IV Iron Reimbursement Hotline & Patient Assistance Program

A guide to coverage, reimbursement policies, and financial assistance for uninsured patients for Injectafer

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.

CONTRAINDICATIONS

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

Please see accompanying Full Prescribing Information for Injectafer and the Important Safety Information on page 5.
Reimbursement and Patient Support

Our toll-free hotline is available to help physicians and other providers understand payers’ coverage and reimbursement policies for Injectafer. When necessary, additional assistance is available to address reimbursement questions and concerns.

Hotline Reimbursement Specialists Can Assist With the Following:

Insurance Verification Requests
Help providers verify payers’ coverage and reimbursement policies for Injectafer. Reimbursement specialists will determine patients’ benefit levels and discuss potential billing options with patient consent. An Insurance Verification Request Form can be downloaded at www.injectaferhcp.com.

Billing and Coding Information
Inform providers about the proper completion of claim forms to help navigate the process for reimbursement.

Claims Appeals
Support providers in appealing denied claims or inadequate reimbursement for Injectafer. The hotline helps track claims throughout the appeals process, which includes regular follow-up with payers to help navigate the complex reimbursement. If a claim is denied, our program staff is available to coordinate the appeals process.

Patient Assistance
Screen individuals without health insurance who may be eligible for the patient assistance program. Please visit www.injectaferhcp.com to download a copy of this form.

Patient information will be kept strictly confidential at all times.

Every attempt is made to provide accurate, up-to-date information. The IV Iron Reimbursement Hotline cannot guarantee successful reimbursement.

For Customer Service, please call 1-800-645-1706.
(Monday through Thursday between 8:30 AM and 6 PM ET, Friday between 8:30 AM and 5 PM ET).

For more information, please visit injectaferhcp.com.
Patient Assistance Program

A program for patients who lack insurance coverage

The IV Iron Patient Assistance Program was created to assist eligible patients who are uninsured and do not have the financial resources to pay for medicine.

Program Eligibility

This program is an assistance program for patients who qualify based on income limits and lack of insurance coverage for healthcare. To be eligible for the program, patients must completely lack health insurance. The patient must also be a US citizen, legal entrant in the United States, or permanent resident.

How to Apply

Providers (including hospitals, physicians, or infusion centers) may apply to the program on behalf of their patients. Please call the IV Iron Reimbursement Hotline or visit www.injectaferhcp.com to download an enrollment application.

The company reserves the right to modify or cancel the program immediately with respect to any patient, or in its entirety, at any time.

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.

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 accompanying Full Prescribing Information for Injectafer and the Important Safety Information on page 5.
Getting Started With the IV Iron Reimbursement Hotline

**Step 1** Insurance Verification Request

Call the IV Iron Reimbursement Hotline or download an Insurance Verification Request Form at www.injectaferhcp.com.

**Step 2** Submit Insurance Verification Request Form

Complete all information on this form
- Patient consent required
- Fax to IV Iron Reimbursement Hotline at 1-240-632-3805

**Step 3** Insurance Verified by IV Iron Reimbursement Hotline

If the patient is insured, you will receive a detailed insurance coverage profile. If the patient is uninsured, your patient will be assessed for eligibility in the Patient Assistance Program.

**ALL PROGRAM FORMS SHOULD BE FAXED OR MAILED TO:**

Injectafer Patient Assistance Program  
c/o InTeleCenter™  
P.O. Box 4280  
Gaithersburg, MD 20885-4133  
Fax: 1-240-632-3805

**FOR REIMBURSEMENT ASSISTANCE, PLEASE CONTACT:**

**IV Iron Reimbursement Hotline**  
1-877-4-IV-IRON (1-877-448-4766)  
Monday through Friday between 9:00 AM and 8:00 PM ET
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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 ≥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 accompanying Full Prescribing Information.

To report adverse events, please contact American Regent at 1-800-734-9236. You may also contact the FDA at www.fda.gov/medwatch or 1-800-FDA-1088.
PLEASE NOTE:
This guide is not intended to provide legal, medical, or other professional advice. This information is provided as reference only. Daiichi Sankyo, Inc. makes no representations or guarantees regarding the completeness or accuracy of the information in this guide and has no obligation to update this guide to reflect changes in laws that may affect reimbursement for Injectafer. For assistance with legal or medical issues, you are urged to consult a qualified professional.

Please see accompanying Full Prescribing Information for Injectafer and the Important Safety Information on page 5.

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