

## IMAAVY withMe Access Program

### Program Description

Offers eligible patients IMAAVY™ at no cost for up to 3 years or until their commercial insurance covers the medicine. See program requirements below.

### Program Requirements

#### To be eligible, the patient must be age 12 or older and must have:

1. an IMAAVY™ prescription for an FDA-approved use
2. active commercial insurance with biologics coverage
3. a response from the commercial payer that IMAAVY™ is not covered when investigating the patient's insurance benefits **OR** experience a delay of more than 5 business days or a denial of coverage from the patient's insurance carrier once a prior authorization has been submitted to commercial payer

In addition, for the patient to be eligible, the Prescriber must submit a Patient Enrollment Form along with an IMAAVY™ prescription to IMAAVY withMe to receive a coverage determination from the patient's insurance.

The Prescriber must submit a Letter of Medical Necessity (LMN) to the patient's medical benefit coverage payer within 30 days of when the patient receives their first IMAAVY™ infusion to remain eligible for the program.

The patient is eligible to remain in the IMAAVY withMe Access Program for up to 3 years or until the patient's insurance covers the medicine. The Prescriber will be given up to 60 days to resubmit the LMN or appeal after being informed of commercial coverage for IMAAVY™.

#### The patient is not eligible if:

1. patient uses any state or federal government-funded healthcare program to cover medicine costs. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration
2. coverage is denied due to missing information on prior authorization or coverage determination form
3. patient is approved for commercial coverage of IMAAVY™
4. the Prescriber has not submitted an LMN or appeal within 30 days of when the patient receives their first infusion

The program requires a periodic check of the patient's insurance coverage status to confirm their continued eligibility. The patient remains eligible for up to 3 years or until their commercial insurance covers the medicine.

The program covers the cost of the medicine only—not associated administration costs. Program is good only in the United States and its territories. Void where prohibited, taxed, or limited by law. The program may change or end at any time, including in specific states.

**Please see the full [Prescribing Information](#) and [Medication Guide](#) for IMAAVY™. Provide the Medication Guide to your patients and encourage discussion.**

### Other requirements

- This program is only for people age 12 or older with an IMAAVY™ prescription for an FDA-approved use and active commercial insurance with biologics coverage. This includes plans from the Health Insurance Marketplace
- This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration
- Patient may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account
- Patient must meet the program requirements every time they use the IMAAVY withMe Access Program

The patient may end their participation in the IMAAVY withMe Access Program at any time by calling 844-4withMe (844-494-8463).

The patient support and resources provided by IMAAVY withMe are not intended to give medical advice, replace a treatment plan from the patient's healthcare provider, offer services that would normally be performed by the provider's office, or serve as a reason to prescribe IMAAVY™.

**Please see the full [Prescribing Information](#) and [Medication Guide](#) for IMAAVY™. Provide the Medication Guide to your patients and encourage discussion.**