

INJECTAFER SAVINGS PROGRAM



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



PATIENTS MAY PAY AS LITTLE AS
\$50 PER DOSE

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 (subject to an annual dollar limit)

**Have questions about the Injectafer Savings Program?
Call 1-877-448-4766**

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 used for the treatment of:

- iron deficiency anemia (IDA) in:
 - adults and children 1 year of age and older who cannot tolerate iron taken by mouth (oral) or who have not responded well to oral iron
 - adults who have chronic kidney disease who are not on dialysis (non-dialysis-dependent chronic kidney disease)
- iron deficiency in adults with mild to moderate heart failure to improve the ability to exercise (improve exercise capacity)

It is not known if Injectafer is safe and effective in children with IDA who are under 1 year of age.

It is not known if Injectafer is safe and effective in children with iron deficiency and mild to moderate heart failure to improve exercise capacity.

SELECT 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.

INJECTAFER SAVINGS PROGRAM

Are you eligible?

You may be eligible if:

- ✓ You have commercial insurance, **AND**
- ✓ You are a resident of the USA or its territories, including Puerto Rico

You are not eligible if:

- ✗ 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 1-877-448-4766

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 www.injectafercopay.com
Most convenient way to submit EOB
and CMS-1500/UB-04 forms

OR

Call AR Assist
1-877-448-4766

- 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 www.injectafercopay.com. If you have any questions throughout the process, please call AR Assist at 1-877-448-4766.

Injectafer Savings Program contact information

Phone: 1-877-448-4766

Fax: 1-888-257-4673

Website: www.injectafercopay.com

Mail: Injectafer Savings Program
PO Box 2355
Morristown, NJ 07962

EOB=explanation of benefits.

SELECT 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

Injectafer Savings Program Terms and Conditions

1. This offer is only valid for commercially insured patients. Uninsured and cash-paying patients are NOT eligible for this program.
2. Depending on insurance coverage, eligible patients may pay no more than \$50 per dose for up to four doses per calendar year. There is a maximum savings limit of \$500 per dose, subject to an annual dollar limit. Check with your pharmacist or healthcare provider for your copay discount. Patient out-of-pocket expenses may vary.
3. This offer is not valid for patients enrolled in Medicare Part B or Medicare Part D, 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. An explanation of benefits (EOB) statement must be faxed, uploaded to the portal, or mailed in prior to transacting on the account numbers for copay assistance.
5. Offer is invalid for claims or transactions more than 180 days from the date on the EOB.
6. Patients will be automatically re-enrolled in the next calendar year. If there is no copay claim activity for 18 months, the enrollment will be canceled.
7. American Regent, 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.
8. Void if prohibited by law, taxed, or restricted.
9. This account number is not transferable. The selling, purchasing, trading, or counterfeiting of this account number is prohibited by law.
10. This account number is not insurance.
11. 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.
12. Qualified patients receiving Injectafer will be allowed a 180-day retroactive enrollment period from the **date of the EOB form** to receive benefits under the program rules.

SELECT 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.

Injectafer is usually given in 2 doses, at least 7 days apart, for iron deficiency anemia, or 6 weeks apart, for iron deficiency with mild to moderate heart failure to improve exercise capacity.

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
 - 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

(continued on the next page)



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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
 - dizziness
- In children:
 - low levels of phosphate in your blood
 - injection site reactions
 - rash
 - headache
 - vomiting

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

Call your healthcare provider for medical advice about side effects.

**To report side effects, contact American Regent, Inc.® at 1-800-734-9236 or email: pv@americanregent.com
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.americanregent.com or by calling 1-800-645-1706.

Please see Important Safety Information throughout this brochure, and the [Full Prescribing Information](#), including Patient Information.

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