Saphnelo® (anifrolumab-fnia)
Intravenous Use 300 mg/vial
Subcutaneous Use 120 mg/0.8 mL

AstraZeneca Access 360™

Over 95% of Commercial Patients Enrolled in the Co-Pay Savings Program Pay $0* for SAPHNELO[1†]

Prescribe SAPHNELO Today:
Help Commercial Patients Start SAPHNELO Today at No Cost‡

If insurance covers SAPHNELO

If SAPHNELO is approved by the patient's insurance, eligible patients may pay as little as $0 for SAPHNELO and infusion administration or injection training. Patients may have access to up to $16,500 per calendar year to assist with SAPHNELO out-of-pocket costs.§

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

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

*Patients are responsible for any cost associated with the product administration above the $150 per infusion administration or injection training assistance provided by the program.

If insurance does NOT cover SAPHNELO

If SAPHNELO is denied by the patient's insurance, please work with the patient to submit an appeal. If the appeal is denied, the patient may be eligible for the SAPHNELO Denied Patient Savings Program (DPS).

The SAPHNELO Denied Patient Savings Program can provide up to 24 months‖ 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

‡Copay assistance for product administration services like drug infusion and injection education is not available to patients who are residents of Massachusetts or Rhode Island.

§Patients who enroll receive support for up to 24 months from the date of initial prescription.

‖Full details are included in Terms of Use section on the following page.

†Data applies to intravenous infusion only.

How the SAPHNELO Savings Program Works

For either program, please call AstraZeneca Access 360™ at **1-866-SAPHNELO (1-866-727-4635)** for complete details.

Specialty Pharmacy—If acquiring SAPHNELO through a Specialty Pharmacy:

Out-of-pocket costs for SAPHNELO	Out-of-pocket costs for infusion administration
For help with out-of-pocket costs for SAPHNELO, patients can sign up for the SAPHNELO Savings Program by signing the support program section of the AstraZeneca Access 360™ Enrollment Form.	Patient or HCP is responsible for requesting reimbursement for out-of-pocket costs for infusion administration. Reimbursement forms are available by contacting Access 360 at **1-866-SAPHNELO (1-866-727-4635)**.

Buy & Bill—If buying SAPHNELO Intravenous from a Specialty Distributor to administer to your patients:

1. If you already have an account, log into **SAPHNELOsavings.com** to access the portal and enroll your patients. If you do not have an account, please contact Access 360 at **1-833-360-4357**
2. If you prefer to enroll a patient without an account, go to **SAPHNELOsupport.com**

★ **It is highly recommended that you enroll your patients AFTER the PA is approved**

- Upon completion of enrollment, you will be provided with your patient's copay enrollment details. This information will also be automatically sent to your patient via email
- After administering SAPHNELO, submit a claim to your patient's insurance. You will receive an Explanation of Benefits (EOB) that you can use to determine the exact amount your patient owes for SAPHNELO, including the infusion administration
- Submit request for reimbursement of your patient's out-of-pocket cost of SAPHNELO and its infusion administration at **www.SAPHNELOsavings.com** (with valid login) or **SAPHNELOsupport.com** and include a copy of the EOB and CMS-1500 or UB-04. While the out-of-pocket costs for patients will vary, most eligible patients may pay as little as $0 per administration of SAPHNELO
- After the SAPHNELO Savings Program claim has been reviewed and approved, you will be notified that the Virtual Debit Card associated with that patient has been loaded with the approved amount. Process a debit card transaction on the registered debit card terminal to retrieve the funds from the card

1-866-SAPHNELO (1-866-727-4635) | **1-833-FAX-A360 (1-833-329-2360)** | **www.SAPHNELOresources.com**
Access360@AstraZeneca.com | **One MedImmune Way,** Gaithersburg, MD 20878

ELIGIBILITY:

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

- Insured by Commercial insurance with a valid prescription for SAPHNELO® (anifrolumab-fnia) Intravenous infusion 300 mg OR SAPHNELO® (anifrolumab-fnia) subcutaneous injection 120 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 and the cost of product administration (program maximum of $150 per infusion administration or injection training).*,†
- 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** (1-833-360-4357).
- 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,*,† injection training, 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
- Patients denied coverage for SAPHNELO subcutaneous and currently receiving approved SAPHNELO intravenous therapy are not eligible for Denied Patient Savings Program.

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 may report side effects related to AstraZeneca products.

*Patients are responsible for any cost associated with the product administration above the $150 per infusion administration or injection training assistance provided by the program.
†Copay assistance for product administration services like drug infusion and injection education is not available to patients who are residents of Massachusetts or Rhode Island.

Reference: 1. Data on File, US-75701, AstraZeneca Pharmaceuticals LP.

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