

The CareASSIST Copay Program



Your eligible patients with commercial insurance 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.*

How to apply

You and your patients can now apply and receive a real-time eligibility determination for the Copay Program. Here's how to do it:



1 Visit portal.trialcard.com/sanofi/careassist



2 Review eligibility criteria



3 Follow instructions to apply and receive an instant eligibility determination

There is no income requirement for this program. Other restrictions apply.

*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.

How the Copay Program handles reimbursement

Electronic forms submission

Providers can receive direct reimbursement payments electronically for submitted claims via InstaMed.

- Your office can set up an account online by visiting instamed.com and selecting **Join**
- For additional support, you may contact InstaMed at support@instamed.com or by calling **1-866-467-8263**

Direct forms submission

Patients and HCPs will submit a CMS 1500 or UB-04 form along with a copy of the primary insured EOB showing the patient's out-of-pocket costs for their CareASSIST-supported medication.

You can submit these materials in 1 of 2 ways:

- 1. Upload** at portal.trialcard.com/sanofi/careassist
- 2. Fax:** 1-855-411-9689



CareASSIST must receive reimbursement requests within 120 days of the date of service.

You or your patient may seek reimbursement for treatment received in the 120 days prior to the date of their enrollment.

To learn more about the CareASSIST Copay 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.



Scan here to enroll patients in the CareASSIST program.
A Care Manager will reach out with next steps.