

INJECTAFER SAVINGS PROGRAM



*If you have an Injectafer prescription, you may be able to get help with your out-of-pocket costs.**



RECEIVE **EACH DOSE**
FOR AS LITTLE AS
\$50

If you're eligible,* you may:

- Receive assistance of up to \$500 per dose
- Stay enrolled for 2 courses of treatment per 12-month period

**Have questions about the Injectafer Savings Program?
Call 1-866-4-DSI-NOW (1-866-437-4669)**

Available Monday–Friday,[†] 8:00 AM–6:00 PM ET

*The Injectafer Savings Program is only available for patients who are commercially insured. Please see full Terms and Conditions on page 3.

[†]Excludes holidays.

Injectafer[®] (ferric carboxymaltose injection) is available by prescription only. Ask your healthcare provider if Injectafer is right for you.

What is Injectafer?

Injectafer is a prescription iron replacement medicine administered only by or under the supervision of your healthcare provider. Injectafer is injected into your vein to treat iron deficiency anemia in adults and children 1 year of age and older. Injectafer should be used only if you have not responded well to treatment with oral iron, or if you are intolerant to oral iron treatment. It is also used to treat iron deficiency anemia in adults with chronic kidney disease who are not receiving dialysis. Injectafer is used to improve the ability to exercise (exercise capacity) in adult patients with iron deficiency and mild to moderate heart failure. It is not known if Injectafer is safe and effective in children with iron deficiency anemia who are under 1 year of age or in children with iron deficiency and mild to moderate heart failure to improve exercise capacity.

IMPORTANT SAFETY INFORMATION

Who should not receive Injectafer?

You should not receive Injectafer if you are allergic to ferric carboxymaltose or any of the other ingredients in Injectafer. The active ingredient in Injectafer is ferric carboxymaltose, the inactive ingredients are: water for injection, sodium hydroxide or hydrochloric acid.

Please [click here](#) for Full Prescribing Information.

INJECTAFER SAVINGS PROGRAM

Are you eligible?

- ✓ You have commercial insurance, **AND**
- ✓ You are a resident of the USA or its territories, including Puerto Rico
- ✗ You have Medicare, Medicaid, or other federal or state healthcare insurance, **OR**
- ✗ You have private indemnity or HMO insurance that reimburses you for the entire cost of prescription drugs, **OR**
- ✗ You are Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees

To see if you're eligible, visit www.injectafercopay.com or call **1-866-4-DSI-NOW (1-866-437-4669)**.

How to get your savings

- 1 Ask your doctor to enroll you. They will need the last 4 digits of your Social Security number to confirm you're eligible.

If your doctor cannot enroll you, you can enroll yourself in the following ways:

Visit injectafercopay.com
Best way to submit EOBs along with CMS-1500/UB-04 forms

OR

Call Daiichi Sankyo
Access Central
(1-866-437-4669)

- 2 Once you're enrolled and receive your infusion of Injectafer, your doctor will bill the Injectafer Savings Program for your copay requirement.

If the copay requirement is more than \$500 for your infusion, your doctor may bill you for the remaining amount that you'll need to pay.

If your doctor requires you to pay the copay when you receive your infusion, the Injectafer Savings Program will reimburse you via paper check. To do this, you will need a Check Request Form. The best place to get the form is online at injectafercopay.com. If you have any questions throughout the process, please call Daiichi Sankyo Access Central (1-866-437-4669).

Injectafer Savings Program contact information

Phone: 1-866-4-DSI-NOW (1-866-437-4669)

Fax: 1-888-257-4673

Website: www.injectafercopay.com

Mail: Injectafer Savings Program
100 Passaic Ave, Suite 245
Fairfield, NJ 07004

EOB = explanation of benefits.

IMPORTANT SAFETY INFORMATION (cont'd)

What should I tell my healthcare provider before receiving Injectafer?

Before you receive Injectafer, tell your healthcare provider about all of your medical conditions, including if you:

- Have had an allergic reaction to iron given into your vein
- Have a history of trouble absorbing certain vitamins or phosphate in your body
- Have inflammatory bowel disease



Injectafer Savings Program Terms and Conditions

1. This offer is valid for commercially insured patients. Uninsured and cash-paying patients are NOT eligible for this Program.
2. Depending on insurance coverage, eligible insured patients may pay no more than \$50 per dose for two courses of treatment per 12-month period and up to a maximum savings limit of \$500 per dose, a \$1,000 program limit per course of treatment. Check with your pharmacist or healthcare provider for your copay discount. Patient out-of-pocket expense may vary.
3. This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees.
4. This offer is valid for 2 courses or 4 doses of the 750 mg dose of the Injectafer Prescription. An explanation of benefits statement must be faxed, uploaded in the portal or mailed in prior to transacting on the account numbers for co-pay assistance. One enrollment is allowed per 12-month period.
5. Daiichi Sankyo, Inc. reserves the right to rescind, revoke or amend this offer without notice. Offer good only in the USA, including Puerto Rico, at participating pharmacies or healthcare providers.
6. Void if prohibited by law, taxed, or restricted.
7. This account number is not transferable. The selling, purchasing, trading, or counterfeiting of this account number is prohibited by law.
8. This account number is not insurance.
9. By redeeming this account number, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.
10. Qualified patients receiving Injectafer will be allowed a 120-day retroactive enrollment period to receive benefits under the program rules.

IMPORTANT SAFETY INFORMATION (cont'd)

What should I tell my healthcare provider before receiving Injectafer? (cont'd)

Before you receive Injectafer, tell your healthcare provider about all of your medical conditions, including if you: (cont'd)

- Have hyperparathyroidism
- Have low vitamin D levels
- Have high blood pressure
- Have previously received Injectafer
- Are pregnant or plan to become pregnant. Injectafer may harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you are pregnant during treatment with Injectafer.
- Are breastfeeding or plan to breastfeed. Injectafer passes into your breast milk. It is not known if Injectafer will harm your baby. Talk to your healthcare provider about the best way to feed your baby during treatment with Injectafer

Tell your healthcare provider about all the medications you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive Injectafer?

Injectafer is given into your vein (intravenously) by your healthcare provider in 2 doses at least 7 days apart. For certain patients with heart failure, 2 doses may need to be given 6 weeks apart. If your healthcare provider decides it is right for you, Injectafer may be given intravenously by your healthcare provider as a single-dose treatment. Injectafer treatment may be repeated if your healthcare provider decides it is needed.



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What are the possible side effects of Injectafer?

Injectafer may cause serious side effects, including:

- **Allergic reactions.** Serious life-threatening allergic reactions that can lead to death have happened in people who receive Injectafer and may include the following signs or symptoms: low blood pressure, feeling dizzy or lightheaded, loss of consciousness, trouble breathing, swelling, fast heartbeat, cold or clammy skin, feet or hands turn blue, itching, rash, hives, and/or wheezing. Your healthcare provider will watch you during and for at least 30 minutes after you receive Injectafer. Tell your healthcare provider right away if you develop any signs or symptoms of allergic reactions during or after treatment with Injectafer
- **Symptoms of low blood phosphate levels.** Injectafer may cause low levels of phosphate in your blood that may be serious and can lead to softening of your bones and broken bones (fractures), especially in people who have received multiple Injectafer treatments. Your healthcare provider may check your blood phosphate levels before a repeat treatment with Injectafer if you are at risk for low blood phosphate levels. If a repeat treatment is needed within 3 months of your last treatment, your healthcare provider should check your blood phosphate levels. Tell your healthcare provider if you develop any of the following signs or symptoms of low blood phosphate levels during treatment with Injectafer: feeling very tired, muscle weakness or pain, bone or joint pain, broken bones
- **High blood pressure.** High blood pressure, sometimes with redness and warmth of the face (facial flushing), dizziness, or nausea, has happened during treatment with Injectafer. Your healthcare provider will check your blood pressure and check for any signs and symptoms of high blood pressure after you receive Injectafer

The most common side effects of Injectafer include:

- **In adults:** nausea, high blood pressure, flushing, injection site reactions, skin redness, low levels of phosphate in your blood, and dizziness.
- **In children:** low levels of phosphate in your blood, injection site reactions, rash, headache, and vomiting

These are not all of the possible side effects of Injectafer.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of Injectafer

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about Injectafer that is written for health professionals.

To report side effects, contact American Regent at 1-800-734-9236 or E-mail: pv@americanregent.com or Fax: 1-610-650-0170.

You may also report side effects to the FDA at 1-800-332-1088 or www.fda.gov/medwatch.

The risk information provided here is not comprehensive. To learn more about Injectafer, talk with your healthcare provider or pharmacist. The FDA-approved product labeling can be found at www.injectafer.com/pdf/pi.pdf or call 1-800-645-1706.

Please see Full Prescribing Information for Injectafer.



Daiichi-Sankyo

access
central

