



**A GUIDE TO FINANCIAL ASSISTANCE
AND SUPPORT FOR ELIGIBLE
PATIENTS ON REZUROCK**



Not an actual patient.



Enroll patients today at MyROCKASSIST.com.

MyROCK ASSIST™:

A comprehensive source for patient support

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

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



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

Visit MyROCKASSIST.com to get started.



GETTING STARTED

There are multiple ways to enroll patients into MyROCK ASSIST.

- 1 | **Scan this QR code to complete the enrollment form online.**
- 2 | **Call 1-844-523-6661, Monday through Friday, 8 AM-8 PM ET.**
- 3 | **Download** a paper enrollment form at MyROCKASSIST.com; then complete and **fax it to 1-833-635-1481.**



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.

MyROCK 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 discuss the next steps
- A Summary of Benefits will be faxed to your office
- A MyROCK 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 MyROCK ASSIST Case Manager will contact you

NAVIGATING INSURANCE AND ACCESS

MyROCK ASSIST™ Case Managers may be able to assist patients with access issues



MyROCK 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

MyROCK 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, MyROCK ASSIST will offer assistance with appeals.

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

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

Visit [MyROCKASSIST.com](https://www.MyROCKASSIST.com) to get started.

MyROCK 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** offers a 30-day supply of REZUROCK to eligible patients who are facing an interruption in their insurance coverage and/or delays in coverage reauthorization.

Patients must have commercial or private insurance.

FOR THOSE WHO ARE UNINSURED OR UNDERINSURED

The **MyROCK 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. Free supply of REZUROCK is provided by Sanofi Cares North America (SCNA), a charitable organization of Sanofi under Section 501(c)(3) of the IRC.

REFERRALS TO INDEPENDENT FOUNDATIONS

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

All patients are eligible for benefits investigation and verification services.

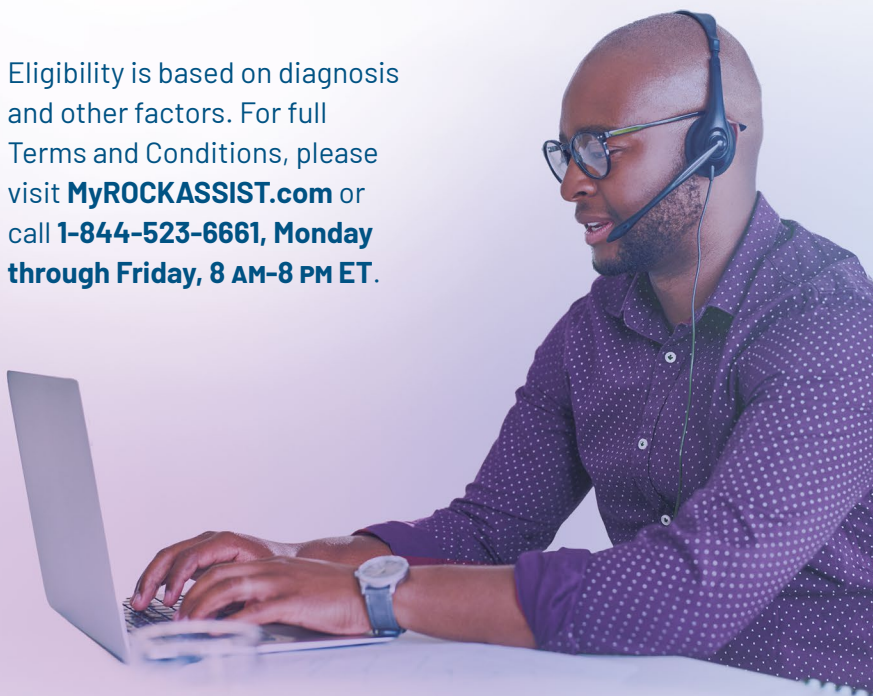
ASSISTANCE WITH OBTAINING REZUROCK® (belumosudil) tablets



PRODUCT DELIVERY COORDINATION

MyROCK 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 and other factors. For full Terms and Conditions, please visit [MyROCKASSIST.com](https://www.MyROCKASSIST.com) or call **1-844-523-6661, Monday through Friday, 8 AM-8 PM ET.**



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PAYING FOR THEIR PRESCRIPTION

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



With the MyROCK 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.

- 1 | Online: Complete the enrollment form at [MyROCKASSIST.com](https://www.MyROCKASSIST.com)
- 2 | Phone: Call **1-844-523-6661** to speak with a patient's Case Manager, **Monday through Friday, 8 AM-8 PM ET**
- 3 | Specialty Pharmacy Network

Amber Specialty Pharmacy

Phone: 1-888-370-1724 **Fax:** 1-402-896-3774
[amberpharmacy.com](https://www.amberpharmacy.com)

Biologics by McKesson

Phone: 1-800-850-4306 **Fax:** 1-800-823-4506
[biologics.mckesson.com](https://www.biologics.mckesson.com)

Onco360 Oncology Pharmacy

Phone: 1-877-662-6633 **Fax:** 1-877-662-6355
[onco360.com](https://www.onco360.com)

^aPatient Terms and Conditions: The MyROCK 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-paying patients are not eligible. Patients are not eligible if prescriptions are paid, in whole or in part, by any state- or 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.

For full Terms and Conditions, please visit [MyROCKASSIST.com](https://www.MyROCKASSIST.com) or call **1-844-523-6661, Monday through Friday, 8 AM-8 PM ET.**

MyROCK ASSIST™

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

MyROCK 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.



INSURANCE



CO-PAY



ACCESS



Not an actual patient.

To enroll patients in MyROCK ASSIST, visit
MyROCKASSIST.com or call **1-844-523-6661**,
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