

Introducing... **ADMA** ADvantage Ig™ PATIENT SUPPORT PROGRAM



Simplify access to **ASCENIV™** & **BIVIGAM®** for your patients

When you decide that IGIV treatment is right for your patient, enroll them in the support program that can help connect them with potential financial assistance.

Comprehensive Support for Your Practice



- Answers to general questions
- Materials fulfillment
- Requests for information

Financial Assistance for Your Patients



- Educates your patients about their insurance benefits
- Helps patients navigate their assistance options so they can pay the lowest amount possible
- Provides patients with assistance in locating alternative funding and other payment options such as nonprofit patient assistance foundations

Prescription Triage



- Triages IGIV prescriptions to appropriate site of care when needed
- Notifies requester of referral
- Coordinates delivery with patient, payer, and provider
- Follows-up with specialty pharmacy to ensure processing

Coverage and Reimbursement Support



- Insurance Benefits verification, determination of patient coverage, cost-share responsibility, prior authorization (PA) & predetermination requirement
- Assistance with PA requests, including sample letter of medical necessity and payer-specific PA form
- Assistance with Coding and Claims support, including appeals process overviews and facilitation

Enroll Your Patients Today!

Click below for the
ASCENIV™ Enrollment Form:

PDF Option

DocuSign Option

Click below for the
BIVIGAM® Enrollment Form:

PDF Option

DocuSign Option

For Benefits Verification and guidance on Prior Authorization, Medical Exception, and Appeals, please contact us:



1-833-ADMA-BIO
(1-833-236-2246)

Monday-Friday, 9 AM to 6 PM ET

Requests received by 2 PM ET are typically completed the same day.

See Eligibility Requirements on the next page.

Summary of eligibility requirements

- Patient must be a U.S. resident
- Must have private commercial insurance
- IGIV treatment must be covered by insurance
- The ADvantage Ig™ Patient Support Program provides deductible, copay or coinsurance and administration support only for IGIV products from ADMA Biologics
- Program covers up to a fixed amount of out-of-pocket costs per calendar year for eligible patients, after the patient has paid the first \$75 of their required deductible, copay or coinsurance and administration amount. The program will pay the amount covered by the payer's allowed amount as indicated on the explanation of benefits (EOB)
- The Program does not cover office/facility co-pays not directly associated with IGIV treatment or any other costs excluded by the Program guidelines not specifically mentioned here, which are subject to change

Terms and Conditions

This offer is valid only in the United States. Patient must be prescribed an IGIV product manufactured by ADMA Biologics, Inc. and prescribed by a licensed practitioner. Eligible patients must have private commercial insurance that covers medication costs for these products, and acceptance of this offer must be consistent with the terms of that insurer's drug benefit. Patients who pay cash or who are enrolled in or participate in any type of government insurance or reimbursement programs, including but not limited to Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, TRICARE, Veterans Affairs (VA), the Department of Defense (DoD) or other federally funded or state funded healthcare programs, are not eligible. Patients who move from commercial to federally funded or state-funded insurance will no longer be eligible for the program. Proof required for receiving payment for out-of-pocket drug costs must be a valid Explanation of Benefits (EOB) or specialty pharmacy invoice, which must be submitted within 120 days after each treatment. As a condition precedent of the cost share support provided under this program, e.g., copay or coinsurance amounts paid to administering providers, participating patients and administering providers are obligated to inform insurance companies and third-party payers of any benefits they receive and the value of this program, as required by contract or otherwise. Patient/Guardian may not seek reimbursement for value received from the Cost Share Program from any third-party payers, including flexible spending accounts or healthcare savings accounts.

Void where prohibited by law, taxed, or restricted. Additional terms and conditions may apply. ADMA Biologics, Inc. may determine eligibility, monitor participation, and modify or discontinue any aspect of this program at any time.