

Personalized Provider Support

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

Comprehensive Support for Your Practice

Hub Services Assistance:

- Answer general ADvantage Ig support services questions and provide healthcare providers with educational material
- Educate your patients about their insurance benefits
- Help patients navigate their assistance options so they can pay the lowest amount possible
- Provide patients or providers with assistance in locating alternative funding and other payment options such as nonprofit patient assistance foundation support
- Assist buy/bill and specialty pharmacies with insurance benefits verification, determination of patient coverage, cost-share responsibility, prior authorization (PA), and predetermination requirements
- Verify code coverage and claims support

Field Reimbursement Manager Support:

- Share local and regional payer access overview specific to your office and geography
- Provider-specific payer analysis for payer policy and disease state criteria
- Education and onsite support for best practices for prior approval, appeals (including Letter of Medical Necessity guidance), and claims submissions best practice
- Coach provider support team on ADvantage Ig cost share program, enrollment best practices, and specific billing coding needs

Next Steps:

- Connect with your Hub Services or Field Reimbursement Manager
- Complete ADvantage Ig enrollment form via DocuSign or fax enrollment form to 1-833-216-0441

Enroll Your Patients Today!

PDF Option



ASCENIV™

BIVIGAM®

DocuSign Option



ASCENIV™

BIVIGAM®

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.

Call to Connect

ADMA ADvantage Ig provides resources to help make savings and support simple.

Summary of Eligibility

- Patient must be a U.S. resident.
- Patient 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.
- The 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 copays 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. Patients 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.