

LOKELMA Access and Coverage Management Guide

The *My LOKELMA Support Program* provides personalized support to streamline access and connect your patients to affordability programs for LOKELMA.



If you have questions, the *My LOKELMA Support Program* has Specialists who can provide access support, Monday through Friday, 8 AM to 8 PM ET.



1-866-494-8080



<https://www.lokelma-hcp.com/access-and-savings.html>



1-855-880-5258



2730 S Edmonds Ln #300, Lewisville, TX 75067

Access and Coverage for LOKELMA

This guide provides an overview of the *My LOKELMA Support Program* offerings and outlines how we can help to ease the access process for your patients. Below is a high-level overview of the LOKELMA access journey. This process is color-coded, and each step throughout this guide indicates which stakeholder has the primary responsibility.

1 **My LOKELMA Support Program Enrollment**

2 **Benefits Investigation**

3 **Prior Authorization**

4 **Patient Pick-up**

● Health care professional (HCP)/Office staff ● My LOKELMA Support Program ● Patient



HCP/Office staff

Step 1 – My LOKELMA Support Program Enrollment

My LOKELMA Support Program Enrollment Form

Now that you've prescribed LOKELMA, you can begin the patient enrollment process.

The Enrollment Form initiates the *My LOKELMA Support Program* process.

To enroll patients, you can download the enrollment form at <https://www.lokelma-hcp.com/access-and-savings.html> or call 1-866-494-8080 Monday through Friday, 8 AM to 8 PM ET.



My LOKELMA Support Program

Step 2 – The Benefits Investigation

Once a patient is enrolled, the *My LOKELMA Support Program* conducts a benefits investigation.

A benefits investigation determines expected prescription drug coverage through the patient's health insurance plan and may include:

Coverage and prior authorization requirements

Patient out-of-pocket costs

At this stage, a tiering exception may also be requested based on your patient's coverage.



Tiering exception:

A request to obtain a non-preferred drug or a preferred drug covered at Tier 2 or above at a lower out-of-pocket cost.



After completing a benefits investigation, *My LOKELMA* will communicate the results including details on how LOKELMA is covered by the patient's health insurance plan, the patient's out-of-pocket costs, and if applicable, prior authorization requirements. This information will be communicated to your office and the patient by phone.

● Health care professional (HCP)/Office staff ● My LOKELMA Support Program ● Patient



My LOKELMA Support Program & HCP/Office staff Step 3 – The Prior Authorization (PA) Process

The benefits investigation may indicate that a PA is necessary for your patient to receive their medicine. The *My LOKELMA Support Program* will obtain that patient's health plan-specific PA requirements and communicate them to you. Failure to obtain PA can result in coverage denial by the plan.

To make sure you have the correct information for a PA, review the PA and Appeals Checklist.

PA overview:

- Your office submits the proper documentation
- My LOKELMA Support Program* follows up with the health plan to confirm receipt and relays their decision back to you

Once a PA is submitted, *My LOKELMA* will follow up with the health plan to confirm receipt, obtain status updates on the PA decision, and notify you and your patient when the PA has been approved.

Note: The *My LOKELMA Support Program* cannot complete or submit PA forms on the patient's behalf.

My LOKELMA Support Program PA and Appeals Checklist

Addressing PA denials

What can trigger a denial?



No documentation:
When the provider fails to respond to a request



Insufficient documentation:
When the medical documentation that was submitted does not meet the health plan approval requirements



Medically unnecessary medicine:
When the medicine provided is not deemed appropriate by the health plan based on the product indication

How the *My LOKELMA Support Program* can help

If a PA is denied, the *My LOKELMA Support Program* will contact the patient's health plan to determine the reason for denial. At this point, potential next steps for requesting an appeal or exception will be communicated to you.

Refer to the PA and Appeals Checklist for tips for managing the appeal process.

Once an appeal is submitted, the *My LOKELMA Support Program* will follow up with the patient's health plan to ensure a decision is reached.

Visit <https://www.lokelma-hcp.com/access-and-savings.html> for helpful templates, or call 1-866-494-8080 if you have questions regarding this process.



My LOKELMA Support Program & Patient Step 4 – Patient picks up their LOKELMA

At this stage, *My LOKELMA* contacts your patient about co-pay options

Based on the benefits investigation from step 2 and the PA process from step 3, the patient may be notified of potential out-of-pocket costs they are responsible for and affordability options available to them before they visit the pharmacy to pick up their prescription.

Notes:

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Health care professional (HCP)/Office staff



My LOKELMA Support Program



Patient

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