

# 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,<sup>†</sup> 8:00 AM–7:00 PM ET

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

<sup>†</sup>Excludes holidays.

Injectafer<sup>®</sup> (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 and pediatric patients 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.

#### 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.

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

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## 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](http://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](http://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](http://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:** 1-888-354-4856

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

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

EOB = explanation of benefits.

## SELECTED SAFETY INFORMATION ABOUT INJECTAFER

### 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



### 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.

#### SELECTED SAFETY INFORMATION ABOUT INJECTAFER

##### What should I tell my doctor or 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 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.

##### How will I receive Injectafer?

Injectafer is given intravenously (into your vein) by your healthcare provider in 2 doses at least 7 days apart.



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- 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

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### How will I receive Injectafer?

Injectafer is given intravenously (into your vein) by your healthcare provider in 2 doses at least 7 days apart.

## 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:**

- In adults: nausea, high blood pressure, flushing, pain or bruising at the injection site, skin redness, low levels of phosphorous in your blood, and dizziness. Potentially long-lasting brown staining of skin near the injection site may occur if Injectafer leaks out of the vein
- In children: low levels of phosphorous in your blood, pain or bruising at the injection site, rash, headache, and vomiting

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@americanregent.com](mailto: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](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 [Full Prescribing Information](#) for Injectafer, including the bolded WARNING regarding hypersensitivity.**



access  
central.

