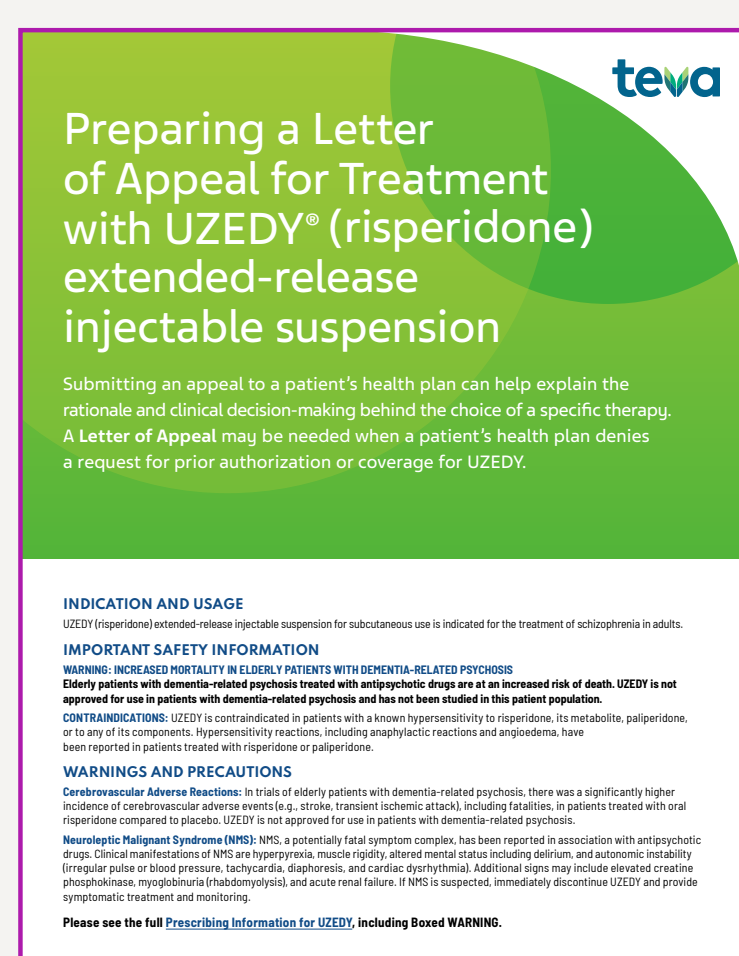
**Important Note: Expedited Decisions**

If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received.

**CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 24 HOURS (if you have a supporting statement from your prescriber, attach it to this request).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### UZEDY sample letter of appeal ▶



**Supporting Information for an Exception Request or Prior Authorization**

FORMULARY AND PRIOR AUTHORIZATION requests cannot be processed without a prescriber's supporting statement. PRIOR AUTHORIZATION requests may require supporting information.

☐ **REQUEST FOR EXPEDITED REVIEW:** By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

**Prescriber's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Diagnosis and Medical Information**

Medication: \_\_\_\_\_ Strength and Route of Administration: \_\_\_\_\_ Frequency: \_\_\_\_\_

Date Started: \_\_\_\_\_ Expected Length of Therapy: \_\_\_\_\_ Quantity per 30 days: \_\_\_\_\_

☐ **NEW START** Height/Weight: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

**DIAGNOSIS – Please list all diagnoses being treated with the requested drug and corresponding ICD-10 codes.** (If the condition being treated with the requested drug is a symptom e.g., anorexia, weight loss, anorexia of illness, irritability, etc., please list diagnosis causing the symptoms.)

ICD-10 Code(s): \_\_\_\_\_

**OTHER RELEVANT DIAGNOSES:** \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_

**DRUG HISTORY (for treatment of the condition(s) requiring the requested drug)**

**DRUGS TRIED** (If quantity limit is an issue, list unit administered daily dose first)

DATES of Drug Trials: \_\_\_\_\_ RESULTS of previous drug trials: \_\_\_\_\_

**FAILURE or INTOLERANCE (explain)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the enrollee's current drug regimen for the condition(s) requiring the requested drug?

\_\_\_\_\_

**DRUG SAFETY**

Any FDA NOTED CONTRAINDICATIONS to the requested drug? ☐ YES ☐ NO

Any concern for a **DRUG INTERACTION** with the addition of the requested drug to the enrollee's current drug regimen? ☐ YES ☐ NO

If the answer to either of the questions noted above is yes, please: 1) explain issue; 2) discuss the benefits vs potential risks despite the noted concern, and 3) monitoring plan to ensure safety.

**HIGH RISK MANAGEMENT OF DRUGS IN THE ELDERLY**

If the enrollee is over the age of 65, do you feel that the benefits of treatment with the requested drug outweigh the potential risks in this elderly patient? ☐ YES ☐ NO

**OPIOIDS – (please complete the following questions if the requested drug is an opioid)**

What is the daily cumulative Morphine Equivalent Dose (MED)? \_\_\_\_\_ mg/day

Are you aware of other opioid prescriptions for this enrollee? ☐ YES ☐ NO

If so, please explain: \_\_\_\_\_

Is the stated daily MED dose noted medically necessary? ☐ YES ☐ NO

Is a lower oral daily MED dose sufficient to control the enrollee's pain? ☐ YES ☐ NO

**RATIONALE FOR REQUEST**

☐ **Alternate drug(s) contraindicated or previously tried, but with adverse outcome, e.g., toxicity, allergy, or therapeutic failure** (Specify below if not already noted in the DRUG HISTORY section earlier on the form: (1) Drug(s) tried and results of drug trial(s); (2) if adverse outcome, list drug(s) and adverse outcome for each; (3) if therapeutic failure, list maximum dose and length of therapy for drug(s) tried; (4) if contraindication(s), please list specific reason why preferred drug(s)/other formulary drug(s) are contraindicated)

☐ **Patient is stable on current drug(s); high risk of significant adverse clinical outcome with medication change** (A specific explanation of any anticipated significant adverse clinical outcome and why a significant adverse outcome would be expected is required – e.g., the condition has been difficult to control (many drugs tried, multiple drugs required to control condition), the patient had a significant adverse outcome when the condition was not controlled previously (e.g., hospitalization or frequent acute medical visits, heart attack, stroke, falls, significant limitation of functional status, undue pain and suffering) etc.)

☐ **Medical need for different dosage form and/or higher dosage** (Specify below: (1) Dosage form(s) and/or dosage(s) tried and outcome of drug trial(s); (2) explain medical reason (3) include why less frequent dosing with a higher strength is not an option – if a higher strength exists)

☐ **Request for formulary tier exception** (Specify below if not noted in the DRUG HISTORY section earlier on the form: (1) formulary or preferred drug(s) tried and results of drug trial(s); (2) if adverse outcome, list drug(s) and adverse outcome for each; (3) if therapeutic failure, list maximum dose and length of therapy for drug(s) tried; (4) if contraindication(s), please list specific reason why preferred drug(s)/other formulary drug(s) are contraindicated)

☐ **Other (specify below):** \_\_\_\_\_

**Required Explanation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please see the full Prescribing Information, including Boxed WARNING for UZEDY.

Prior Authorization

Exceptions

Appeals

Sample Forms  
& Letters

Medicaid & Medicare  
Resources

Teva  
Shared Solutions

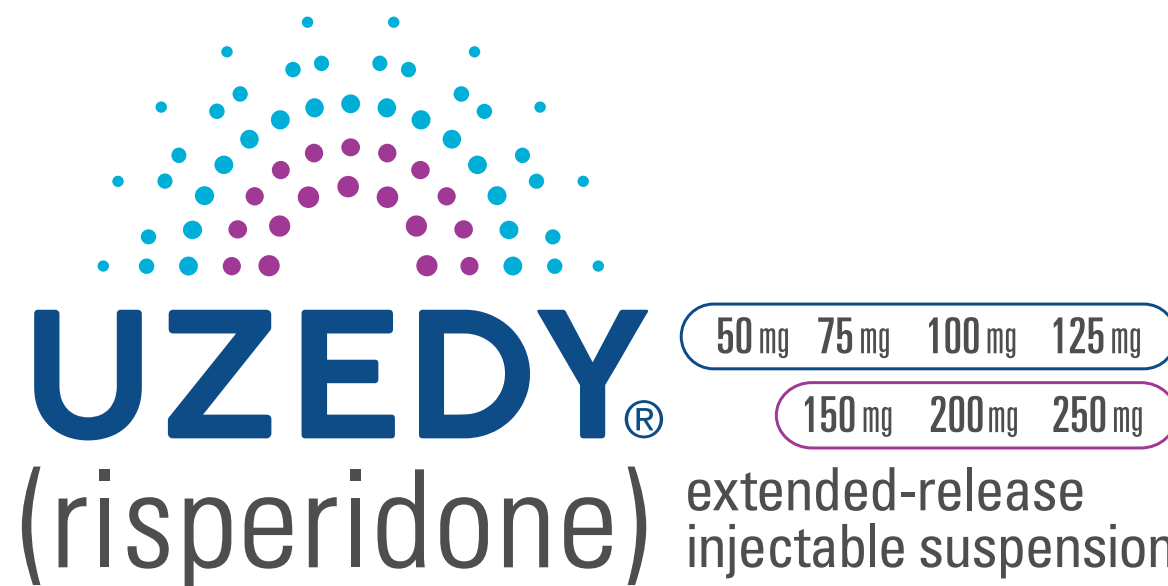
References





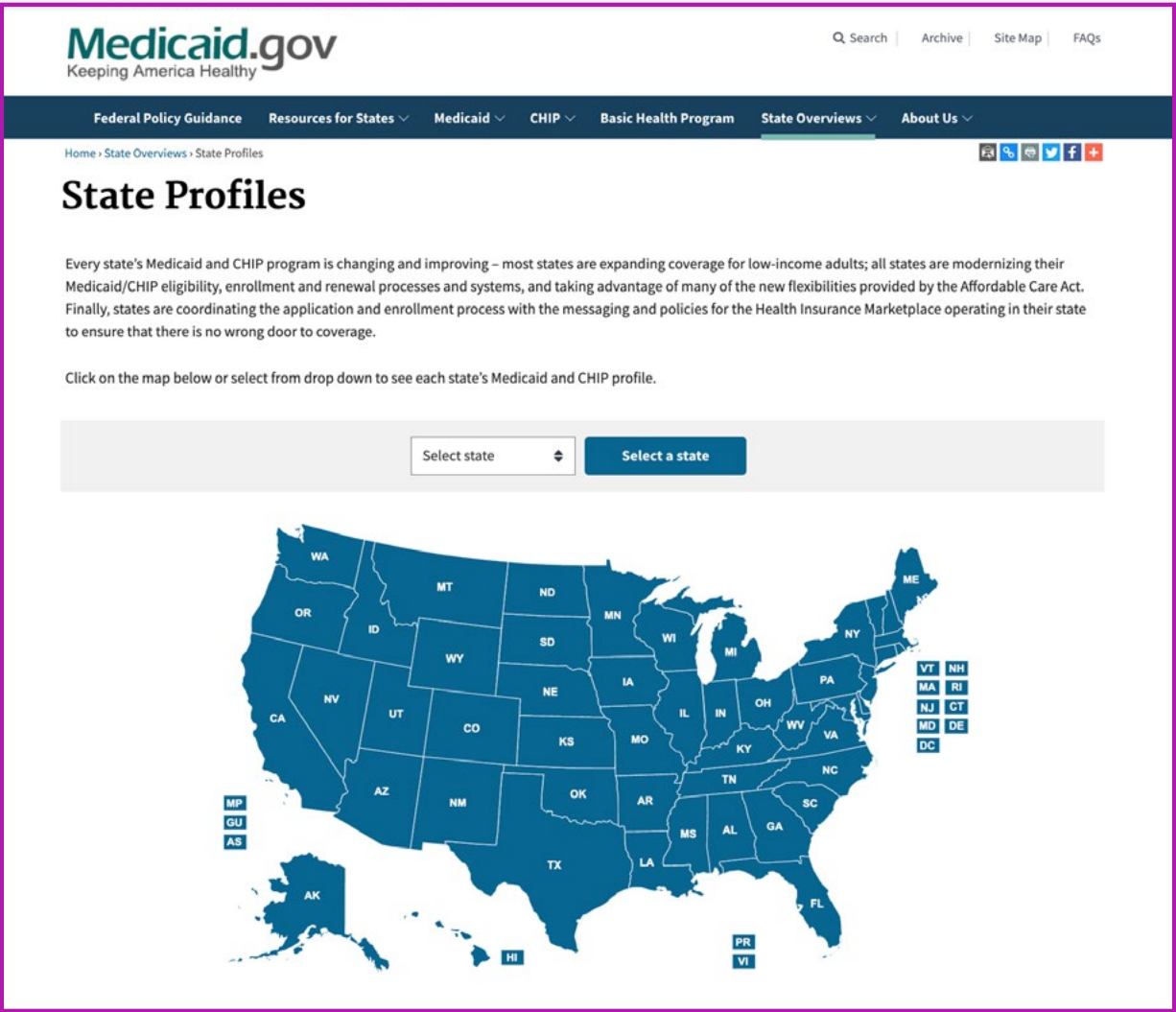


Tap ◀ ▶ to move to the previous or next screen, or 🏠 to navigate back to the table of contents.



# 5 MEDICAID & MEDICARE RESOURCES

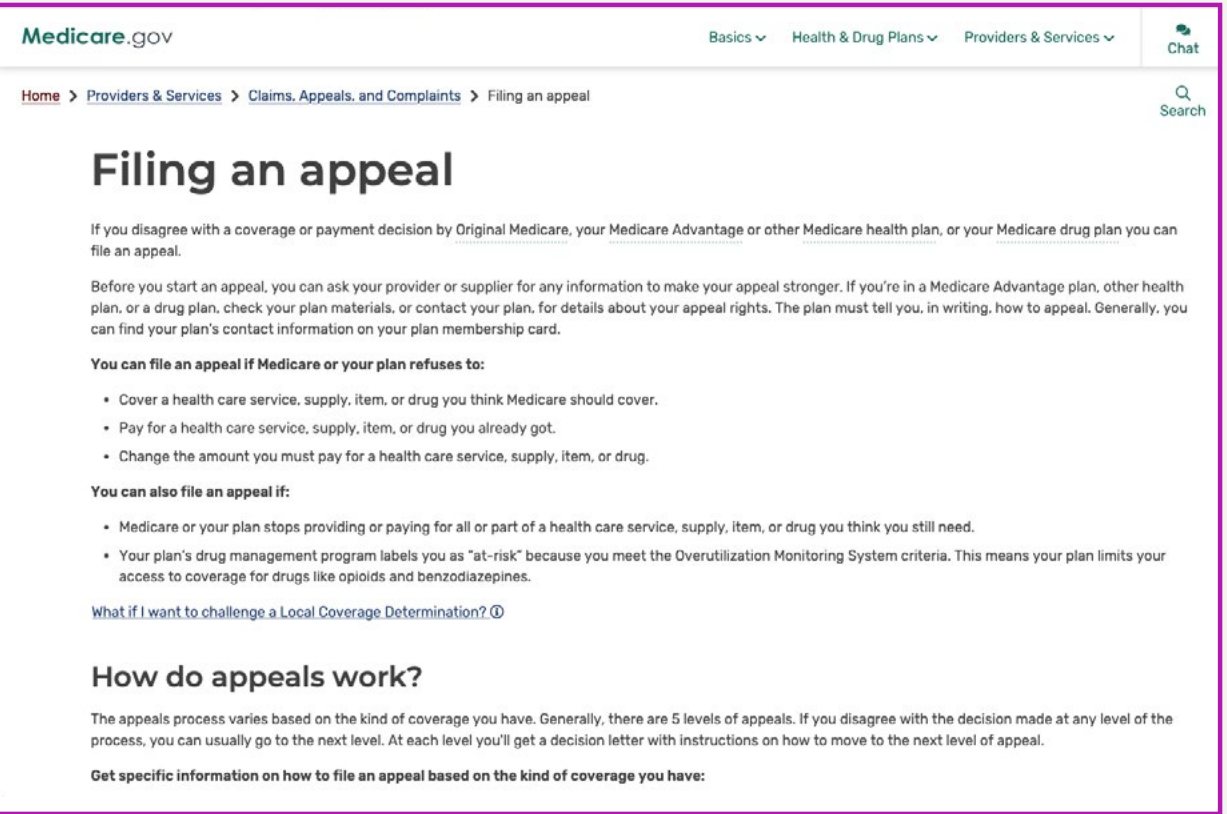
## Medicaid



Use the interactive map to view information about Medicaid plans in your state

[View interactive map](#)

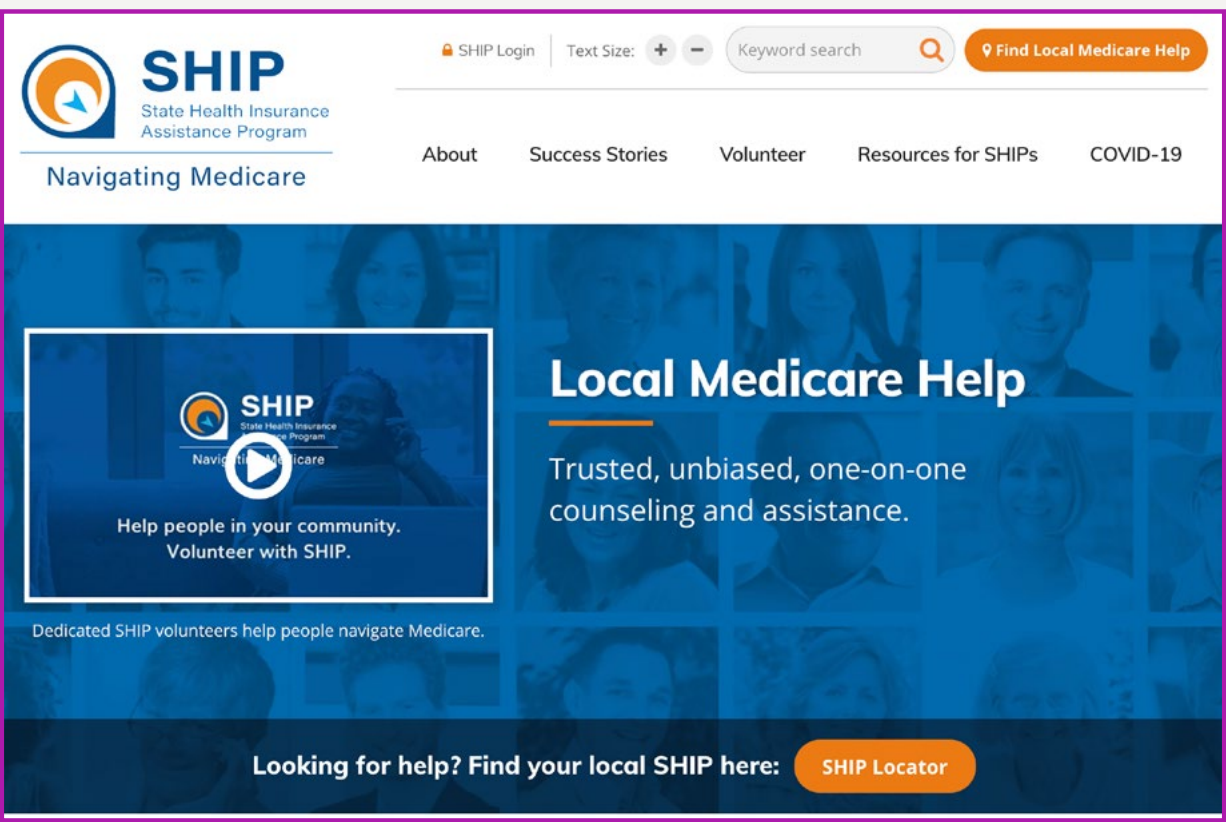
## Medicare appeals



Guidance on how to file an appeal for Original Medicare, Medicare Advantage, and Part D plans

[Go to Medicare.gov](#)

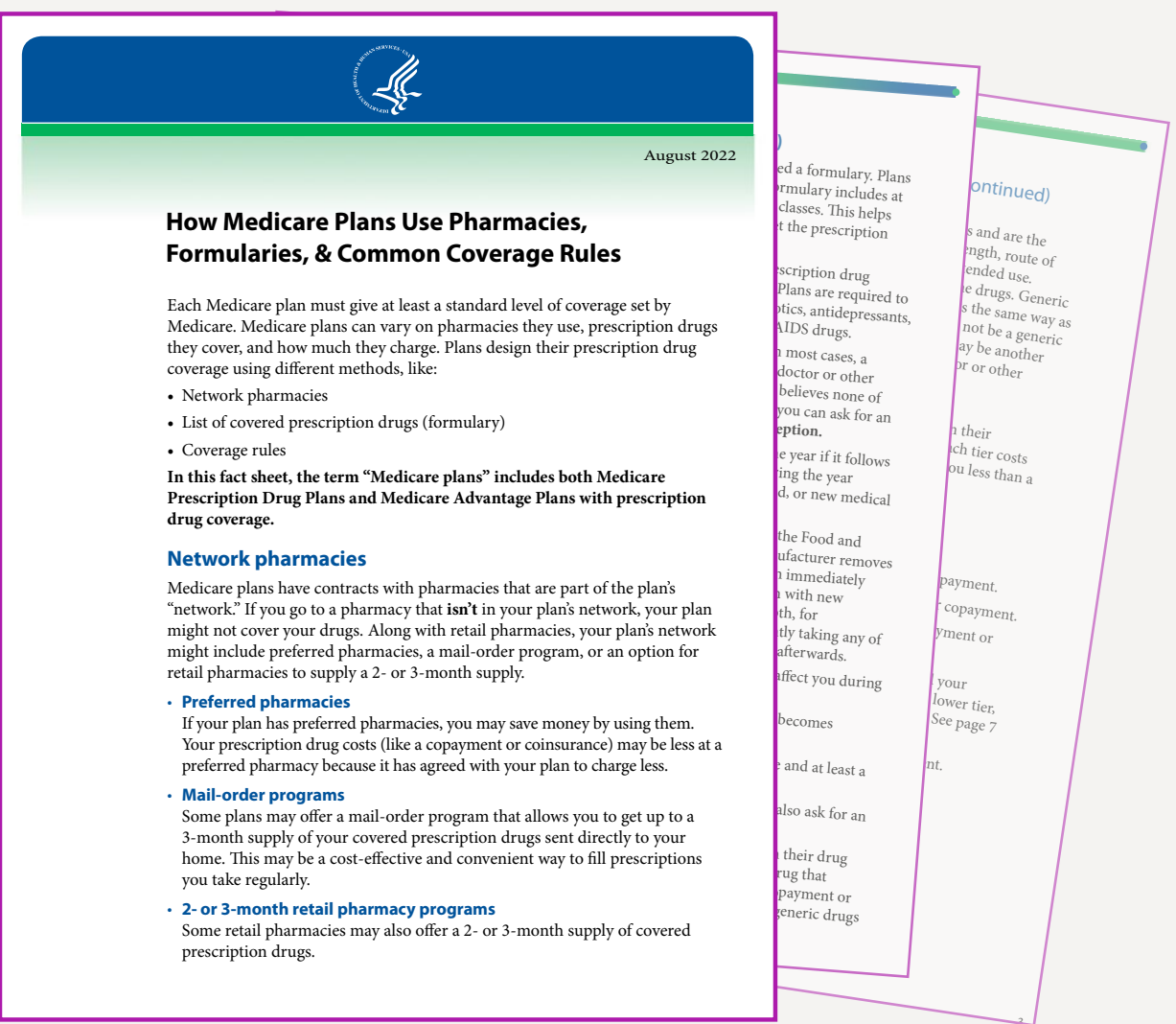
## State health insurance assistance program



Find your state-specific local contact for assistance navigating Medicare

[Go to Shiphelp.org](#)

## Medicare drug plans fact sheet



Information about Medicare Part D plan formulary rules

[Go to Medicare.gov](#)

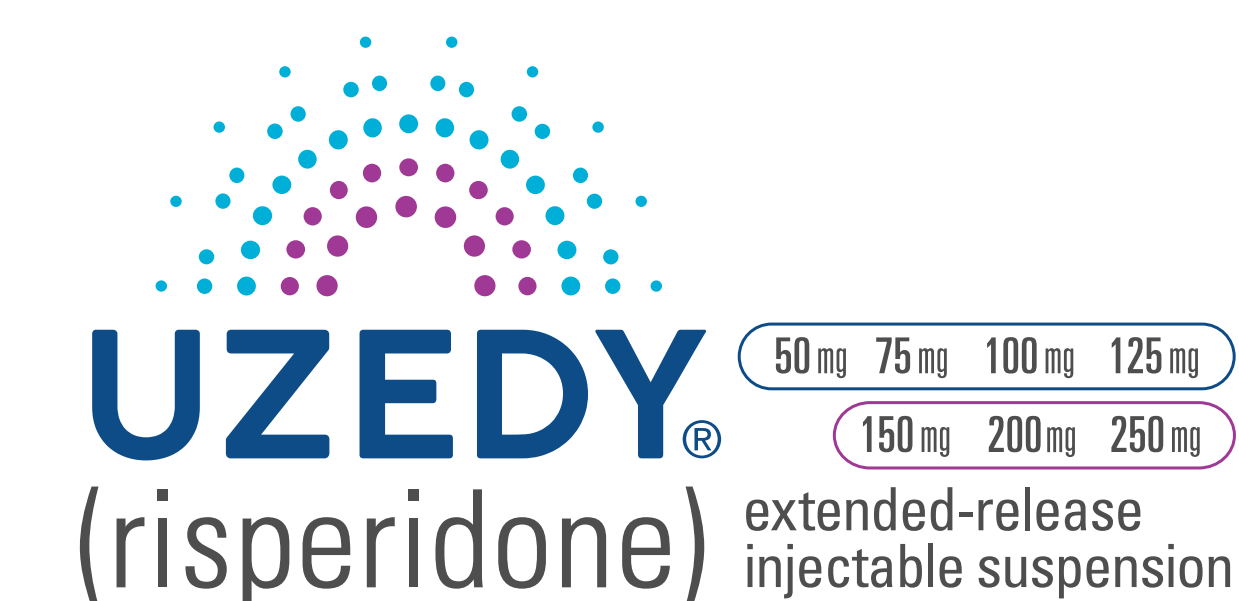
Please see the full Prescribing Information, including **Boxed WARNING** for UZEDY.

Prior Authorization	Exceptions	Appeals	Sample Forms & Letters	Medicaid & Medicare Resources	Teva Shared Solutions	References
✓ Checklist	✓ Checklist	✓ Checklist				





Tap ◀ ▶ to move to the previous or next screen, or 🏠 to navigate back to the table of contents.



## 6 TEVA SHARED SOLUTIONS®

Teva Shared Solutions is designed and committed to help patients gain affordable access to UZEDY. A dedicated team provides support through the following services and offerings to help patients get started and stay on treatment.



### Patient Initiation and Coordination

Help patients get started with UZEDY

#### Benefits Verification

Confirms prescription coverage and pharmacy options based on specific eligibility and coverage

#### PA/Appeals Support

Communicates the prior authorization requirements, and supports the appeals process as requested

#### Medicare and Medicaid Benefits Navigation Support

Reviews Medicare and Medicaid coverage options

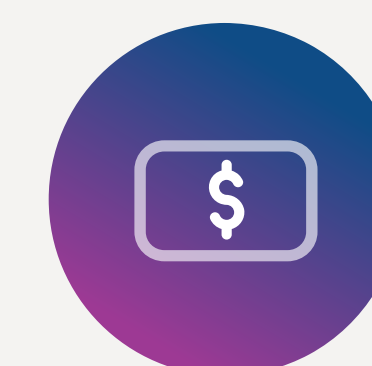
#### Coordination With a Dispensing Pharmacy

Coordinates care with the patient, prescriber, dispensing pharmacy, and site of care



### TEVA SHARED SOLUTIONS BROCHURE

Download the Teva Shared Solutions Brochure



### Financial Assistance

Help patients identify financial support options for UZEDY

#### Savings Offer

Reduces costs for commercially insured patients (eligible patients may pay as little as \$0 for once-monthly or once-every-2-month dosing options of UZEDY)\*

\*Offer is available for patients with commercial insurance only. This offer is NOT available for patients eligible for Medicare, Medicaid, or any other form of government insurance coverage.



### Alternate Site-of-Care Network

Help patients find convenient site-of-care locations

#### Directory

Provides a directory of available treatment locations



### Nurse Support

Help patients stay informed about their treatment journey with UZEDY

#### Over-the-Phone Support and Education

Provides an introductory program welcome call and nurse support to patients and caregivers to answer questions and help with treatment adherence

**teva** | Shared Solutions

**For additional support, contact Teva Shared Solutions.**

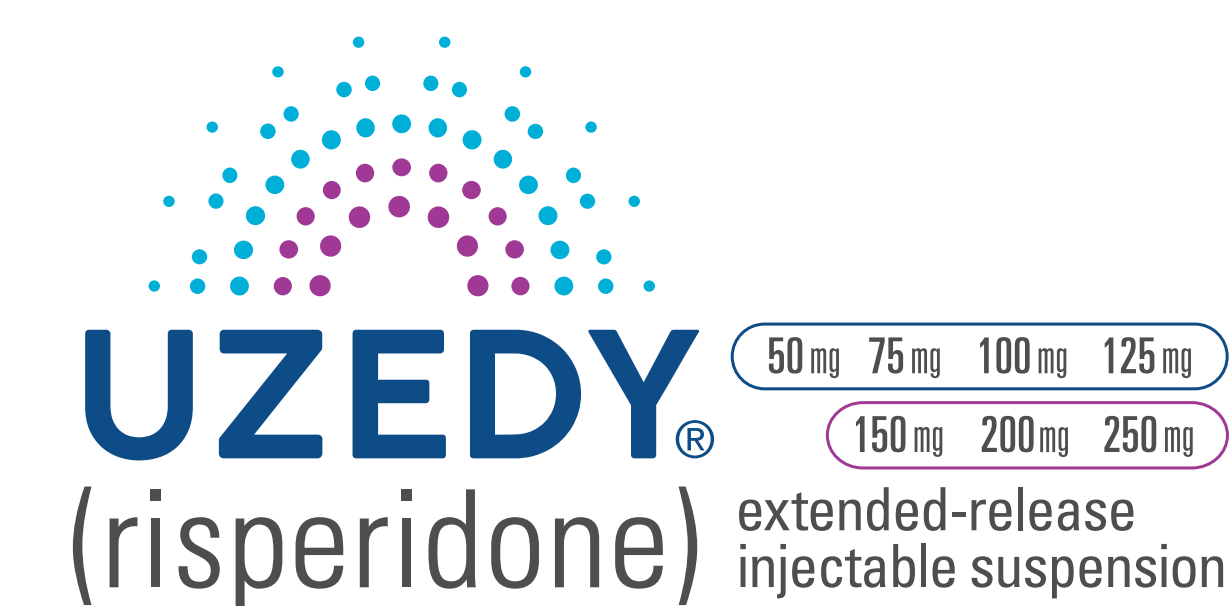
Call 1-800-887-8100 (9am to 8pm ET, M-F)

Please see the full Prescribing Information, including **Boxed WARNING** for UZEDY.





Tap ◀ ▶ to move to the previous or next screen, or 🏠 to navigate back to the table of contents.



## 7 REFERENCES

1. Association of Managed Care Pharmacy. Managed care glossary. Accessed September 16, 2024. [www.amcp.org/about/managed-care-pharmacy-101/managed-care-glossary](http://www.amcp.org/about/managed-care-pharmacy-101/managed-care-glossary).
2. Centers for Medicare & Medicaid Services. Preauthorization. Accessed September 16, 2024. [www.healthcare.gov/glossary/preauthorization](http://www.healthcare.gov/glossary/preauthorization).
3. Center for Medicare Advocacy. Part D prescription drug benefits. Accessed September 16, 2024. [www.medicareadvocacy.org/medicare-info/medicare-part-d](http://www.medicareadvocacy.org/medicare-info/medicare-part-d).
4. American Medical Association. Tips to help physicians reduce the prior authorization burden in their practice. Accessed September 16, 2024. [www.ama-assn.org/practice-management/sustainability/prior-authorization-practice-resources](http://www.ama-assn.org/practice-management/sustainability/prior-authorization-practice-resources).
5. Centers for Medicare & Medicaid Services. Medicare Prescription Drug Benefit Manual. Chapter 6-Part D drugs and formulary requirements. Revised January 15, 2016. Accessed September 16, 2024. [www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/part-d-benefits-manual-chapter-6.pdf](http://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/part-d-benefits-manual-chapter-6.pdf).
6. Centers for Medicare & Medicaid Services. Coverage Determinations. Accessed September 16, 2024. [www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/CoverageDeterminations-](http://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/CoverageDeterminations-).
7. Centers for Medicare & Medicaid Services. Exceptions. Accessed September 16, 2024. [www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Exceptions](http://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Exceptions).
8. UnitedHealthcare. Coverage determinations and appeals. Accessed September 16, 2024. [www.uhc.com/medicare/resources/prescription-drug-appeals](http://www.uhc.com/medicare/resources/prescription-drug-appeals).
9. National Marrow Donor Program. Be the Match. Payer Definitions. Accessed September 16, 2024. <https://network.bethematchclinical.org/workarea/downloadasset.aspx?id=14062%20>.
10. Centers for Medicare & Medicaid Services. Appeals overview. Accessed September 16, 2024. [www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/AppealsOverview](http://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/AppealsOverview).
11. Patient Advocate Foundation. A patient's guide to navigating the insurance appeals process. Accessed September 16, 2024. [www.patientadvocate.org/wp-content/uploads/Navigating-the-insurance-appeals-guide-pages.pdf](http://www.patientadvocate.org/wp-content/uploads/Navigating-the-insurance-appeals-guide-pages.pdf).
12. AGShealth Medical coding: the key to eliminating claims denial and reducing administrative costs. July 23, 2022. Accessed September 16, 2024. [www.agshealth.com/blog/medical-coding-the-key-to-eliminating-claim-denials-and-reducing-administrative-costs](http://www.agshealth.com/blog/medical-coding-the-key-to-eliminating-claim-denials-and-reducing-administrative-costs).
13. Medicaid and CHIP Payment and Access Commission (MACPAC). Federal requirements and state options: Appeals. July 2018. Accessed September 16, 2024. [www.macpac.gov/publication/federal-requirements-and-state-options-appeals](http://www.macpac.gov/publication/federal-requirements-and-state-options-appeals).
14. Tikkanen R, Osborn R, Mossialos E, et al. International health care system profiles: United States. The Commonwealth Fund. June 5, 2020. Accessed September 16, 2024. [www.commonwealthfund.org/international-health-policy-center/countries/united-states](http://www.commonwealthfund.org/international-health-policy-center/countries/united-states).
15. Centers for Medicare & Medicaid Services. Medicare prescription drug (Part D) coverage determination/appeals process. Accessed September 16, 2024. [www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Downloads/Flowchart-Medicare-Part-D.pdf](http://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Downloads/Flowchart-Medicare-Part-D.pdf).
16. Centers for Medicare & Medicaid Services. Medicare & you 2025. Accessed September 16, 2024. <https://www.medicare.gov/publications/10050-medicare-and-you.pdf>.

**Please see the full Prescribing Information, including Boxed WARNING for UZEDY.**



© 2024 Teva Neuroscience, Inc.  
RIS-41158 October 2024