

Pay as  
little as  
**\$0**  
for SAPHNELO



**Cost should not get in the way of starting and staying on your treatment. If you have commercial insurance,\* you may be able to get SAPHNELO for as little as \$0.†**

## Two Options for SAPHNELO Co-pay Support

### If your insurance covers SAPHNELO

If SAPHNELO is approved by your insurance, most eligible patients will pay \$0\* per infusion and may have access to up to \$16,500 per year to assist with SAPHNELO out-of-pocket costs.

To be eligible for the SAPHNELO Patient Savings Program, you must:

- Have commercial insurance
- Have SAPHNELO approved by your insurance plan

### If your insurance does NOT cover SAPHNELO

If SAPHNELO is denied by your insurance, please work with your healthcare provider, who can submit an appeal on your behalf. If the appeal is denied, you may be eligible for the SAPHNELO Denied Patient Savings Program (DPS).

The SAPHNELO Denied Patient Savings Program can provide up to 2 years<sup>||</sup> of free product to eligible patients who are denied coverage by their insurance company.

**Eligibility requirements include:**

- New to SAPHNELO
- Prescribed SAPHNELO for FDA-approved use

<sup>||</sup>Patients who enroll receive support for up to 24 months from the date of initial prescription.

**Note:** If your insurance does not cover SAPHNELO and you get a denial letter from your insurance company, please ask your doctor to contact AstraZeneca in order to take the necessary steps to qualify you for the Denied Patient Savings Program.

**For enrollment into the co-pay support program, please visit [www.saphnelo.com](http://www.saphnelo.com) or call 1-866-SAPHNELO (1-866-727-4635) for assistance.**

### Important reminders for the above copay support options:

- The SAPHNELO Patient Savings Programs cover the cost of the drug and its administration,<sup>†,§</sup> but do not cover costs for office visits
- There are no income requirements to participate in the programs
- Offers are invalid for claims and transactions more than 365 days from the date of service

\*Commercial health insurance, or private health insurance, is any insurance that is not paid for by the government. Examples of government-paid insurance are Medicare and Medicaid.

†Patients with commercial health insurance receive up to \$16,500 per calendar year in assistance for out-of-pocket expenses. Full details are included in Terms of Use section on following page.

‡Patients are responsible for any cost associated with the infusion administration above the \$150 per infusion administration provided by the program.

§Patients who are residents of Massachusetts and Rhode Island are not eligible for infusion administration assistance.

**1-866-SAPHNELO (1-866-727-4635)**

**Access360@AstraZeneca.com**

**1-833-FAX-A360 (1-833-329-2360)**

**One MedImmune Way, Gaithersburg, MD 20878**

**[www.SAPHNELOresources.com](http://www.SAPHNELOresources.com)**

## ELIGIBILITY:

Patients may be eligible for this offer with the following criteria:

- Insured by Commercial insurance with a valid prescription for SAPHNELO® (anifrolumab-fnia) injection for Intravenous infusion, 300 mg AND
- Are a resident of the United States or Puerto Rico AND
- Are not enrolled in a government funded program

Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients who are enrolled in Medicare Part B, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DoD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. Patients who are enrolled in a state or federally funded prescription program may not use this program even if they elect to be processed as uninsured (cash-paying). This offer is not insurance.

## TERMS OF USE:

Eligible commercially insured patients with a valid prescription for SAPHNELO who enroll in this program may pay as little as \$0 per administration of SAPHNELO dependent upon patient's prescription coverage of SAPHNELO.

### **SAPHNELO Savings Program—If SAPHNELO is covered by the health plan:**

- Up to \$16,500 per calendar year in assistance for out-of-pocket expenses
- The out-of-pocket costs covered by the program can include the cost of the product itself, the cost of infusion administration (program maximum of \$150 per infusion administration).\*,†
- Other restrictions may apply. Patient must be enrolled in the program before use. If you have any questions regarding the offer, please call **1-866-SAPHNELO (1-866-727-4635)**.
- Offer is invalid for claims or transactions more than 365 days from the date of service.

Other restrictions apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription for SAPHNELO at the time of purchase. Program covers the cost of the drug, infusion administration,\*,† and does not cover the costs for office visits or any other associated costs.

**If you meet the Copay Savings program eligibility criteria but SAPHNELO is not covered by your health plan, you may qualify for the Denied Patient Savings Program.**

**Denied Patient Savings Program Eligibility:** Patient must meet all savings program eligibility criteria in addition to the following criteria:

- A Prior Authorization denial and Prior Authorization appeal denial by your health plan are required
- SAPHNELO must be prescribed for on-label use

## TERMS OF USE:

### **Denied Patient Savings Program—If SAPHNELO is NOT covered by the health plan:**

- Prescription fills for up to 24 months from the date of the initial prescription
- This program is only administered by approved specialty pharmacies
- Program support includes periodic Benefits Investigation to identify potential changes in patient coverage. If a change in coverage is identified, the prescriber will be contacted to initiate a new Prior Authorization for the patient. If the Prior Authorization is approved, the patient will transition to coverage via their insurance benefits

BY USING THIS PROGRAM, YOU AND YOUR PHARMACIST AND/OR PHYSICIAN UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

You are encouraged to report negative side effects of AstraZeneca prescription drugs by calling 1-800-236-9933. If you prefer to report these to the FDA, call 1-800-FDA-1088.

\*Patients are responsible for any cost associated with the infusion administration above the \$150 per infusion administration provided by the program.

†Patients who are residents of Massachusetts and Rhode Island are not eligible for infusion administration assistance.



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