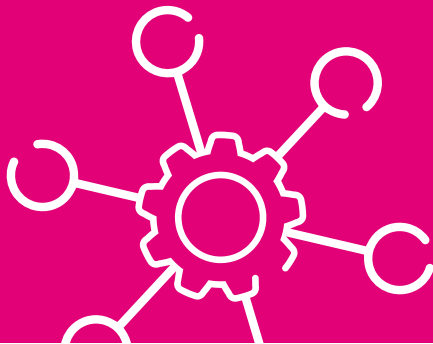


The Organon Access Program FAQ

Hub Program



Support Services

- Benefit verification
- Specialty pharmacy triage
- Co-Pay enrollment
- Patient Assistance Program (PAP) administration and fulfillment
- Prior authorization & appeal support

Enrollment Channels

- Patient enrollment form
- eEnrollment

Hub FAQs

How long does it take to receive the results from a benefit verification?

Verification of benefits results will be faxed to your office within one business day after the request is received. The fax will include a verification of benefits document outlining the patient's coverage details as well as prior authorization requirements, if applicable.

How do I access the eEnrollment option?

The eEnrollment option can be accessed online at www.organonaccessprogram.com. This streamlined electronic tool guides you step-by-step through the patient enrollment process. Your responses will automatically populate the patient enrollment form as you complete each section.

At the end of the process, you will have the option to electronically sign the form as well as upload any additional documents, and the completed enrollment will be submitted directly to the program for processing. The patient's signature will need to be present on the form for the benefit verification to be completed.

How long does it take to receive a PAP determination if my patient is approved? When and how can I set up shipment?

PAP determinations are typically completed within one business day after a complete application is received. Determination may be delayed if required information is missing or if patient consent for income verification has not been obtained.

Once a patient is approved for PAP, the prescription will be sent to the dispensing pharmacy, which will contact your office to coordinate shipment. If you have received confirmation of PAP approval, please allow one business day for the pharmacy to process the PAP enrollment and reach out to you to schedule shipment.

If you need to reach out to the pharmacy regarding your patient's PAP medication or to arrange shipment, please call 1-866-809-9515.

The Organon Access Program FAQ

Co-Pay Assistance Program



Support Services

- Co-Pay enrollment
- Claim processing & payment

Enrollment Channels

- HCP portal
- Via the Hub

Co-Pay Assistance FAQs

How do I submit a claim?

- Claims can be submitted via mail or fax or electronically via the provider portal at hcp.organonaccessprogram.com/hcp.

How long will it take for me to receive payment once I have submitted my claim in the portal?

- Claims will become visible in the portal with a status of “accepted” or “denied” within 3 business days. Approved claims are paid out 5 business days after claim submission.

What are my payment options?

- Payment options include check, ACH, and EFT.

What should I do if I am experiencing an issue with a claim?

- Please allow the standard processing time before escalating a claim issue.
- If the claim is not visible in the portal within 5 business days, you have not received payment within 7 business days for electronic payment methods, or the payment was issued by check, please allow 7-10 business days for the check to arrive by mail before escalating.
- You may escalate the issue by contacting The Organon Access Program team at 1-866-809-9515.
- When calling to escalate a claim issue, please be prepared to provide the following information:
 - Healthcare provider name
 - Medication name
 - Patient name and patient ID
 - Claim confirmation number (if available)