

Buy-and-bill process checklist

The checklist below includes common steps that organizations may consider that can help manage LEQVIO® acquisition through buy-and-bill.

This information is provided for educational purposes only and is not a guarantee of coverage or reimbursement. This checklist is not meant to be exhaustive of all steps that may need to be considered in order to acquire through buy-and-bill. It is the sole responsibility of the health care provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

1	Verify benefits
	Confirm the patient's benefits with their insurance plan
	Complete the LEQVIO one-page Start Form (optional) and submit through the Service Center Portal at ServiceCenterPortal.com OR via fax at 877-LEQVIO8 (877-537-8468)
	If a Start Form was sent to the Service Center, review Statement of Benefits once your office receives it, usually within 3-5 business days, to understand: • If a prior authorization (PA) is required, as well as any plan-specific PA criteria • The patient's out-of-pocket costs • Methods of acquisition allowed by the health plan • Payer site-of-care requirements • Billing and coding information
	Ensure that the patient has met their plan's PA criteria (if applicable) before submitting a PA. PA criteria may vary by plan
	Discuss out-of-pocket costs with the patient
2	Order LEQVIO
	Establish an account with accredited distributors before you begin ordering
	Develop methods for separating buy-and-bill inventory, free drug samples, and specialty pharmacy inventory
	Finalize storage logistics for LEQVIO. Remember that LEQVIO can be stored at room temperature. Controlled room temperature is 68-77 °F (20-25 °C) with allowable excursions between 59-86 °F (15-30 °C)
	Prepare to assume financial responsibility for LEQVIO
3	Administer LEQVIO
	Review the patient's out-of-pocket costs
	Collect the patient's co-pay or coinsurance according to your practice's billing protocols
	Administer LEQVIO
	If a patient is in for their initial dose of LEQVIO, schedule them to come back for another dose in 3 months. After that, plan and schedule the patient's next injection for every 6 months





4	Submit claim
	Fill out a CMS-1500 or CMS-1450 (UB-04) form if billing prescribed medications administered in an HCP office or hospital outpatient setting, respectively
	Understand current commercial and Medicare Advantage contracts
	Use permanent J-code J1306 for patients who received LEQVIO®.¹ Ensure the JZ modifier is used with the J-code for all claims. You are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts²
	Include the appropriate number of billing units for LEQVIO: 284 mg=284 billing units ¹ in Box 24G of the CMS-1500 form and Box 46 of the CMS-1450 form
	Contact the insurance plan directly to check the status of the claim
5	Manage reimbursement
	Understand your reimbursement rate based on the plan contract and published fee schedules. Review these rates and fee schedules on a quarterly basis in case of an update
	Allocate an experienced staff member to submit and track reimbursement claims
	Review the remittance advice—also referred to as an explanation of benefits (EOB)—to ensure appropriate payment once received
	Establish a reconciliation process to ensure all of the consumed inventory is captured in the billing process
	Audit claims on a regular basis
	Make certain that accounts receivable match the accounts payable
	If your claim is denied, follow the appeals process to help get the claim approved. Contact the LEQVIO Service Center and see the <u>PA and Appeals Guide</u> on <u>LEQVIO-access.com</u> for more information

Review the buy-and-bill considerations on the next page for additional information when getting started.



Important considerations when buying and billing for LEQVIO®

5 ste	ps in the buy-and-bill process ³	Expected timing
1	Verify patient benefits and what the patient out-of-pocket may be*	Timing dependent on practice process
2	Order LEQVIO [†]	1–3 days
3	Administer LEQVIO	Timing dependent on practice process
4	Submit claim	Timing dependent on clean submission

Overview of reimbursement types for drugs reimbursed under the medical benefit

Note: It is the provider's responsibility to research payer contract status and agreements.

Medicare:

• ASP + 6% without sequestration (for Medicare Part B drugs)§

Manage reimbursement*

· Fee schedule established by the plan

Commercial:

Reimbursement varies by payer and contract. Some common models:

- WAC + %
- ASP + %
- · Fee schedule established by the plan
- · Percent of billed charges

and payer processes

Medicaid:

Reimbursement varies by payer and contract.

For questions or support, reach out to your Novartis Access and Reimbursement Expert.

ASP, average sales price; HCP, health care professional; PA, prior authorization; WAC, wholesale acquisition cost.

References: 1. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: First Quarter, 2022 HCPCS Coding Cycle. Accessed November 7, 2023. https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-1-2022-drugs-and-biologicals.pdf 2. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals_JW modifier and JZ modifier policy frequently asked questions. Accessed November 7, 2023. https://www.cms.gov/medicare/medicare-fee-forservice-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf 3. Fein AJ. Published October 26, 2021. Accessed November 7, 2023. https://www.drugchannels.net/2021/10/follow-vial-buy-and-bill-system-for.html

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^{*}Patients with Medicare Advantage (Medicare Part C, Medicaid, or other public insurance coverage) may require precertification or prior authorization as conditions for coverage. The drug manufacturer's service center (patient reimbursement services hub) may provide assistance with benefits investigation and some patients may be eligible for assistance with co-pay costs.

[†]The HCP will need to store and track drug inventory.

^{*}Payment will be reduced by sequestration.

[§]Sequestration applies. 2% reduction to the Medicare allowable.