

# Need help paying for KEVZARA?

Savings start here



## KEVZARA<sup>®</sup>connect<sup>®</sup> COPAY CARD PROGRAM

may make your  
copay costs more  
affordable

Eligible patients may  
pay as little as a  
**\$0 copay**  
per month  
for KEVZARA.<sup>a</sup>

See details below.

**KEVZARA<sup>®</sup>**  
(sarilumab)

<sup>a</sup>The maximum for copay assistance is \$15,000 per calendar year. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, Veterans Affairs, Department of Defense, TRICARE, or similar federal or state programs, including any state pharmaceutical assistance program. See full program terms and conditions on page 3.

**Please see Important Safety Information on pages 4 and 5. [Click here](#) to see the full Prescribing Information including risk of SERIOUS SIDE EFFECTS and Medication Guide.**

# KEVZARA<sup>®</sup>connect<sup>®</sup>

## Copay Card Program

### Providing assistance with the costs associated with KEVZARA

- ▶ If you qualify, you may pay as little as **\$0 per month** for KEVZARA, up to an annual maximum copay assistance amount of \$15,000<sup>a</sup>



### You may be eligible for the Copay Card Program if you:

- Are at least 18 years of age
- Have been prescribed KEVZARA for a use approved by the US Food and Drug Administration
- Are a resident of the 50 United States, the District of Columbia, or Puerto Rico
- Have commercial or private health insurance that covers KEVZARA

### You are not eligible if you:

- Have Medicaid, Medicare with a Part D drug plan, TRICARE, or any other state or federal health coverage

**Not  
eligible?**

**KevzaraConnect** can provide you with information about other possible forms of financial assistance

For more information, call us at **1-844-KEVZARA** (1-844-538-9272) Option 1, or visit [KEVZARA.com](https://www.kevzara.com)

<sup>a</sup>Subject to additional terms and conditions. Program provides assistance per patient, per calendar year, to cover out-of-pocket copay costs for KEVZARA, including copayments, coinsurance, and prescription deductible. Patient may be responsible for any costs above the annual program assistance limit. Eligible patients subject to program restrictions. See full program terms and conditions on page 3.

Please see Important Safety Information on pages 4 and 5. [Click here](#) to see the full Prescribing Information including risk of SERIOUS SIDE EFFECTS and Medication Guide.

# Start saving on your KEVZARA prescription today

The KevzaraConnect Copay Card program is designed to help with the costs associated with KEVZARA.

Please see program Terms and Conditions below.



[Click here](#)  
to sign up  
for your  
Copay Card

## Have you already paid for KEVZARA out of pocket?

You may qualify for copay reimbursement if:

- You have paid a copay for your KEVZARA prescription in the last 90 days \_\_\_\_\_ or \_\_\_\_\_
- You are enrolled in the KevzaraConnect Copay Card Program

To apply for copay reimbursement:

- [Click here](#) to complete the reimbursement form

Please allow 7 to 10 days to process your request.

### KevzaraConnect® Copay Card Program

#### Terms and Conditions

This program only applies to patients who are at least 18 years of age, residents of the 50 United States, the District of Columbia, and Puerto Rico, are prescribed KEVZARA® (sarilumab) for an FDA-approved indication, and are insured and covered by a commercial health plan. This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance program. It is not an insurance benefit, and does not cover or provide support for supplies, procedures, or any physician-related services associated with KEVZARA. General, non-product specific insurance deductibles above the amount set forth above are also not covered. The maximum annual patient benefit under the Program is \$15,000. Copay amounts after applying copay assistance may depend on the patient's insurance plan and may vary. The Program is intended to help patients afford KEVZARA. Patients may have insurance plans that attempt to dilute the impact of the assistance available under the Program. In those situations, the Program may change its terms. KevzaraConnect® reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms and conditions at any time without notice. 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. This offer is not conditioned on any past, present or future purchase, including refills. The copay card is non-transferable, limited to one per person, and cannot be combined with any other offer or discount. This program is not valid where prohibited by law, taxed or restricted. Offer has no cash value. Program is not valid for cash paying customers. Questions or concerns about deductible, copay, or coinsurance amounts or the ability to obtain KEVZARA? Contact KevzaraConnect® at 1-844-KEVZARA.

**Patient Instructions:** KEVZARA must be covered by your commercial insurance. Program is not valid for cash paying customers. If your prescription is covered by insurance, you may need to notify the insurance carrier of redemption of this copay card. This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance program. This program is not valid where prohibited by law. By redeeming this coupon, you are certifying that (1) you are not a beneficiary of any government funded program as noted above; (2) should you begin receiving prescription benefits from any government funded program, you will withdraw from this program; and (3) you acknowledge and understand that adherence to the terms and conditions of this offer is necessary to ensure compliance with laws pertaining to any government funded program. For questions regarding your eligibility or benefits or if you wish to discontinue your participation, please call 1-844-KEVZARA.

**Pharmacist Instructions:** When you use this offer, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Pharmacist will comply with his/her obligations when processing the prescription for payment. By using this offer, you agree to the terms and conditions of this program. Co-pay cards must be accompanied by a prescription for Kevzara. If primary commercial prescription insurance exists, input offer information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Submit transaction to Rx Acquisition Company d/b/a RxCrossroads by McKesson using BIN #610524. Applicable discounts will be displayed in the transaction response. Acceptance of this offer and your submission of claims are subject to the Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc). For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Kevzara program at 1-844-KEVZARA.

Please see Important Safety Information on pages 4 and 5. [Click here](#) to see the full Prescribing Information including risk of SERIOUS SIDE EFFECTS and Medication Guide.



## What is KEVZARA?

KEVZARA® (sarilumab) is an injectable prescription medicine called an interleukin-6 (IL-6) receptor blocker. KEVZARA is used to treat adult patients with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a disease-modifying antirheumatic drug (DMARD) has been used and did not work well or could not be tolerated.

## IMPORTANT SAFETY INFORMATION

### KEVZARA can cause serious side effects including:

- **SERIOUS INFECTIONS: KEVZARA is a medicine that affects your immune system. KEVZARA can lower the ability of your immune system to fight infections. Some people have had serious infections while using KEVZARA, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections. Your healthcare provider should test you for TB before starting KEVZARA. Your healthcare provider should monitor you closely for signs and symptoms of TB during treatment with KEVZARA.**
- Before starting KEVZARA, tell your healthcare provider if you:
  - think you have an infection or have symptoms of an infection, with or without a fever. Symptoms may include sweats or chills, muscle aches, a cough, shortness of breath, blood in your phlegm, weight loss, warm, red, or painful skin or sores on your body, diarrhea or stomach pain, burning when you urinate or urinating more often than normal, if you feel very tired, or if you are being treated for an infection, get a lot of infections or have repeated infections
  - have diabetes, HIV, or a weakened immune system
  - have TB, or have been in close contact with someone with TB
  - live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance of getting certain fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis)
  - have or have had hepatitis
- After starting KEVZARA, call your healthcare provider right away if you have any symptoms of an infection.
- **CHANGES IN CERTAIN LABORATORY TEST RESULTS:** Your healthcare provider should do blood tests before and after starting KEVZARA to check for low neutrophil (white blood cells that help the body fight off bacterial infections) counts, low platelet (blood cells that help with blood clotting and stop bleeding) counts, and an increase in certain liver function tests. Changes in test results are common with KEVZARA and can be severe. You may also have changes in other laboratory tests, such as your blood cholesterol levels. Your healthcare provider should do blood tests 4 to 8 weeks after starting KEVZARA and then every 6 months during treatment to check for an increase in blood cholesterol levels.
- **TEARS (PERFORATION) OF THE STOMACH OR INTESTINES:** Tell your healthcare provider if you have had a condition known as diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people using KEVZARA had tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDS), corticosteroids, or methotrexate. Call your healthcare provider right away if you have fever and stomach (abdominal) pain that does not go away.

(continued on next page)

Please see Important Safety Information on page 5. [Click here](#) to see the full Prescribing Information including risk of SERIOUS SIDE EFFECTS and Medication Guide.

## IMPORTANT SAFETY INFORMATION (cont'd)

- **CANCER:** KEVZARA may increase your risk of certain cancers by changing the way your immune system works. Tell your healthcare provider if you have ever had any type of cancer.
- **SERIOUS ALLERGIC REACTIONS:** Serious allergic reactions can happen with KEVZARA. Get medical attention right away if you have any of the following signs: shortness of breath or trouble breathing; feeling dizzy or faint; swelling of your lips, tongue, or face; moderate or severe stomach (abdominal) pain or vomiting; or chest pain.
- Do not use KEVZARA if you are allergic to sarilumab or any of the ingredients of KEVZARA.
- Before using KEVZARA, tell your healthcare provider if you
  - have an infection
  - have liver problems
  - have had stomach (abdominal) pain or a condition known as diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines
  - recently received or are scheduled to receive a vaccine. People who take KEVZARA should not receive live vaccines
  - plan to have surgery or a medical procedure
  - are pregnant or plan to become pregnant. It is not known if KEVZARA will harm your unborn baby
  - are breastfeeding or plan to breastfeed. Talk to your healthcare provider about the best way to feed your baby if you use KEVZARA. It is not known if KEVZARA passes into your breast milk
  - take any prescription or nonprescription medicines, vitamins, or herbal supplements. It is especially important to tell your healthcare provider if you use
    - any other medicines to treat your RA. Using KEVZARA with these medicines may increase your risk of infection
    - medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these
- The most common side effects include:
  - injection site redness
  - upper respiratory tract infection
  - urinary tract infection
  - nasal congestion, sore throat, and runny nose

**These are not all of the possible side effects of KEVZARA. Tell your doctor about any side effect that bothers you or does not go away. You are encouraged to report side effects of prescription drugs to the FDA at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

*To learn more, talk about KEVZARA with your healthcare provider or pharmacist. The FDA-approved Medication Guide and Prescribing Information can be found at [KEVZARA.com](http://KEVZARA.com) or by calling 1-844-KEVZARA (1-844-538-9272).*

For any questions or concerns, or to report side effects with a Sanofi or Regeneron product, please contact **1-844-KEVZARA** (1-844-538-9272) Option 1, Monday-Friday, 8 AM-8 PM ET.

**Please [click here](#) to see the full Prescribing Information including risk of SERIOUS SIDE EFFECTS and Medication Guide.**

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Page 5

**KEVZARA**<sup>®</sup>  
(sarilumab)