

A GUIDE TO FINANCIAL ASSISTANCE AND SUPPORT FOR ELIGIBLE PATIENTS ON



Enroll patients today at KadmonASSIST.com.

Kadmon ASSIST®: A comprehensive source for patient support

Kadmon ASSIST strives to ensure that patients and their caregivers get what they need, every step of the way.

Kadmon ASSIST offers coverage verification, financial assistance and patient support services for eligible patients

GETTING STARTED

There are two ways to enroll patients into Kadmon ASSIST.

Download a paper enrollment form at **KadmonASSIST.com**; then complete and **fax it to 1-833-635-1481**.

Call **1-844-KADMON1 (523-6661)**, Monday through Friday, 8 AM-8 PM ET.



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INSURANCE

Navigating coverage and providing insurance assistance

See page 4

ACCESS

Providing a free 30-day supply of REZUROCK[®] (belumosudil) tablets to eligible patients who experience delays or gaps in their insurance coverage

See pages 5 and 6



CO-PAY

Co-pay savings program for commercially or privately insured patients

See page 7



No account is required to enroll. Please make sure to include the required patient and prescriber information to help expedite enrollment.

Upon enrollment, a benefits investigation may be completed to determine which services the patient is eligible to receive. See pages 4 to 7 for more information about our services.

Kadmon ASSIST will also help identify a specialty pharmacy in the REZUROCK network that can fill the patient's prescription and coordinate delivery of their medication.

WHAT HAPPENS NEXT?

- Your office will receive a Welcome Call within 2 business days to review the program and to discuss the next steps
- A Summary of Benefits will be faxed to your office
- A Kadmon ASSIST Case Manager will call your office within 1 business day of receiving the Summary of Benefits to review and discuss the findings
- If information is missing from the enrollment form, a Kadmon ASSIST Case Manager will contact you

NAVIGATING INSURANCE AND ACCESS

Kadmon ASSIST[®] Case Managers may be able to assist patients with access issues

Kadmon ASSIST is dedicated to helping insured, uninsured and underinsured patients obtain REZUROCK[®] (belumosudil) tablets.

FOR THOSE WHO ARE INSURED

Case Managers will verify whether patients' insurance plans cover REZUROCK and provide details regarding their out-of-pocket costs. They can also help patients navigate the following:

- **Prior authorization (PA):** A PA is sometimes required before certain medications can be prescribed
- Formulary exception: This exception attempts to obtain coverage for medications that are not listed on formulary for patients' insurance plans
- **Tiering exception:** This exception attempts to reduce patients' out-of-pocket costs to an amount they can afford

Kadmon ASSIST will help to gather relevant nonclinical information to support the completion and submission of a PA/Nonformulary Exception(NFE)form. If the PA/NFE form is denied, Kadmon ASSIST will offer assistance with appeals.

Upon PA approval, a Kadmon ASSIST Case Manager will follow up with the provider to address any outstanding questions or concerns they may have.

Institutions seeking Kadmon ASSIST PA/appeals assistance are offered the option to have their prescription returned once approved so they can dispense product directly to patients.

Kadmon ASSIST offers programs that may provide a **FREE 30-DAY SUPPLY OF REZUROCK**

to eligible patients who experience delays or gaps in their insurance coverage



FOR THOSE STARTING THERAPY

The **Quick Start Program** delivers a free 30-day supply of REZUROCK to eligible patients who are experiencing a delay in their coverage decision for their first REZUROCK prescription.

Patients must have commercial, private or government insurance.

FOR THOSE ALREADY ON THERAPY

The **Bridge Program** delivers a free 30-day supply of REZUROCK to eligible patients who are facing an interruption in their insurance coverage.

Patients must have commercial or private insurance.

FOR THOSE WHO ARE UNINSURED OR UNDERINSURED

The **Kadmon ASSIST Patient Assistance Program (PAP)** helps eligible patients who do not have insurance coverage or who have trouble affording REZUROCK. Through the PAP, patients may be eligible to receive a free supply of REZUROCK for up to 12 months.

REFERRALS TO INDEPENDENT FOUNDATIONS

Patients who are not eligible for any affordability programs through Kadmon ASSIST may be referred to an independent charitable foundation for assistance.

All patients are eligible for benefits investigation and verification services, as well as adherence support.



ASSISTANCE WITH OBTAINING REZUROCK[®] (belumosudil) tablets

PAYING FOR THEIR PRESCRIPTION

Eligible patients with commercial or private insurance can save on out-of-pocket costs



PRODUCT DELIVERY COORDINATION

Kadmon ASSIST[®] will help identify a specialty pharmacy within the REZUROCK network and help coordinate product shipment to a preferred address.

Eligibility is based on diagnosis, income and other factors. For full Terms and Conditions, please visit KadmonASSIST.com or call 1-844-KADMON1 (523-6661), Monday through Friday, 8 AM-8 PM ET.



With the Kadmon ASSIST Commercial Co-pay Savings Program, eligible patients with commercial or private insurance may pay as low as \$0 per month for their prescription.^a

There are multiple ways to enroll a patient in the Commercial Co-pay Savings Program.

Online: Complete the enrollment form at KadmonASSIST.com

Phone: Call **1-844-KADMON1 (523-6661)** to speak with a patient's Case Manager, **Monday through Friday, 8 AM-8 PM ET**

Specialty Pharmacy Network

Amber Specialty Pharmacy Phone: 1-888-370-1724 Fax: 1-402-896-3774 amberpharmacy.com

Biologics by McKesson

Phone: 1-800-850-4306 **Fax:** 1-800-823-4506 **biologics.mckesson.com**

Onco360 Oncology Pharmacy Phone: 1-877-662-6633 Fax: 1-877-662-6355 onco360.com

^aPatient Terms and Conditions: The Kadmon ASSIST Commercial Co-pay Savings Program provides co-pay/coinsurance support for out-of-pocket costs on REZUROCK® (belumosudil) tablets prescriptions. A yearly maximum benefit applies. Limit one 30-day supply per 30 days. This program is not health insurance. This program is for commercially or privately insured patients only; uninsured or cash-payir patients are not eligible. Patients are not eligible if prescriptions are paid, in whole or in part, by any stateor federally funded programs, including, but not limited to, Medicare (including Part D, even in the coverage gap) or Medicaid, Medigap, VA, DOD, TriCare, private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs, or where prohibited by law. The co-pay program may not be combined with any other rebate, coupon or offer. Sanofi reserves the right to rescind, revoke or amend this offer at any time without further notice. Any savings provided by the program may vary depending on patients' out-of-pocket costs. This program is intended to help patients afford REZUROCK. 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. Card is valid through December 31 of the year of activation. On January 1 of the following year, the card automatically resets and is subject to annual limits if the prescription benefit remains the same. A representative of Sanofi may contact the patient for follow up on any adverse event that may be reported. Upon registration, patients receive all program details.

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For patients on REZUROCK® (belumosudil) tablets, Kadmon ASSIST IS HERE FOR THEIR TREATMENT JOURNEY

Kadmon ASSIST can be the single point of contact for patient needs. Let our dedicated Case Managers determine how we can help eligible patients start and stay on REZUROCK.



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