INSUPPORT®
Final Benefit Summary

User Guide

The Summary of Benefits details will be populated by INSUPPORT® with information collected from the patient's insurance provider.

INSUPPORT will research pharmacy and medical coverage on primary insurance benefit plans.

This section will provide the specifics of the patient's primary pharmacy coverage for medications. This will appear only if the product is covered by the patient's health insurance company under the pharmacy benefit.

The product acquisition options (ie, Buy & Bill, Specialty Pharmacy), as determined by the patient's insurance providers, are communicated here.

If INSUPPORT has triaged the patient information to the specialty pharmacy (SP), this box will say "Yes." The Triaged to Specialty Pharmacy name is the SP verified to be in network with the patient's insurance plan. The healthcare provider (HCP) must send the patient's prescription to the SP listed here in order to reduce delays. Once the prescription is sent, it will be linked to the patient's routed information from INSUPPORT and the SP will then begin processing the request for medication.

If the Triaged to Specialty Pharmacy box says "No," INSUPPORT has not triaged the patient's information to the SP.

Summary of Benefits

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Patient Name:		Patient DOB:		HUB ID#:
Prescriber Name:		Date of BI Completion:		

Primary Pharmacy Coverage Summary Page
Product Name: [Insert Product Name]
[SUBLOCADE® (buprenorphine extended-release), PERSERIS® (risperidone)]

Provider Network Status:	<In-Network, Out-of-Network>	Insurance Status:	<Active>
Insurance Name:	<Name>	Insurance Phone #:	<XXX-XXX-XXXX>
Insurance ID#:	<XXXXXXXXXX>	Insurance Group:	<XXXXXX>
Insurance Bin:	<XXXXXX>	Insurance PCN:	<XXXXXX>
Is Product Covered?	<Covered w/Approved PA, Covered w/Step Edit, Not Covered>	Patient [PRODUCT] OOP:	<Copay Amount>
Is PA Required for PBM?	<Yes/No>	Is PA Approval on File?	<Yes/No>
PBM PA Requirements:	<Pull from PBM PA Req's>	How is PA Submitted?	<Phone, Fax, CoverMyMeds, Website, Other>
Is the Patient eligible for Copay Assistance?	<Eligible, Enrolled, Not Eligible>	Copay ID:	<XXXXXXXXXXXX>
Options for Procure:	<Specialty Pharmacy, Buy & Bill>	Can Prescriber use a Specialty Pharmacy?	<Yes/No>
Triaged to Specialty Pharmacy?	<Yes/No>	Triage Specialty Pharmacy:	<Name>
Specialty Pharmacy Phone:	<XXX-XXX-XXXX>	Specialty Pharmacy Fax:	<XXX-XXX-XXXX>
Coding Requirements	NDC: <Code> ICD Diagnosis Code: <Code> Other Diagnosis Code: <Code>		

This summary contains information about the patient's health plan and their benefits as conveyed by their insurance plan. This information is provided for general reference and informational purposes only. INSUPPORT makes no representations or warranties regarding the accuracy or reliability of the information and does not guarantee coverage or payment. Any benefits are subject to all terms, conditions, limitations, and exclusions of the patient's health plan at time of service.

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This section will provide the specifics of the patient's primary medical coverage for medications. This will appear only if the product is covered by the patient's health insurance plan under the medical benefit.

This section details any prior authorization (PA) requirements from the patient's insurance plan. INSUPPORT® may include additional notes in the "PA Requirements" section.

If the patient's insurance provides additional coverage for food, lodging, or transportation, this section may include details about PA requirements, types of services offered, and the amount available to the patient. Additional coverage for food, lodging, or transportation may be available to Medicaid patients.

Patient Name:		Patient DOB:	HUB ID#:
Prescriber Name:		Date of BI Completion:	

Primary Medical Coverage Summary Page

Product Name: [Insert Product Name]
[SUBLOCADE® (buprenorphine extended-release), PERSERIS® (risperidone)]

Provider Network Status:	<In-Network, Out-of-Network>	Insurance Status:	<Active>
Insurance Name:	<Name>	Insurance Phone #:	<XXX-XXX-XXXX>
Insurance ID#:	<XXXXXXXXXX>	Insurance Group:	<XXXXXX>
Is Product Covered?	<Covered w/Approved PA, Covered w/Step Edit, Not Covered>	Patient [PRODUCT] OOP:	<Copay Amount>
CPT 96372 Covered?	<Covered, Not Covered>	CPT 96372 Cost:	<$XXX>
Is PA Required?	<Yes/No>	PA Requirements:	<Pull from PA Req's>
How is PA Submitted?	<Phone, Fax, CoverMyMeds, Website, Other>	Submission Department:	<Name>
Expected Turnaround Time for Decision?	<Number of Days>	Coverage Restrictions?	<Coverage Restrictions>
Is the Patient eligible for Copay Assistance?	<Eligible, Enrolled, Not Eligible>	Copay ID:	<XXXXXXXXXXXX>
Options for Procure:	<Specialty Pharmacy, Buy & Bill>	Can Prescriber use a Specialty Pharmacy?	<Yes/No>
Triaged to Specialty Pharmacy?	<Yes/No>	Triage Specialty Pharmacy:	<Name>
Specialty Pharmacy Phone:	<XXX-XXX-XXXX>	Specialty Pharmacy Fax:	<XXX-XXX-XXXX>
Food: <Yes/No, PA required, Type of Service, Amount>	Lodging: <Yes/No, PA required, Type of Service, Amount>	Transportation: <Yes/No, PA required, Type of Service, Amount>	
Coding Requirements	NDC: <Code> ICD Diagnosis Code: <Code> Other Diagnosis Code: <Code>		

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INSUPPORT® Resources

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For more information,
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