

iDose\* TR (travoprost intracameral implant) 75mcg, for intracameral administration

# Specialty Pharmacy For Your iDose® TR Patients Working with a Specialty Pharmacy

iDose\* TR is dispensed exclusively by the specialty pharmacy, Orsini. This guide will explain the benefits they offer you and your patients.

# What is a specialty pharmacy?

A specialty pharmacy (SP) is an outside company that provides specialty pharmaceuticals to healthcare providers.

These products may have special handling and inventory control requirements.

The SP assumes the financial risk for the drug and is responsible for seeking coverage and reimbursement from insurance and the patient.

An SP is an alternate way of obtaining iDose® TR kit for your patient versus the traditional buy and bill process.

# What do you need to know when using an SP?

- The SP assumes the financial risk for the product
- SPs will run benefit verifications and prior authorizations
- The SP will be responsible for seeking reimbursement from the payer and any patient cost-sharing responsibilities for the product

# Specialty pharmacy process

#### **STEP 01**

Provider sends prescription to SP







#### **STEP 02**

SP sends product to provider and bills for product







Provider performs and bills for procedure







#### **STEP 03**

Insurance reimburses SP for product







Insurance reimburses provider for procedure







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# Understanding the differences between buy and bill and SP

	Buy and Bill	SP
Payer	Most all payers allow buy and bill	Commercial payers may allow SP  Medicare FFS does not allow dispensing of Part B covered drugs via SP
Insurance Authorization	The site of care is responsible for obtaining any required prior authorization(s)	Provider obtains authorization for the procedure SP obtains authorization for the product
Ordering & Shipment	Provider purchases iDose® TR directly from Glaukos Glaukos ships the product directly to the site of care	Provider sends a prescription enrollment form to the SP with patient insurance information SP confirms order with patient and site of care
Inventory	Site of care maintains an inventory stock that can be used any time for any patient	Patient should be scheduled in anticipation of product delivery, based on the expected ship and receipt date.
Patient Scheduling	Patient can be scheduled when convenient, as there is stock on hand (assuming payer approvals have been obtained)	Patient should be scheduled in anticipation of product delivery Set expectations that approval and SP coordination may take time
Billing & Reimbursement	Provider submits a claim for both the procedure (0660T) and the product (J7355)	Provider bills only for procedure including for facility and professional fees, as appropriate
Patient Cost Share	Provider is responsible for collecting patient cost-share for the procedure and the product	Provider collects patient cost-share for the procedure only SP collects patient cost-share for iDose® TR for the patient

### Your specialty pharmacy for iDose® TR

# Orsini is the exclusive specialty pharmacy provider of iDose®TR

# Orsini will provide the following **for the product only**

- Benefit investigation
- Collecting patient cost-share
- · Obtaining prior authorization



Provider and patient questions: 847-378-5982

Provider fax orders: 847-892-1145 www.idoseliaison@orsinihc.com

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# Step-by-step guide

#### **STEP 01**

#### **Prescription Intake**

Provider submits enrollment form and prescription to Orsini via Fax

#### **STEP 02**

#### **Benefit Verification**

Orsini verifies benefits and works with the provider to get prior authorization for J7355 (if required) and contacts the patient to advise of cost-share responsibility for the product

#### **Prior Authorization**

Physician obtains predetermination or PA (if required) for the procedure (0660T).

#### **STEP 03**

#### **SP Claim Submission**

Once the prior authorization is approved, Orsini submits the claim and collects patient costshare for the product

#### **STEP 04**

### Product Shipped to Site of Care

Orsini ships patientspecific iDose® TR to site of care

#### **STEP 05**

#### iDose® TR Procedure Performed

Provider performs iDose® TR procedure

#### **STEP 06**

## Procedure Claims Submission

Site of care submits procedure claim (0660T) to patient's insurance according to payerspecific billing guidelines

#### **STEP 07**

## Patient Cost-Share (Procedure)

Site of care collects cost-share responsibility from patient for procedure

# Frequently Asked Questions

#### Should I use an SP?

Unless mandated by a payer, physicians can often choose whether they want to use an SP. This decision is typically based on the business needs of the practice. In general, SPs are used when physicians prefer to eliminate the financial responsibility of "buy and bill".

#### Can I use an SP for all my patients?

No. Benefits will vary by payer and plan design. It will be important to verify the benefits for each patient to determine if an SP is an option for them. The SP can determine this for you and your patient. Your Glaukos Reimbursement Liaison can also provide you the plans in your office payer mix that participate with the SP program.

#### What do I need to tell my patients about SPs?

Orsini will be coordinating the product portion of treatment for your patients. Orsini will contact your patients by phone and will process any cost-sharing responsibilities. The product will be shipped directly to the site of care office where they will be receiving the iDose® TR procedure.

#### Do I need separate authorization for the procedure?

As your office will bill for the procedure (0660T), the office will be responsible for obtaining a prior authorization for the procedure, if it is required. It is best to verify plan authorization requirements before proceeding.

#### How is copay assistance typically applied through a specialty pharmacy?

For eligible patients with commercial (non-government) insurance, copay assistance is applied directly at the specialty pharmacy's point of sale. This means the copay assistance reduces the patient's out-of-pocket cost immediately, without requiring an Explanation of Benefits (EOB) submission. The specialty pharmacy verifies insurance, applies the copay program if the patient qualifies, and collects any remaining balance before dispensing the drug.

#### What if the patient cancels their appointment?

Please contact Orsini to discuss next steps:

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#### What do I do next?

Once the decision is made to use the SP Program, complete the iDose® TR enrollment form and submit it directly to Orsini to determine SP eligibility based on the patient's plan. The patient's and prescriber's signatures are required on the enrollment form.

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#### Disclaimer

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#### **INDICATIONS AND USAGE**

iDose\*TR (travoprost intracameral implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).

#### IMPORTANT SAFETY INFORMATION

#### Dosage and Administration

For ophthalmic intracameral administration. The intracameral administration should be carried out under standard aseptic conditions.

Contraindications

iDose\*TR is contraindicated in patients with active or suspected ocular or periocular infections, patients with corneal endothelial cell dystrophy (e.g., Fuch's Dystrophy, corneal guttatae), patients with prior corneal transplantation, or endothelial cell transplants (e.g., Descemet's Stripping Automated Endothelial Keratoplasty [DSAEK]), patients with hypersensitivity to travoprost or to any other components of the product.

#### **Warnings and Precautions**

iDose TR should be used with caution in patients with narrow angles or other angle abnormalities. Monitor patients routinely to confirm the location of the iDose TR at the site of administration. Increased pigmentation of the iris can occur. Iris pigmentation is likely to be permanent.

#### Adverse Reactions

In controlled studies, the most common ocular adverse reactions reported in 2% to 6% of patients were increases in intraocular pressure, iritis, dry eye, visual field defects, eye pain, ocular hyperemia, and reduced visual acuity.

Please see full Prescribing Information. PM-US-2805 V-1

