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Clearing the Path: A Coordinator's Guide to Biologic Access



Introduction

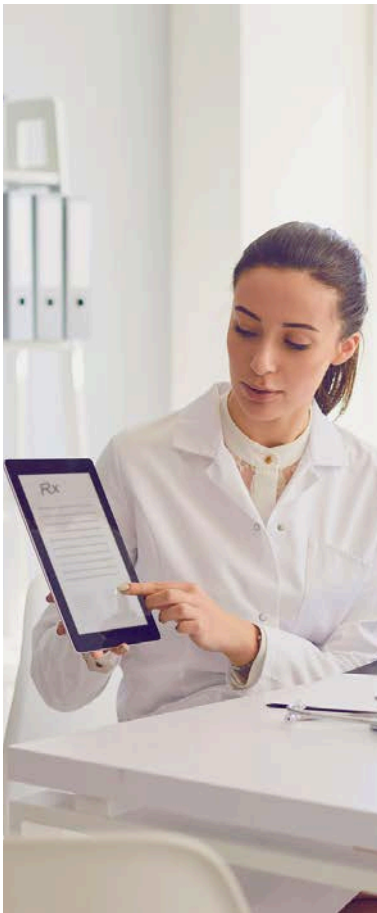


What You'll Find in this Guide



The step-by-step process from when a provider orders a biologic medication to how biologic coordinators submit a prior authorization (PA) and ensure the patient has access to the medication, including assistance programs or copay cards, involves several steps. **Get Started >>**

Ordering & Insurance Verification



01

Provider Orders the Biologic

The provider (e.g., physician or specialist) orders the biologic medication based on the patient's diagnosis and medical needs.

→ The prescription includes the medication name, dosage, frequency, and administration details.

The provider should also include any relevant medical documentation (e.g., lab results, clinical notes, tried/failed medications) to support the need for the biologic treatment.

02

Biologic Coordinator Receives the Order

The biologic coordinator receives the order and reviews the patient's clinical information and insurance details.

The coordinator verifies the order for completeness, ensuring the prescribed medication aligns with the patient's medical history and that all details (e.g., dosage and administration route) are clear.

03

Insurance Verification & Benefit Investigation

Insurance Plan Verification

The biologic coordinator verifies the patient's insurance coverage, checking if the prescribed biologic medication is covered.

This involves reviewing the patient's insurance type (Commercial, Medicaid, Medicare) to understand the specific PA requirements, coverage details, and any formulary restrictions for biologics.



Don't Skip the Benefit Investigation

The coordinator may contact the insurance company or use an online portal to check formulary status, prior authorization requirements, and coverage limits.

04 Submit the Request



Submit the Prior Authorization Request

PA Documentation: The biologic coordinator prepares the necessary documentation for the PA request:

- Patient's personal details (name, date of birth, insurance information).
- Provider's prescription and clinical notes justifying the medical need for the biologic.
- Diagnostic codes (ICD codes) and any supporting lab or diagnostic results that support the use of the biologic.

Submission Method: The PA request is submitted to the insurance company. This can be done through

- Online Portals: Many insurers have secure online systems for submitting PAs.
- Fax or Email: If the insurer does not offer an online submission, the coordinator may need to fax or email the required forms and documentation.
- Follow-up: If there is no immediate response, the biologic coordinator follows up with the insurance company to ensure timely processing of the PA. Additionally, keep patients informed about the progress of their prior authorization.

05 Insurance Review and Response

Insurance Review: Approval or Denial

Review: The insurance company reviews the PA request to determine if it meets the criteria for medical necessity, formulary status, and any other requirements.

Approval or Denial

Approval: If the request is approved, the insurance company issues an authorization number and confirms the terms of approval (e.g., dosage, duration).

Denial: If denied, the biologic coordinator works with the provider to review the denial reasons and may start the appeals .

Appeals: If necessary, the coordinator helps to provide additional documentation, request a peer-to-peer review, or work on an alternative treatment plan to meet the insurance company's criteria.



06 Communicate the Decision

Inform the Provider: The biologic coordinator communicates the insurance decision to the prescribing provider.



If the PA is approved, the coordinator shares the authorization details, including the authorization number and any special instructions.



If the PA is denied, the coordinator provides the denial reason and begins the appeal if needed.



07 Coordinate Medicine Procurement



Pharmacy Coordination

After receiving PA approval, the biologic coordinator contacts the specialty pharmacy to arrange for the biologic medication to be ordered and delivered to the appropriate location (e.g., home delivery).



08 Assistance Programs & Copay Cards

Patient Financial Assistance: Many biologic manufacturers offer copay assistance programs, which can help reduce the patient’s out-of-pocket costs. The biologic coordinator:



Identifies Available Programs

Reviews the patient’s financial situation to determine if they qualify for assistance programs (e.g., copay cards, patient assistance programs, or foundations).



Enrolls the Patient

The coordinator enrolls the patient in the appropriate assistance program, either directly with the manufacturer* or through a third-party program.



Provides Copay Cards

If a copay card is available, the coordinator provides the patient with the card or instructions for use.



Financial Assistance Approval

The coordinator confirms that the patient’s copay assistance has been ed and that the financial assistance is applied to the patient’s out-of-pocket costs.

*Some manufacturers have online enrollment forms, while others may require direct contact with a patient support team.

09

Patient Education & Support



Education on Medication

The coordinator educates the patient about the biologic medication:

- How it works, potential side effects, and administration methods (e.g., injection or infusion).
- Important information regarding infusion appointments, pre-treatment medications, or any required monitoring.

Provide Contact Information

The coordinator ensures the patient has contact details for follow-up questions and support throughout the treatment .

10

Schedule Treatment & Coordinate Delivery

Treatment Scheduling

After finalizing the PA and securing the medication, the biologic coordinator schedules the treatment appointment:

- Coordinates in-office injections
- Schedules injection training from nurse or biologic coordinator

Medication Delivery

The coordinator ensures that the biologic medication is shipped to the patient's home or infusion center and that the proper storage and handling instructions are provided.



11

Continuous Monitoring & Support



Ongoing Support: The biologic coordinator continues to monitor the patient's progress during treatment:

- Reminds the patient of upcoming infusions or medication refills.
- Assists with any issues related to access to medication, insurance, or financial assistance.

Monitor for PA Renewals: For biologics that require ongoing treatment, the coordinator ensures that future PAs are submitted and approved before the current authorization expires.

LIST OF MEDICATIONS



Tumor Necrosis Factor (TNF) Inhibitors

1. **Adalimumab** (Humira)

Biosimilars:

Amjevita (Amgen)

Cyltezo (Boehringer Ingelheim)

Hyrimoz (Sandoz)

Hadlima (Organon)

Yuflyma (Celltrion)

Yusimry (Coherus)

Abrilada (Pfizer)

Simlandi (Alvotech)

2. **Etanercept** (Enbrel)

Biosimilars:

Erelzi (Sandoz)

Eticovo (Samsung Bioepis)

3. **Infliximab** (Remicade)

Biosimilars:

Inflectra (Pfizer)

Renflexis (Merck)

Avsola (Amgen)

LIST OF MEDICATIONS (Cont.)

↙ Interleukin-12/23 (IL-12/23) Inhibitors

1. **Ustekinumab** (Stelara)

Biosimilars (coming or in development):

Wezlana

Selarsdi

Pyzchiva

Otulfi

↙ Interleukin-17 (IL-17) Inhibitors

1. **Secukinumab** (Cosentyx)

2. **Ixekizumab** (Taltz)

3. **Brodalumab** (Siliq)

↙ Interleukin-23 (IL-23) Inhibitors

1. **Guselkumab** (Tremfya)

2. **Risankizumab** (Skyrizi)

3. **Tildrakizumab** (Ilumya)

LIST OF MEDICATIONS (Cont.)

↙ Janus Kinase (JAK) Inhibitors

(Technically small molecules, but grouped with immunomodulators)

1. **Upadacitinib** (Rinvoq)
2. **Abrocitinib** (Cibinqo)
3. **Deucravacitinib** (Sotyktu)
4. **Tofacitinib** (Xeljanz) – occasionally used off-label

↙ Other Dermatology Biologics and Targeted Therapies

1. **Dupilumab (Dupixent)** – IL-4/IL-13 inhibitor (atopic dermatitis)
2. **Lebrikizumab (market name varies)** – IL-13 inhibitor (newer for AD)
3. **Tralokinumab (Adbry)** – IL-13 inhibitor
4. **Omalizumab (Xolair)** – IgE inhibitor (chronic urticaria, asthma, etc.)

DERMATOLOGY BIOLOGICS & TARGETED THERAPIES

QUICK REFERENCE CHART

Drug Class	Medication	Biosimilars	Primary Indications
TNF Inhibitors	Adalimumab (Humira)	Amjevita, Cyltezo, Hyrimoz, Hadlima, Yuflyma, Yusimry, Abrilada, Simlandi	Psoriasis, Psoriatic Arthritis
	Etanercept (Enbrel)	Erelzi, Eticovo	Psoriasis, Psoriatic Arthritis
	Infliximab (Remicade)	Inflectra, Renflexis, Avsola	Psoriasis, Psoriatic Arthritis (off-label)
	Certolizumab (Cimzia)	—	Psoriatic Arthritis
	Golimumab (Simponi)	—	Psoriatic Arthritis
IL-12/23 Inhibitor	Ustekinumab (Stelara)	Wezlana, Selarsdi, Pyzchiva, Otulfi	Psoriasis, Psoriatic Arthritis
IL-17 Inhibitors	Secukinumab (Cosentyx)	—	Psoriasis, Psoriatic Arthritis
	Ixekizumab (Taltz)	—	Psoriasis, Psoriatic Arthritis
	Brodalumab (Siliq)	—	Psoriasis (plaque)
IL-23 Inhibitors	Guselkumab (Tremfya)	—	Psoriasis, Psoriatic Arthritis
	Risankizumab (Skyrizi)	—	Psoriasis, Psoriatic Arthritis
	Tildrakizumab (Ilumya)	—	Psoriasis

DERMATOLOGY BIOLOGICS & TARGETED THERAPIES

QUICK REFERENCE CHART

Drug Class	Medication	Biosimilars	Primary Indications
IL-4/IL-13 Inhibitors	Dupilumab (Dupixent)	—	Atopic Dermatitis, Prurigo Nodularis
	Tralokinumab (Adbry)	—	Atopic Dermatitis
	Lebrikizumab	—	Atopic Dermatitis (pending widespread use)
IgE Inhibitor	Omalizumab (Xolair)	—	Chronic Urticaria, Atopic Dermatitis (off-label)
JAK Inhibitors (Oral)	Upadacitinib (Rinvoq)	—	Atopic Dermatitis, Psoriatic Arthritis
	Abrocitinib (Cibinqo)	—	Atopic Dermatitis
	Deucravacitinib (Sotyktu)	—	Psoriasis (plaque)
	Tofacitinib (Xeljanz)	—	Psoriatic Arthritis (off-label for atopic dermatitis)

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You Don't Have to Navigate Access Alone

At BCOD, we know the work of biologic coordinators is complex — and essential. That's why we're building a supportive community of access professionals across rheumatology. Want tools, updates, and real-world solutions? You're in the right place.

Together, we're
rethinking how
access works — one
patient at a time.

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