

Connect

Dedicated experts. Dependable resources. Insightful solutions.

Your trusted source for SINUVA access and reimbursement support.

Connect with an enhanced access experience

Welcome to Connect— a high-touch, high-quality support program that helps your office navigate the insurance approval and acquisition processes for SINUVA.

Highly personalized services for you and your patients

Connect offers dependable resources to help your office seamlessly navigate the payor coverage and reimbursement process. Your office gets direct access to:

- A simplified patient enrollment form
- Timely benefits investigation (BI)
- Comprehensive prior authorization (PA)
- Appeals support until a decision is made
- Coordinated reimbursement support services
- Strategic acquisition and product distribution support

Simplified patient enrollment

We improved the patient enrollment form to streamline information gathering and help speed up access to therapy. This “all-in-one” enrollment form effectively facilitates:

- BI
- PA support
- Patient authorization (optional)*

Connect to reimbursement support

Your dedicated **Connect** case manager works directly with your Regional Reimbursement Director to address questions about:

- Coding
- Billing
- Claim reimbursement issues



*Patient authorization is optional and enables personalized interactions between Connect and your patients to help keep them informed at each step of the SINUVA access pathway. Patient authorization is not needed to initiate or expedite the benefits investigation and PA processes.

Connect

with a dedicated case manager



After your first patient enrollment in Connect, you will receive an introductory call from your dedicated case manager. Your case manager works directly with your Regional Reimbursement Director and has comprehensive knowledge of regional payor coverage policies and processes.

Benefits Investigation and Verification

Your case manager will:

- Use modern and innovative technology to initiate a comprehensive BI
- Confirm whether SINUVA is covered under the medical or pharmacy benefit
- Inform you which acquisition and distribution methods the payor permits for SINUVA and the most cost-effective options allowed for your patient



- Send you a hard copy of a Verification of Benefits form, typically within 24 hours (2 business days), with full details about your patient's coverage:
 - Primary and any secondary insurance
 - SINUVA coverage (medical or pharmacy or both)
 - PA or precertification requirement (if any)
 - PA or precertification forms (if available)
 - Payor phone and fax numbers
 - Deductibles (in-network and out-of-network)
 - Patient co-pay or co-insurance
 - Benefit max—annual and lifetime (if applicable)
 - Payor-permitted acquisition and distribution methods

Prior Authorization or Precertification

Your case manager will:

- Answer questions about how to complete PA and precertification forms*
- Follow up with the payor through PA and precertification processes
- Inform you about coverage decisions in a timely manner

Appeals

Your case manager will collaborate with you and your dedicated Intersect ENT Regional Reimbursement Director to:

- Provide support in educating you on the appeals process
- Help you navigate coverage and reimbursement challenges

Count on reimbursement experts who know local payor policies.



*Payor policies typically require the healthcare provider to submit completed PA or precertification forms on behalf of patients. Connect cannot submit completed forms on behalf of your practice or your patient.

Connect

with the best way to get SINUVA

Once a patient's coverage is confirmed, your case manager will inform you about the acquisition and distribution method(s) permitted by the payor. There are 2 ways to obtain SINUVA, and your case manager will help you understand the options available to your patient, based on payor requirements. Your case manager will also provide status updates when your office is working with a specialty pharmacy.

Connect case managers have at least 5 years of experience navigating complex access and reimbursement processes.



1. Specialty Pharmacy (SP)

- If SINUVA's network of SPs can fill the prescription, the product will be shipped directly to your office or clinic^{*†}
- Your office simply bills for the medical procedure performed when SINUVA is used
- You do not need to buy, bill, or collect a co-pay for SINUVA



2. Specialty Distributor (SD)

- Payers (including Medicare and other plans) cover SINUVA under the medical benefit and may require your office to buy and then bill for SINUVA
- You will buy the product from the SD, bill the payor for reimbursement, and are responsible to collect the patient's co-pay or co-insurance for SINUVA
- SINUVA's network of SDs will ship the product directly to your office or clinic

Connect case managers help your patients receive SINUVA in a timely manner.



^{*}SPs may be able to conduct product pre-authorization requirements and bill the insurance company directly for SINUVA. When this occurs, you should only bill payors for the services related to insertion of SINUVA.

[†]The SP will call your office to arrange shipping date.

Connect

with supportive resources in 3 steps

SINUVA
(mometasone furoate) sinus implant

Phone: 1-833-4-SINUVA (1-833-474-6882)
 Monday – Friday, 8 AM – 8 PM ET

PATIENT ENROLLMENT FORM for SINUVA® (mometasone furoate) Fax completed form to 1-844-745-2358

PATIENT INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____
 DOB (mm/dd/yyyy): _____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Mobile Phone: _____ Email: _____

****In lieu of filling out the insurance section, you may attach a copy (front & back) of the patient's insurance and prescription cards**

PRIMARY MEDICAL INSURANCE

Subscriber Name: _____ Relationship: _____ DOB: _____
 Group #: _____ Policy #: _____ Member #: _____ Phone: _____

SECONDARY MEDICAL INSURANCE

Subscriber Name: _____ Relationship: _____ DOB: _____
 Group #: _____ Policy #: _____ Member #: _____ Phone: _____

PRIMARY PRESCRIPTION INSURANCE

Prescription/drug card company: _____
 Rx BIN #: _____ Group #: _____ Policy ID: _____ Phone: _____

PRESCRIPTION INFORMATION

Patient Diagnosis(es)/ICD-10-CM: J33.0 Polyp of nasal cavity J33.1 Polypoid sinus degeneration Other:
 J33.8 Other polyp of sinus J33.9 Nasal polyp, unspecified

CPT Code: _____
 Does Patient Currently Have Nasal Polyps: Yes No Date of Last Ethmoid Sinus Surgery: _____
 Total number of prior sinus surgeries: _____ Date of Last Course of Oral Corticosteroids: _____
 Known Allergies: _____ Other Conditions: _____
 UNILATERAL SINUVA (mometasone furoate) 1350 mcg Qty 1 (To be administered by physician. Route: Intra-nasal)
 BILATERAL SINUVA (mometasone furoate) 1350 mcg Qty 2 (To be administered by physician. Route: Intra-nasal)

SERVICES REQUESTED (select one)

Benefit Verification and PA Assistance
 Benefit Verification, PA Assistance & Coordination of Specialty Pharmacy Fulfillment

PRESCRIBER INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____ Designation: _____
 Prescriber Tax ID #: _____ State License #: _____
 NPI #: _____ PTAN #: _____
 Prescriber Phone: _____ Practice/Facility Name: _____
 Practice Street Address: _____ City: _____ Zip: _____
 Office Contact Name: _____ Office Contact Email: _____
 Office Contact Phone: _____ Fax: _____ Preferred Method of Contact: _____
 Site of Care (select one): Physician Office Hospital/Clinic Outpatient Surgical Center

PRESCRIBER SIGNATURE

Prescriber Signature: _____ Date of Signature (mm/dd/yyyy): _____

By signing above, I certify that the therapy prescribed is medically necessary and verify that the information provided is complete and accurate to the best of my knowledge. I also attest that I have obtained all appropriate patient authorizations and consents, including a signed HIPAA authorization, to disclose the patient's protected health information, and such other information as may be required, to the Pharmacy, Intersect ENT and its agents, to use and disclose as may be necessary to assist in obtaining coverage for the product, initiating therapy, providing treatment support services, and administering the SINUVA program. I affirm that the patient has been informed and agrees that (1) information disclosed pursuant to the patient's authorization may no longer be protected by federal and state privacy laws and may be redisclosed, (2) pharmacy providers may receive remuneration from Intersect ENT in exchange for health information and/or support services provided to them, and (3) authorization is voluntary and refusal to consent will not affect the patient's ability to obtain treatment or insurance benefits. I authorize Intersect ENT and its agents, and the dispensing pharmacy, to share information about the patient on my behalf, to convey this prescription to the pharmacy for dispensing, and for the pharmacy to dispense per its customary and usual procedures.

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Connect
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To get started, you and your patients must complete required information outlined on the **Connect** form. It takes just 3 steps to take advantage of what the **Connect** program has to offer:

- 1 Access the enrollment form on SINUVA.com/hcp
- 2 Complete a printed enrollment form with your patient
- 3 Fax the completed form to **Connect** at 1-844-745-2358



Call **Connect** directly at:
1-833-4-SINUVA (1-833-474-6882)
 Monday - Friday, 8 AM - 8 PM ET
 Or visit SINUVA.com/hcp