


The CareASSIST Copay Program

If you have commercial insurance,
you may be eligible to pay as little
as \$0 out of pocket for ZALTRAP



Here you'll find helpful information about
services, program benefits, and eligibility criteria.

CareASSIST™
Patient Support by Sanofi Genzyme

 **ZALTRAP®**
(ziv-aflibercept)
Injection for Intravenous Infusion

Please see accompanying full [Prescribing Information](#), including serious side effects.

The CareASSIST Copay Program

Program overview



Program benefits

If you are eligible and have commercial insurance, you may pay as little as \$0. Copay Program covers any product-specific copay, coinsurance, and insurance deductibles – up to \$25,000 in assistance per year. Restrictions apply.*



Out-of-pocket responsibility

You are responsible for any ZALTRAP® (ziv-aflibercept) out-of-pocket costs that exceed the program assistance limit of \$25,000 per year. This is in addition to non-ZALTRAP-specific expenses related to supplies, procedures, or physician-related services.



Eligibility requirements

- **Insurance** – You must have commercial or private insurance, including state or federal employee plans and health insurance exchanges
- **Residency** – You must be a resident of the US or its territories or possessions

Other conditions apply.

There is no income requirement to qualify for this program.

Eligible patients with commercial insurance may pay as little as \$0 out of pocket for ZALTRAP.

*See back for details.

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How to apply



CareASSIST Application

- To get started, visit SanofiCareAssist.com/zaltrap to download a CareASSIST Application. When you fill it out, make sure the *Copay Assistance* box in Section 1 is checked
- You and your healthcare provider must complete the CareASSIST Application and either mail or fax it back to CareASSIST

Fax

1-855-411-9689

Mailing address

CareASSIST by Sanofi Genzyme
PO Box 220616
Charlotte, NC 28222



Phone

- You may start the application process by calling CareASSIST at **1-833-WE+CARE** (1-833-930-2273), Mon – Fri, 9 AM – 8 PM ET. A CareASSIST Patient Access Specialist will assist you with the next steps

If your eligibility is confirmed, you will receive a notification via US mail that contains your copay number. This information should be retained and included with any reimbursement claims you submit.

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How to submit claims for reimbursement

In order to be reimbursed, you or your healthcare provider must submit the following paperwork to CareASSIST within **120 days of the date of treatment**:

- An invoice for your ZALTRAP prescription
- Your insurance company's Explanation of Benefits
- Payment receipts
- A billing statement
- A completed proof of expense form

You may also seek reimbursement for treatments you have received in the **120 days prior to the date of enrollment** in the CareASSIST Copay Program.

CareASSIST Patient Access Specialists are available to help you if you have any questions about reimbursement.

The CareASSIST Copay Program will disburse funds in approximately 7 to 14 business days after materials are reviewed and approved.

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CareASSIST Copay Program Terms and Conditions

Subject to annual maximum copay assistance amount of \$25,000. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, Veterans Affairs/Department of Defense, TRICARE, or similar federal or state programs. Not a debit card program. The program does not cover or provide support for supplies, procedures, or any physician-related service associated with ZALTRAP (ziv-aflibercept). General non-product-specific copays, coinsurance, or insurance deductibles are not covered. This program only applies to patients who are at least 18 years of age, residents of the United States or its territories or possessions, are prescribed ZALTRAP for an FDA-approved indication, and are insured by a commercial health plan that requires a copayment, coinsurance, and/or deductible amount for ZALTRAP. It is not an insurance benefit. The CareASSIST Copay Program reserves the right to rescind, 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 conditional on any past, present, or future purchase, including refills. This offer is nontransferable, 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. Additional program conditions may apply.