

# Helping you access the care you need



Contact AstraZeneca Access 360™ to learn more,  
Monday to Friday, 8 AM to 6 PM ET



**1-844-ASK-A360**  
(1-844-275-2360)



**1-844-FAX-A360**  
(1-844-329-2360)



**[www.MyAccess360.com](http://www.MyAccess360.com)**



**[Access360@AstraZeneca.com](mailto:Access360@AstraZeneca.com)**



**One MedImmune Way, Gaithersburg, MD 20878**

# What is AstraZeneca Access 360™?



IMFINZI and/or IMJUDO have been prescribed, you may have questions. The Access 360 program can help.

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We can answer your questions about:



Insurance coverage for your medicine



Your out-of-pocket costs



Affordability options



Pharmacies that stock or deliver  
your medicine



# Affordability Support

Patients may be able to receive affordability support through AstraZeneca programs or independent foundations.



## ASTRAZENECA'S CO-PAY SAVINGS PROGRAMS

If you qualify, Co-pay Savings Programs help patients pay a set amount of out-of-pocket costs. This program offer may be different based on the medication. To learn more, go to [www.azpatientsupport.com](http://www.azpatientsupport.com) or call Access 360 at **1-844-ASK-A360** (1-844-275-2360).



## AZ&Me PRESCRIPTION SAVINGS PROGRAM

AZ&Me provides AstraZeneca medicines at no cost to qualifying people. For more information, call **1-800-AZandMe** (1-800-292-6363) or visit [www.azandmeapp.com](http://www.azandmeapp.com)

## INDEPENDENT FOUNDATIONS

Access 360 can provide information about independent charitable patient assistance foundations that may be able to help you with out-of-pocket costs. However, Access 360 does not guarantee support by independent foundations.

For more information, call Access 360 or visit <https://www.astrazeneca-us.com/medicines/affordability.html> for a list of foundations.

# Terms you may come across when using Access 360

## **BENEFITS INVESTIGATION:**

This process confirms what your health insurance covers and can help you and your health care provider understand your out-of-pocket costs, pharmacy options, and prior authorization requirements.

## **CO-INSURANCE:**

The percentage of the cost the patient pays for a covered service. Co-insurances vary according to the plan and do not apply toward deductibles. However, they do count toward the annual out-of-pocket maximum for most services.

## **CO-PAYMENTS (CO-PAYS):**

The set fee patients pay for a covered service every time that service is provided. Co-payments vary depending on the plan. Co-payments do not count toward a deductible but do count toward the annual out-of-pocket maximum for most services. Nearly all plans have co-payments or co-insurance.

## **DEDUCTIBLE:**

The set amount patients must pay each contract year for covered medical services before the insurance plan begins to pay its share. Patients with a deductible will be billed for the full allowable amount for each service that is subject to the deductible.

## **OUT-OF-POCKET COSTS:**

Your contribution to health care costs, including your deductible, co-pay, and co-insurance.

## **PAYER:**

An organization that finances or reimburses the cost of health services. In most cases, this term refers to your health insurance company or a health plan sponsor like your employer.

## **PRIOR AUTHORIZATION:**

A process to help ensure you've been prescribed the right medication. It is designed to prevent improper prescribing or use of certain drugs that may not be the best choice for your condition.

## **SPECIALTY PHARMACY:**

A pharmacy that handles complex medications.

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