



Navigator Program™

Patient Support by Orphalan

Reimbursement Guide

STEP 1: Submit a prescription for CUVRIOR® (trientine tetrahydrochloride)

Option 1: Complete the Navigator Program™ Start Form

When completed in its entirety, the Start Form serves as a valid prescription and enrolls the patient in The Navigator Program.

This enrollment allows the pharmacy to identify which offerings the patient may be eligible for. Patient consent may be required for certain program offerings.

[Start Form](#)

Option 2: Submit an eRX through your electronic medical record system

Specialty Pharmacy: PANTHERx Specialty, LLC

NPI: 1316213531 or 1750843314

Address: 1120 Stevenson Mill Road Suite 400, Coraopolis, PA 15108

Note: Submitting an eRX does not enroll your patient in the Navigator Program. For access to certain offerings, additional information may be requested.

Helpful tip or takeaway



Always send a front and back copy of all insurance cards—medical and pharmacy—with each prescription.

STEP 2: Is prior authorization (PA) required?

Yes
Go to Step 3.

No
Your insurance steps are complete!
PANTHERx will coordinate shipping the prescription to the patient. See page 4 for financial assistance available to eligible patients.

STEP 3: Complete a PA request

PA Submission Pathways

Electronic PA (ePA)

- If available, PANTHERx will initiate an ePA through CoverMyMeds® and fax your office the assigned key code for your review, clinical completion, and submission to the insurance company

Manual PA

- If the insurance company determines an ePA is not available, PANTHERx will gather the information needed for the PA submission process (ie, phone numbers, forms, fax numbers) from the insurance company and share it with your office
- PANTHERx or your Field Reimbursement Manager (FRM) will reach out to your office with any next steps

Helpful tip or takeaway



When submitting the PA, either electronically or manually, be sure to include chart notes, applicable labs, and any other documentation that may be appropriate.

We recommend tracking your PA requests and noting submission dates and outcome (approval or denial) for each patient to streamline the process as much as possible.

PANTHERx cannot submit a PA for you or complete a letter of medical necessity.

Follow up on your requests and provide any information that is needed as soon as possible to your Care Coordinator or FRM to keep your requests moving.

STEP 4: Is your PA request approved?

Yes

Your insurance steps are complete!

Please fax the approval letter to PANTHERx at 1-866-716-ORPH (6774).

PANTHERx will coordinate shipping the prescription to the patient. See page 4 for financial assistance available to eligible patients.

No

Fax denial letter to PANTHERx at 1-866-716-ORPH (6774).
Go to Step 5.

Helpful tip or takeaway



The denial letter details why the PA was not approved. Common reasons may include:

- Incorrect codes
- Incorrect product information
- Missing information
- Additional medical rationale or step edit is required

If additional information is requested, submit the necessary documentation immediately. Sometimes, a letter of medical necessity must outline a patient's specific clinical or medical need for a medication. Your FRM can provide you with a [sample letter of medical necessity](#) for your reference.

STEP 5: Review the payer's unique appeals process and submit an appeal

- Do they require a particular form or letter of medical necessity?
 - Your FRM can share a letter of medical necessity with you as a template
- How should the form be submitted to the payer?
- Can you speak with the payer over the phone (ie, a peer-to-peer call)?
- What is the turn-around time for appeal review?

Helpful tip or takeaway



When submitting an appeal, include a denial letter, chart notes, a letter of medical necessity, and any other documentation requested by the insurance company.

Record the correspondence with the payer at every point of the appeals process and track your appeal closely.

Once you've completed and submitted a letter of medical necessity and appeal packet to the insurance company, please also fax to PANTHERx at 1-866-716-ORPH (6774).

More than one level of appeal may be required by the insurance company.

STEP 6: Is your appeal request approved?

Yes

Your insurance steps are complete!

Please fax the approval letter to PANTHERx at 1-866-716-ORPH (6774).

PANTHERx will coordinate shipping the prescription to the patient. See page 4 for financial assistance available to eligible patients.

No

Fax denial letter to PANTHERx at 1-866-716-ORPH (6774). Repeat Step 5, if additional appeal is available.

Helpful tip or takeaway

What if an external claim review is required?

Most states have their own rules for external claim reviews, which an independent party conducts. Requests for external reviews typically must be submitted within 60 days (about 2 months) of receiving a payer's decision to deny a claim. After receiving the request, the review takes 60 days or less to complete. The external reviewer's decision is final.

Learn more about [external claims reviews](#) by contacting your FRM for assistance.

After all appeals are exhausted, including external review if available, your patient may be eligible to receive their prescription at no cost through the Patient Assistance Program (PAP).



The Navigator Program is a no-cost program created to provide access support to your patients throughout their entire treatment journey. The program includes:



Quick Start Program provides eligible patients with access to their medication at no cost for a limited time while insurance coverage is determined



Co-pay assistance for eligible, commercially insured patients



Patient Assistance Program (PAP) for eligible patients that are uninsured or encountering affordability concerns with their medication

Get started today

[Start Form](#)



For more information or to learn more, contact a Care Coordinator at **1-877-995-ORPH (6774)** or reach out to your **Field Reimbursement Manager**.