

IF YOU'RE AN ADULT WITH IRON DEFICIENCY ANEMIA (IDA)  
AND YOUR DOCTOR SAYS IT'S TIME FOR INJECTAFER,

## The Injectafer Savings Program may be for you\*†

For the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance to oral iron, have had unsatisfactory response to oral iron, or have non-dialysis-dependent chronic kidney disease,

Injectafer is the only IV iron treatment that provides up to 1500 mg of iron in just 2 doses, separated by at least 7 days.<sup>1</sup>

The **Injectafer Savings Program** can help you receive *both* doses at a reduced cost.



Get your  
**FIRST DOSE**  
for as little as  
**\$50**

Up to 750 mg of iron for qualified patients<sup>†‡</sup>

Restrictions apply<sup>1</sup>

Get your  
**SECOND DOSE**  
for as little as  
**\$0**

Up to 750 mg of iron for qualified patients<sup>†‡</sup>

\*For appropriate adult patients with IDA (see INDICATIONS).

†The Injectafer Savings Program is only available for adults 18 years or older who are commercially insured, or cash-paying patients. It provides up to a maximum savings limit of \$500 per dose and a \$1000 program limit for coverage up to 2 doses. Insurance out of pocket must be over \$50. Additional restrictions may apply. Please see full Terms and Conditions.

‡If you weigh less than 50 kg (110 lb), your doctor will prescribe a lower dose of Injectafer for you.

### INDICATIONS

Injectafer<sup>®</sup> (ferric carboxymaltose injection) is an iron replacement product indicated for the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron, and in adult patients with non-dialysis dependent chronic kidney disease.

### SELECTED SAFETY INFORMATION ABOUT INJECTAFER

#### CONTRAINDICATIONS

Injectafer is contraindicated in patients with hypersensitivity to Injectafer or any of its inactive components.

**Please see accompanying  
Full Prescribing Information.**

[www.injectafercopy.com](http://www.injectafercopy.com)



# 3 steps to savings



Inquire whether your healthcare provider's office is registered with the **Injectafer Savings Program**. Discuss whether they will enroll you in the Injectafer Savings Program or whether you should enroll yourself in the program.

## Step 1—Enroll online or by phone

To determine whether you are eligible for the program and to enroll, you can either:

- Visit **[www.injectafercopay.com](http://www.injectafercopay.com)**, or
- Call the Injectafer Savings Program Help Desk at **1-866-741-7276**

Qualifying patients are usually enrolled within a few minutes.

Upon completion of the enrollment process, an Injectafer Savings Program virtual debit card number will be issued to you. You will receive a welcome letter in the mail, and your healthcare provider's office will receive a fax confirming your enrollment.

## Step 2—Receive your treatment

At the time of your treatment, you should share your virtual debit card number with your healthcare provider's office staff. If you do not have it with you, the office can access this information.

## Step 3—Confirm Injectafer use

The Savings Program requires that once you receive each dose, an Explanation of Benefits (EOB) or itemized statement from your healthcare provider be sent in via fax or mail, or your healthcare provider can use the online upload tool. Once this information is received, the claims department will load funds to the virtual card within 2 business days. Speak with your healthcare provider to determine how the card should be used for payment. Every healthcare provider's office has its own processes for claims and reimbursement. Check with your provider to coordinate details.

If you require additional courses of Injectafer beyond the 2 doses of your current course, you will need to be re-enrolled in the Injectafer Savings Program. One re-enrollment is allowed per 12-month period.



**WEB**  
[www.injectafercopay.com](http://www.injectafercopay.com)



**HELP DESK**      **1-866-741-7276**  
Available 9 AM to 5 PM ET, Monday through Friday



**EOB SUBMISSION**  
Fax: 1-888-257-4673  
Upload: [www.injectafercopay.com](http://www.injectafercopay.com)

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

# Terms and conditions

1. This offer is valid for commercially-insured as well as cash-paying patients.
2. Depending on insurance coverage, eligible insured patients may pay no more than \$50 for Injectafer for the first dose and \$0 for Injectafer for the second dose, up to a maximum savings limit of \$500 per dose, a \$1,000 program limit for coverage up to two doses. 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. The offer is valid for 1 course, or 2 doses, of an Injectafer prescription. An explanation of benefits statement must be faxed in prior to transacting on the account numbers for assistance. The account number may be used for additional courses of therapy only after re-enrolling. One re-enrollment is allowed per 12-month period.
5. Daiichi Sankyo, Inc. reserves the right to rescind, revoke, or amend this offer without notice.
6. Offer good only in the USA, including Puerto Rico, at participating pharmacies or healthcare providers.
7. Void if prohibited by law, taxed, or restricted.
8. This account number is not transferable. The selling, purchasing, trading, or counterfeiting of this account number is prohibited by law.
9. This account number is not insurance.
10. 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.
11. Qualified patients receiving Injectafer will be allowed a 30-day retroactive enrollment period to receive benefits under the program rules. Any patient wishing to receive this retroactive enrollment assistance must fill out the Eligibility Attestation Form to submit along with the claim from their initial treatment. This form must be completed prior to receiving any copay assistance.

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## SELECTED SAFETY INFORMATION ABOUT INJECTAFER (CONTINUED)

### ALLERGIC REACTIONS

Injectafer can cause serious allergic reactions which may be life-threatening, including shock, low blood pressure, loss of consciousness, and death. Other serious allergic reactions include itching, rash, hives, wheezing, or a temporary drop in blood pressure.

**Please see accompanying  
Full Prescribing Information.**



Injectafer® (ferric carboxymaltose injection) is available by prescription only. Ask your doctor or 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. 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.

It is not known if Injectafer is safe and effective for use in children.

### 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 and/or hydrochloric acid.

#### What should I tell my doctor or 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 intravenously (into your vein), including Injectafer, or to other non-oral iron treatments
- If you have, or have previously experienced, iron overload, or if your body has difficulty using iron appropriately
- Have high blood pressure
- Are pregnant or plan to become pregnant. It is not known if Injectafer will harm your unborn baby. Your healthcare provider will decide if it is safe for you to take Injectafer
- Are breastfeeding or plan to breast feed. Injectafer passes into your breast milk. It is unknown whether Injectafer would pose a risk to 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.

#### What are the possible side effects of Injectafer?

**Injectafer can cause serious side effects, including:**

- **Serious allergic reactions** that may be life-threatening, including shock, low blood pressure, loss of consciousness, and death. Your doctor or healthcare provider will monitor you for signs and symptoms of an

allergic reaction during and after each dose of Injectafer for at least 30 minutes. Other serious allergic reactions include itching, rash, hives, wheezing, or low blood pressure. You should report any signs and symptoms of an allergic reaction to Injectafer, in particular rashes, shortness of breath and wheezing to your doctor or healthcare provider.

- **High blood pressure**, sometimes with facial flushing, dizziness, or nausea, has been seen during treatment with Injectafer. This increase in blood pressure typically resolves within 30 minutes. Your doctor or healthcare provider will monitor you for signs and symptoms of an increase in blood pressure following each use of Injectafer.

Other serious side effects that have been reported include rash, difficulty breathing, itching, rapid heartbeat, fever, chest discomfort, chills, swelling of the face, lips, or tongue, back pain, muscle aches, and fainting.

#### The most common side effects of Injectafer include:

- Nausea, high blood pressure, flushing, low levels of phosphorus in your blood, dizziness, vomiting, headache, an increase in certain liver enzymes, and pain or bruising at the injection site. Potentially long-lasting brown staining of skin near the injection site may occur if Injectafer leaks out of the vein.

Excessive amounts of Injectafer may lead to a condition called iron overload, which is a buildup of iron and may be harmful.

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

Tell your doctor if you have any side effect that bothers you or that does not go away. Call your doctor for medical advice about side effects.

#### General information about Injectafer

Injectafer may impact laboratory tests that measure iron in your blood for 24 hours after receiving Injectafer. Let your healthcare provider and laboratory staff know if you have received Injectafer within 24 hours of having blood tests.

**To report side effects, contact American Regent at 1-800-734-9236 or E-mail: [pv@luitpold.com](mailto:pv@luitpold.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](http://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](http://www.injectafer.com/pdf/pi.pdf) or call 1-800-645-1706.**

**Please see accompanying Full Prescribing Information for Injectafer.**

 Daiichi-Sankyo



**Reference:** 1. Injectafer® [package insert]. Shirley, NY: American Regent, Inc.; 2013.

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