KEVZARA EXPERIENCE Voucher Program

Experience the KEVZARA Voucher Program

THE KEVZARA EXPERIENCE 30-DAY VOUCHER

Patient Information

First Name	Last Name	DOB (MM/DD/YYYY) / /
Address	City	
State	Zip Code	Phone Number

Prescriber Information

Prescriber Name	
Prescriber NPI Number	State License Number

KEVZARA 200 mg pre-filled pen
I authorize TheraCom Pharmacy to fulfill this prescription.

X _____

Doctor/Prescriber Signature

My signature certifies that the person named on this voucher is my patient, the information provided on this voucher, to the best of my knowledge, is complete and accurate, and that therapy with KEVZARA is medically necessary. I understand that my patient's information provided to TheraCom is for the use of TheraCom solely to assess, if applicable, my patient's eligibility for the voucher program, and to otherwise administer KEVZARA as part of the voucher program for the patient.

Fax completed voucher and written prescription to: 888-261-4939.

VOUCHER TERMS AND CONDITIONS

By redeeming this voucher, you acknowledge that your patient currently meets the eligibility criteria and will comply with the terms and conditions described below. VOUCHER GOOD ONLY ON KEVZARA PRESCRIPTION. This voucher is valid only for the patient whose name appears on the prescription for KEVZARA, and is limited to one (1) voucher redemption per person for the duration of the program. Your patient will receive a one-time 30-day supply of KEVZARA, applicable to only the KEVZARA 200 mg dosage, pre-filled pen.

By redeeming this voucher:

A) You certify that your patient is not currently using KEVZARA, and

B) Your patient has not previously received KEVZARA through the KevzaraConnect® Patient Assistance Program or the KevzaraConnect® QuickStart Program.

An original voucher and a valid prescription must be presented to TheraCom. **The voucher will be accepted only by TheraCom. You must not submit any claim for reimbursement for product dispensed pursuant to this voucher to any third-party payor, including Medicare, Medicaid, or any other federal or state health care program. You cannot apply the value of the free product received through this voucher toward any government insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP).** Your patient must be 18 years of age or older to redeem this voucher. This voucher may not be sold, purchased, or traded, or offered for sale, purchase, or trade, or counterfeited. Void where prohibited by law, taxed, or restricted. This voucher is not valid where prohibited by law. This voucher cannot be combined with any other savings, free trial, or similar offer for the specified prescription. This voucher should not be combined with samples for the specified prescription. **This free trial voucher is not health insurance.** This free trial voucher is not intended to address delays or gaps in health insurance coverage for the specified prescription. Offer good only in the United States and Puerto Rico. No purchase is necessary. Patients have no obligation to continue to use KEVZARA. Sanofi Genzyme reserves the right to rescind, revoke, or amend this offer without notice. This voucher expires on 12/31/2022.

Click here for full Prescribing Information, including Boxed WARNING.

SANOFI GENZYME REGENERON

MAT-US-2103661-v1.0-04/2021

KEVZARA® (sarilumab) injection
200 mg | 150 mg