

Patient Support by Sanofi

Access and financial support for your eligible patients

CareASSIST is committed to helping remove barriers for patients and caregivers throughout their treatment journey.

CareASSIST helps patients prescribed certain Sanofi medications with:



Financial Assistance



Access and Reimbursement



Resource Support

Please see page 5 for enrollment instructions

To learn more about the CareASSIST program and additional support options, please contact your local Field Reimbursement Manager.

You may also call **1-833-WE+CARE** (1-833-930-2273), Monday through Friday, 9 AM – 8 PM ET, to speak with a dedicated Care Manager, or visit **SanofiCareASSIST.com/hcp**



Financial Assistance

The CareASSIST Copay Program

Your patients may pay as little as **\$0** for their prescribed medication, including any product-specific copay and coinsurance – up to \$25,000 in assistance per calendar year. Restrictions apply*



• Insurance: Patients must have commercial or private insurance. This includes federal employee plans and plans offered through health insurance exchanges



 Residency: Patients must be residents of the US or its territories or possessions



Prescription: Patients must be prescribed on-label

There is no income requirement for patients in this program. Other conditions apply.

See if your patients qualify at portal.trialcard.com/Sanofi/CareASSIST

*IMPORTANT NOTICE: Maximum benefit of \$25,000 per calendar year. Prescription must be for an approved indication. Not valid for prescriptions covered by or submitted for reimbursement, in whole or in part, under Medicare, Medicaid, VA, DoD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance programs. Not valid where prohibited by law. This offer is nontransferable, limited to one per person, and cannot be combined with any other offer or discount. Any savings provided by the program may vary depending on patients' out-of-pocket costs. Sanofi reserves the right to modify or discontinue the programs at any time without notice. All program details provided upon registration.





Financial Assistance

The CareASSIST Patient Assistance Program

Patients who are uninsured or underinsured and meet certain program eligibility requirements can receive medication at no cost from Sanofi Cares North America.



Patients must be uninsured or lack coverage for their prescribed medication*



Patients must be residents of the United States or its territories or possessions and under the care of a licensed healthcare provider with a practice in the US



Patients must have an annual household income that does not exceed the greater of \$100,000 or 500% of the federal poverty level



^{*}Patients with Medicare Part B coverage with no supplemental insurance coverage may be eligible.



Access and Reimbursement

CareASSIST can assess coverage and identify support options for your patients, beginning with insurance verification. We can also assist with the following:



Prior authorization, denials, and appeals



Claims information



Coding and billing



Resource Support

CareASSIST helps connect patients to independent support organizations and resources throughout their treatment journey, including:

- Transportation assistance
- · Home care services support
- Patient advocacy support
- Other resources to ease day-to-day challenges





Enroll Today!

2 ways to get patients started with CareASSIST:



Online

Visit SanofiCareASSIST.com/hcp

 Provides an electronic consent option for patients who are not in your office at time of enrollment



Fax

Download and print out the enrollment form, then fax it to us at 1-855-411-4689



Care Managers can help your office and patients with any questions regarding the enrollment process, and will reach out with next steps after submission.





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