

Call us at **866-939-8927 Monday - Friday 8:00 AM - 8:00 PM (EST)**Fax: **833-852-3420****Description**

- This program allows physician offices or hospital outpatient departments to receive AVYXA™ Pharma "AVYXA™" replacement product if all eligibility criteria are met

Eligible Product Replacement Reason**Payer Denial (after eligibility criteria is met)**

- If the AVYXA™ product is administered for a medically appropriate use, as determined by the specific payer's policies and coverage guidelines
- If the office conducted a product-specific benefit verification and followed all payer coverage requirements prior to treatment or has used AVYXASSIST™ services to conduct the benefit verification
- If the AVYXA™ product is not reimbursed after all eligibility criteria are met
- This program does NOT require that providers have AVYXASSIST™ perform benefit verification for the patient prior to therapy
- Providers may register claims for product replacement after an initial claim for AVYXA™ is denied by a payer

Mishandling of the Drug

- Dropped Vial
- Incorrect Mixing
- Other Mishandling of Drug

Patient Unavailable to Receive as a Result of:

- Illness/Death
- Patient Refuses Treatment
- Adverse Event
- Patient Cancels or is a No-Show
- Otherwise ineligible for treatment

How The Program Works

For Payer Denials*

1. Fax a copy of the completed enrollment form, the denied claim, appeal and all required documentation (listed below) to AVYXASSIST™ to **833-852-3420**

The provider is required to submit all required documentation

- Signed product replacement request form and patient consent
 - Proof of benefit verification (medical record or payer reference number)
 - When appropriate, prior authorization (PA) results
 - Explanation of Benefits (EOB)
 - Denied appeal
2. Coordinate with AVYXASSIST™ on the appeal process if necessary.
 - Providers may work with AVYXASSIST™ on understanding the appeal process (if applicable) to attempt to have the claim paid. If the claim remains unpaid after 1 unsuccessful appeal, then the provider may be eligible for product replacement
 3. Your Field Reimbursement Manager (FRM) will review all necessary documentation before final submission to AVYXASSIST™
 4. Look back period is 30-180 days based on medical plan policy

*Providers must adhere to all program terms and conditions. Provider must submit appeals within the timely filing limit.

For All Other Reasons*

1. Fax a copy of the completed enrollment form, invoice, and any additional documentation applicable to AVYXASSIST™ to **833-852-3420**
2. Look back period is 60 days
3. Your Field Reimbursement Manager (FRM) will review all necessary documentation before final submission to AVYXASSIST™

*Providers must adhere to all program terms and conditions. Provider must submit appeals within the timely filing limit.

Terms and Conditions

For Payer Denial:

For each claim, prior to initiation of an AVYXA™ therapy, providers must perform a product-specific benefit verification to confirm that the AVYXA™ product will be covered by the payer for the intended use. The provider does not need to have this completed by AVYXASSIST™; however, AVYXASSIST™ can assist providers with the AVYXA™ product benefit verification process upon request if providers obtain patient consent. If required, the provider must also obtain PA approval from the payer.

The provider must keep a record of the benefit verification/PA results in the patient's record. This should include: the dates of these interactions, the name of the insurance representative by whom coverage was verified, and written information from the payer. Whether the patient's primary insurer is Medicare, Medicaid, or a private commercial payer, the patient's claim must meet the specific payer's guidelines for use of the therapy. If providers need assistance identifying the Medicare guidelines or Medicaid guidelines for their respective state, they may contact AVYXASSIST™.

Once a provider receives a denial for a properly verified claim, **fill out the Product Replacement Enrollment Form and provide relevant documentation of claim, denial and appeal to AVYXASSIST™**

Once these materials are received, AVYXASSIST™ will: confirm appropriate benefit verification and review the denied claim, help determine the reason for the denial, and provide information on the appeal process (if applicable). If AVYXASSIST™ confirms that the patient's coverage was verified prior to treatment, and the original claim was submitted appropriately, AVYXASSIST™ will enroll the claim in the Product Replacement Program.

AVYXASSIST™ can assist the provider with the appeal process. However, if the appeal is unsuccessful, the provider must promptly notify AVYXASSIST™ to request enrollment in the Product Replacement Program for the specific claim. AVYXASSIST™ may provide replacement product(s) to the provider for AVYXA™ products if all the above eligibility criteria are met.

For All Replacement Reasons:

The Product Replacement Program is available for outpatient use only and does not cover any costs related to office visits or administration of AVYXA™ products. AVYXA™ may modify or terminate this program at any time without notice. Nothing in this program is intended to induce or reward referrals of product.

Providers should not bill the patient for any product that was replaced under this program. If providers receive any payments for products replaced under this program, they agree to return or pay AVYXA™ for the cost of the product.

Providers that are reimbursed under a fully capitated rate for drug products or practices that account for drug products as part of their negotiated rates, assumes full risk and cannot participate in the product replacement program.

AVYXA™ maintains sole determination to the interpretation and application for this Policy, and may in its sole determination deny replacement for suspected or actual abuse of this Policy. Approval for the Product Replacement Program is at AVYXA's discretion and reserves the right to modify or terminate this program, or recall or discontinue, at any time without notice.