

HELP YOUR PATIENTS ACCESS IRON*



For Adult IDA Patients With Iron Deficits, Consider the
Injectafer Savings Program*

Start

the course for as little as

\$50

FIRST DOSE
up to 750 mg of iron
for qualified patients*

Finish

the course for as little as

\$0

SECOND DOSE
up to 750 mg of iron
for qualified patients*

ONLY **INJECTAFER** PROVIDES A **FULL COURSE OF UP TO 1500 MG**
OF IRON IN JUST **2 DOSES** SEPARATED BY AT LEAST 7 DAYS

*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.

INDICATIONS

Injectafer® (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.¹

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

Please see enclosed Full Prescribing Information.

www.injectafercopay.com



injectafer[®]
ferric carboxymaltose injection



MANY IDA PATIENTS HAVE IRON DEFICITS OF APPROXIMATELY 1500 MG²

INJECTAFER PROVIDES UP TO 1500 MG OF IRON IN JUST 2 DOSES

Up to
750 mg
in a single
dose^{††}

+

Up to
750 mg
in a single
dose^{††}

=

Total
cumulative dose
up to 1500 mg
per course

At least 7 days apart



IV infusion over
at least 15 minutes

or



Slow IV push over
7.5 minutes

- Injectafer provides a full course of up to 1500 mg in just 2 doses separated by at least 7 days

[†]For adult patients weighing less than 50 kg (110 lb), give each dose as 15 mg/kg body weight for a total cumulative dose not to exceed 1500 mg of iron per course of treatment.

^{††}When administered via IV infusion, dilute up to 750 mg of iron in no more than 250 mL of sterile 0.9% sodium chloride injection, USP, such that the concentration of the infusion is not <2 mg of iron per mL and administer over at least 15 minutes. When administered as a slow IV push, give at the rate of approximately 100 mg (2 mL) per minute.

INDICATIONS

Injectafer[®] (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.

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS

Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving Injectafer. Patients may present with shock, clinically significant hypotension, loss of consciousness, and/or collapse. Monitor patients for signs and symptoms of hypersensitivity during and after Injectafer administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer Injectafer when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions. In clinical trials, serious anaphylactic/anaphylactoid reactions were reported in 0.1% (2/1775) of subjects receiving Injectafer. Other serious or severe adverse reactions potentially associated with hypersensitivity which included, but were not limited to, pruritus, rash, urticaria, wheezing, or hypotension were reported in 1.5% (26/1775) of these subjects.

Please see enclosed Full Prescribing Information.

HELP YOUR PATIENTS ACCESS IRON[§]

The Injectafer Savings Program provides **up to \$500 in assistance** toward any remaining out-of-pocket cost after patient payment of as little as \$50 co-pay at first dose and as little as \$0 co-pay at second dose. A single enrollment in the program covers one course of therapy (2 doses) up to a maximum assistance of \$1000.

VIEW AND MANAGE YOUR PATIENTS' ENROLLMENT FROM THE INJECTAFER SAVINGS PROGRAM WEB PORTAL

REGISTRATION GIVES YOUR OFFICE ACCESS TO THE WEB PORTAL



Call the **Injectafer Savings Program Help Desk** if you have any questions



**QUESTIONS?
CALL: 1-866-741-7276**

9 AM to 5 PM ET, Monday to Friday



www.injectafercopay.com

Register your office in one quick step

- Call the help desk at 1-866-741-7276. You'll receive a login ID and password giving your office access to the Injectafer Savings Program web portal
- Registration will allow your office to access and manage your patient information via our web portal

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FOR QUALIFYING¹ PATIENTS TO SAVE ON INJECTAFER, FOLLOW THESE 3 STEPS:

STEP 1—ENROLL



Once your office has registered, the Injectafer Savings Program web portal, www.injectafercopay.com, enables your office (with patient permission) to determine patient eligibility and enroll them in the program.

- Eligibility may be determined in a matter of minutes
- Patients enrolled by your office will receive confirmation in the mail; your office will receive confirmation via fax

STEP 2—ACCESS

After patients are enrolled and you have received their virtual debit card, your office will be able to view and manage their information through the web portal.

STEP 3—CONFIRM



Your office or the patient must submit an Explanation of Benefits (EOB) to confirm Injectafer use before the co-pay assistance can be processed.

- The EOB is supplied by the patient's insurer
- EOBs can be submitted to the program via fax (1-888-257-4673), uploaded at www.injectafercopay.com, or mailed to: 100 Passaic Ave., Suite 245, Fairfield, NJ 07004
- Patients will receive out-of-pocket expense assistance once the EOB has been reviewed

Note that EOBs will also need to be submitted for any subsequent doses of Injectafer. Patients who require additional courses of therapy will need to be re-enrolled into the Injectafer Savings Program.

Patients who wish to receive retroactive enrollment assistance must submit an Eligibility Attestation Form.

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**WEB
PORTAL**

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
Mail: 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 two 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 course 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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IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

In clinical studies, hypertension was reported in 3.8% (67/1775) of subjects. Transient elevations in systolic blood pressure, sometimes occurring with facial flushing, dizziness, or nausea were observed in 6% (106/1775) of subjects. These elevations generally occurred immediately after dosing and resolved within 30 minutes. Monitor patients for signs and symptoms of hypertension following each Injectafer administration.

Please see enclosed Full Prescribing Information.



Injectafer Savings Program Help Desk 1-866-741-7276

Available 9 AM to 5 PM ET, Monday through Friday

FOR QUESTIONS ABOUT REIMBURSEMENT



IV Iron Reimbursement Hotline

**1-877-4-IV-IRON
(1-877-448-4766)**

Monday through Friday, between
9:00 AM to 8:00 PM, ET

Injectafer has a product-specific J-code:

J1439

National Drug Code (NDC):

00517-0650-01

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In the 24 hours following administration of Injectafer, laboratory assays may overestimate serum iron and transferrin bound iron by also measuring the iron in Injectafer.

ADVERSE REACTIONS

In two randomized clinical studies, a total of 1775 patients were exposed to Injectafer, 15 mg/kg of body weight, up to a single maximum dose of 750 mg of iron on two occasions, separated by at least 7 days, up to a cumulative dose of 1500 mg of iron. Adverse reactions reported by $\geq 2\%$ of Injectafer-treated patients were nausea (7.2%); hypertension (3.8%); flushing/hot flush (3.6%); blood phosphorus decrease (2.1%); and dizziness (2.0%).

The following serious adverse reactions have been most commonly reported from the post-marketing spontaneous reports: urticaria, dyspnea, pruritus, tachycardia, erythema, pyrexia, chest discomfort, chills, angioedema, back pain, arthralgia, and syncope.

Please see enclosed Full Prescribing Information.



References: 1. Injectafer® [package insert]. Shirley, NY: American Regent, Inc; 2013. 2. Koch TA, Myers J, Goodnough LT. Intravenous iron therapy in patients with iron deficiency anemia: dosing considerations. *Anemia*. 2015;763576. doi:10.1155/2015/763576.

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ferric carboxymaltose injection



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