

Your patients and your practice are important to us. Daiichi Sankyo, Inc. is committed to helping appropriate patients get access to Injectafer by providing access and reimbursement support.

Offering support along the way



Coverage and Access Support

- **Insurance and claims assistance:** Expert help from reimbursement specialists
- **Billing and coding:** Important information related to Injectafer reimbursement



Financial Assistance*

- **Injectafer Savings Program:** Copay savings may help reduce patients' out-of-pocket costs
- **Injectafer Patient Assistance Program:** Help for uninsured patients with financial need



Contact Daiichi Sankyo Access Central

1-866-4-DSI-NOW (1-866-437-4669) DSIAccessCentral.com

Available Monday–Friday, 9:00 AM–8:00 PM ET

*Restrictions apply. See terms and conditions on page 8.

INDICATIONS

Injectafer® (ferric carboxymaltose injection) is 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, or who have non-dialysis dependent chronic kidney disease.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

Please see Important Safety Information on pages 10-11 and [click here](#) for full Prescribing Information for Injectafer.





Insurance and claims assistance

Expert help from reimbursement specialists

To get help, **your first step is to fill out the Patient Enrollment Form** and check off the support you require for your patient. We will take it from there.

Based on the support you requested, we will offer you help with:



Benefits verifications



Prior authorizations



Claims appeals

Click here to download helpful resources, including the patient enrollment form and a sample letter of medical necessity. If you have any questions regarding reimbursement call Daiichi Sankyo Access Central at **1-866-4-DSI-NOW**.

IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

Symptomatic hypophosphatemia requiring clinical intervention has been reported in patients at risk of low serum phosphate in the postmarketing setting. These cases have occurred mostly after repeated exposure to Injectafer in patients with no reported history of renal impairment. Possible risk factors for hypophosphatemia include a history of gastrointestinal disorders associated with malabsorption of fat-soluble vitamins or phosphate, concurrent or prior use of medications that affect proximal renal tubular function, hyperparathyroidism, vitamin D deficiency and malnutrition. In most cases, hypophosphatemia resolved within three months.

Monitor serum phosphate levels in patients at risk for low serum phosphate who require a repeat course of treatment.

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.





Billing and coding

Important information related to Injestafer reimbursement

Proper billing and coding can help ensure eligible patients receive the proper program support. The following codes may be helpful to facilitate Injestafer reimbursement. The completion and submission of coverage-related documentation are the responsibility of the patient and healthcare provider.

Injestafer® (ferric carboxymaltose injection) is indicated for the treatment of IDA in adult patients:

- who have intolerance to or have had unsatisfactory response to oral iron or
- who have non-dialysis dependent chronic kidney disease

Product and administration codes

Code Type	Code	Description
Product Package Code		
NDC	00517-0650-01	Injestafer 750 mg iron/15 mL single-dose vial (individually boxed)
Product-Specific Billing Code		
HCPCS	J1439	Injection, ferric carboxymaltose 1 mg
Drug Administration Codes		
CPT®*	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
	or	
	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

We recommend verifying the coding policies for each individual health plan. Reimbursement specialists can provide information relating to payer-specific policies and can address other questions at 1-866-4-DSI-NOW.

*CPT® codes, 2019 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values, or related listings are included in the CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Abbreviations: CPT, Current Procedural Terminology; FARS/DFARS, Federal Acquisition Regulation/Defense Federal Acquisition Regulation Supplement; HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code.





Examples of IDA-related diagnosis codes

Injectafer claims forms require an appropriate ICD-10-CM code. The following table displays possible ICD-10-CM codes related to IDA.*

Code	Description
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D63.0	Anemia in neoplastic disease CODE NEOPLASM FIRST (Confirm iron deficiency)
D63.1	Anemia in chronic kidney disease CODE CKD STAGE FIRST (Confirm iron deficiency)
D63.8	Anemia in other chronic diseases classified elsewhere CODE UNDERLYING DISEASE FIRST (Confirm iron deficiency)
D64.81	Antineoplastic chemotherapy-induced anemia (Confirm iron deficiency)

Other codes may be appropriate.

Coding for Injectafer is dependent on the insurer and the care setting in which the drug will be administered. THESE TABLES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY, AND YOU HAVE THE RESPONSIBILITY TO ENSURE THAT CLAIMS AND CODES SUBMITTED ARE ACCURATE, COMPLETE, and APPLICABLE. Healthcare providers need to make coding decisions based on the diagnosis and treatment of each patient and the specific insurer. Please visit CMS.gov or other payers' websites to obtain additional guidance on their processes.

*A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. This information is provided to assist both the healthcare provider and the coder in identifying POTENTIAL diagnoses. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

Abbreviation: ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.





A code specific for your IDA patient's underlying condition*

The following table displays possible secondary ICD-10-CM codes that may be appropriate for patients prescribed Injectafer.†

Code	Description	Code	Description
K50.0-K50.919	Crohn's disease [regional enteritis]	N18.5	Chronic kidney disease, stage 5
K51.0-K51.919	Ulcerative colitis	N18.6	End-stage renal disease
K90.0	Celiac disease	N18.9	Chronic kidney disease, unspecified
K90.4	Malabsorption due to intolerance not elsewhere classified	N92.0	Excessive and frequent menstruation with regular cycle
K90.9	Intestinal malabsorption unspecified	N92.5	Other specified irregular menstruation
N18.1	Chronic kidney disease, stage 1	N92.6	Irregular menstruation, unspecified
N18.2	Chronic kidney disease, stage 2	T45.4X5A	Adverse effect of iron and its compounds, initial encounter
N18.3	Chronic kidney disease, stage 3	T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
N18.4	Chronic kidney disease, stage 4		

*Secondary code suggestions only; appropriate codes not limited to those listed above. Injectafer is indicated to treat IDA; it is not indicated to treat the above listed underlying conditions. Some listed diagnosis codes may indicate a subcategory and be nonbillable. For reporting purposes, only codes with the full number of required characters are permissible.

†A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. This information is provided to assist both the healthcare provider and the coder in identifying POTENTIAL diagnoses. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

We recommend verifying the coding policies for each individual health plan. Reimbursement specialists can provide information relating to payer-specific policies and can address other questions at 1-866-4-DSI-NOW.

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and healthcare provider. Daiichi Sankyo, Inc., makes no representation or guarantee concerning coverage or reimbursement for any service or item. A completed form includes signatures from both the physician and the patient. Before submitting, please ensure all required information is provided.





Injectafer Savings Program

Copay savings may help reduce patients' out-of-pocket costs*

For each course of treatment:

Patients receive the FIRST DOSE for as little as \$50 Up to 750 mg of iron for qualified patients [†]	Patients receive the SECOND DOSE for as little as \$0 Up to 750 mg of iron for qualified patients [†]
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- Assistance of up to \$500 per dose with a maximum benefit of up to \$1000 per course of treatment (2 doses)
- Enrollment is valid for 2 courses of treatment (4 doses) per 12-month period

Doses are separated by at least 7 days.
Note: The first dose of the second course may cost as little as \$50.

Is your patient eligible?*

- | | | | | | | | |
|-------------------------------------|--|----|-------------------------------------|---|----|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Has commercial insurance | OR | <input checked="" type="checkbox"/> | Pays for treatment with cash | | | |
| <input checked="" type="checkbox"/> | Has Medicare, Medicaid, or other federal or state healthcare insurance | OR | <input checked="" type="checkbox"/> | Has private indemnity or HMO insurance that reimburses patients for the entire cost of prescription drugs | OR | <input checked="" type="checkbox"/> | Is Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees |

*The Injectafer Savings Program is only available for adults 18 years or older who are commercially insured or cash-paying patients. Please see full Terms and Conditions on page 8.

[†]Insurance out-of-pocket payment must be over \$50. Other restrictions may apply

IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS (cont'd)

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.





Register your office and activate your POS terminal by calling a Daiichi Sankyo Access Central coordinator (1-866-4-DSI-NOW)

- A Daiichi Sankyo Access Central coordinator will provide you with a login for injectafercopay.com
- Activation of the POS terminal may take up to 1 business day
- Registration and activation only need to be completed once

Before administering Injectafer, enroll your patient

- Log into injectafercopay.com (you can also enroll the patient at 1-866-4-DSI-NOW)
- Enter required patient information
- For each patient, you'll receive a 16-digit code for a virtual debit card upon approval

After treatment, log in and submit EOB form

- Log into injectafercopay.com
- Submit the Explanation of Benefits (EOB) form for the Injectafer treatment
- There are 3 ways to send the EOB form*:

Upload at injectafercopay.com **OR** **Fax** to 1-888-257-4673 **OR** **Mail** to Injectafer Savings Program
100 Passaic Ave, Suite 245
Fairfield, NJ 07004

★ **Best way to submit EOBs and manage all patients**

- It usually takes 2-3 days for EOB to be approved
- Then, funds will be uploaded onto the virtual 16-digit debit card

*When forms are uploaded to injectafercopay.com, the process may potentially be expedited. For patients who wish to directly submit their EOB form, please direct them to fax or mail the form to the Injectafer Savings Program.

Abbreviation: POS, point of sale.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (cont'd)

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 $\geq 2\%$ 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%).





Injectafer Savings Program Terms and Conditions

1. This offer is valid for commercially-insured as well as cash paying patients.
2. Depending on insurance coverage, eligible insured patients may pay no more than \$50 for Injectafer for the first dose and \$0 for Injectafer for the second dose, up to a maximum savings limit of \$500 per dose, a \$1,000 program limit per course of therapy. Check with your pharmacist or healthcare provider for your copay discount. Patient out-of-pocket expense may vary.
3. This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees.
4. The offer is valid for 2 courses, or 4 doses, of an Injectafer prescription. An explanation of benefits statement must be faxed in prior to transacting on the account numbers for assistance. One enrollment is allowed per 12-month period.
5. Daiichi Sankyo, Inc. reserves the right to rescind, revoke, or amend this offer without notice.
6. Offer good only in the USA, including Puerto Rico, at participating pharmacies or healthcare providers.
7. Void if prohibited by law, taxed, or restricted.
8. This account number is not transferable. The selling, purchasing, trading, or counterfeiting of this account number is prohibited by law.
9. This account number is not insurance.
10. By redeeming this account number, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.
11. Qualified patients receiving Injectafer will be allowed a 60-day retroactive enrollment period to receive benefits under the program rules.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS (cont'd)

The following adverse reactions have been identified during post approval use of Injectafer. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

The following adverse reactions have been reported from the post-marketing spontaneous reports with Injectafer: *cardiac disorders*: tachycardia; *general disorders and administration site conditions*: chest discomfort, chills, pyrexia; *metabolism and nutrition disorders*: hypophosphatemia; *musculoskeletal and connective tissue disorders*: arthralgia, back pain, hypophosphatemic osteomalacia (rarely reported event); *nervous system disorders*: syncope; *respiratory, thoracic and mediastinal disorders*: dyspnea; *skin and subcutaneous tissue disorders*: angioedema, erythema, pruritus, urticaria.





Injectafer Patient Assistance Program

Help for uninsured patients with financial need



If your patients are uninsured and need help paying for their Injectafer treatment, they may be eligible for the Patient Assistance Program (PAP). The Injectafer PAP is a product replacement program.*



Eligibility

To qualify, a patient must:

- Meet established income limits
- Lack health insurance completely
- Be a US citizen, a legal entrant in the United States, or a permanent resident



How to apply

Enroll your patient in the program in 1 of 2 ways:

- Visit [DSIAccessCentral.com](https://www.DSIAccessCentral.com) to download the Patient Enrollment Form, have the patient sign the enrollment form, and then fax it to 1-888-354-4856 (preferred method for fastest support)

OR

- Call **1-866-4-DSI-NOW**



Important timing notice

- Submit the Patient Enrollment Form **before** the patient's infusion and confirm enrollment
- **After** the patient's infusion, submit the Product Request Form (available for download at [DSIAccessCentral.com](https://www.DSIAccessCentral.com))
- **Plan at least 8 days in advance.** In most cases, if you submit the Product Request Form by EOD Wednesday, the product will be shipped overnight the following Wednesday (holidays and weather may cause delays)

*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

You are encouraged to report Adverse Drug Events to American Regent, Inc. at 1-800-734-9236 or to the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.



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injectconnect™



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central™

