

## PATIENT COVERAGE

- 1) Complete a **TROGARZO™ Enrollment Form** and FAX the patient's enrollment package to THERA patient support™ at 1-855-836-3069.
- 2) A Patient Care Coordinator will then assess and advise on the patient's private or government insurance coverage. The Patient Care Coordinator will also assist in applying any eligible co-pay assistance.
- 3) TROGARZO™ may then be ordered and infused at your office.

## HOW TO ORDER

TROGARZO™ Authorized Distributor: **Curascript SD**

<b>Telephone</b>	1-877-599-7748 (Mon-Fri 8:30AM-7PM ET)
<b>Fax</b>	1-800-862-6208
<b>Website</b>	www.curascriptsd.com

For information on payment, shipping or return policies, please contact Curascript SD directly.

## PRODUCT INFORMATION

<b>NDC</b>	<b>Description</b>
62064-122-02	Pack of 2 vials, each containing 200 mg of ibalizumab-uiyk for intravenous infusion

<b>ICD-10 Code</b>	<b>Description</b>
B20	Human immunodeficiency virus [HIV] disease

<b>CPT Code</b>	<b>Description</b>
96365	IV infusion for therapy, prophylaxis, or diagnosis; initial, up to 1 hour

<b>HCPCS Code</b>	<b>Description</b>
J3490	Unclassified drug
J3590	Unclassified biologic

Please check with payer to verify coding or special billing requirements. Correct coding is the responsibility of the provider submitting a claim for the item or service.

 **THERA patient support™**

### Questions?

Contact us at 1-833-23-THERA (1-833-238-4372),  
Mon-Fri 8AM-8PM ET