

CABLIVI® (caplacizumab-yhdp) Patient Solutions Dedicated to your needs from hospital to home

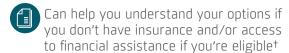
CABLIVI Patient Solutions* provides support throughout your journey with CABLIVI. Case managers, and therapeutic education managers work seamlessly together to help manage your support needs, while you and your doctor continue to make all of your health- and treatment-related decisions.

MEET YOUR CABLIVI PATIENT SOLUTIONS TEAM

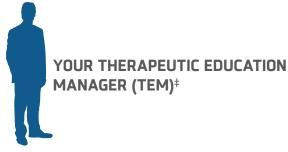












Offers one-on-one supplemental product administration education and resources to help ensure confidence in CABLIVI mixing and self-administration.



Is committed to patients, their families, and/or care partners

Is available to speak with you about topics such as disease education, how you can be an advocate for yourself in managing your condition, and having empowering conversations with your health care team

Visit www.cablivi.com/support-for-you/video-library/how-to-take-cablivi or Watch the CABLIVI Administration training video here by scanning the QR code with the camera on your smartphone:



YOUR CABLIVI PATIENT SOLUTIONS TEAM IS HERE AND READY TO HELP

Our patient support services are voluntary, and you are not obligated to work with us regarding your health, treatment, and/or follow-up.

[‡]Therapeutic Education Managers are Sanofi employees and do not provide medical advice. Patients should always consult their doctor with any questions or concerns regarding their medical condition or health care needs.



^{*}Sanofi reserves the right to modify or terminate these programs at any time without notice.

[†]Approval is not guaranteed. Sanofi reserves the right to modify or discontinue the programs at any time. Terms and conditions apply.





To learn more or get started with any of the services offered by CABLIVI Patient Solutions, call **1-855-724-7222** Monday through Friday, 8 AM to 7 PM ET.

If you are not already enrolled in CABLIVI Patient Solutions and would like to be, ask your health care provider to help you get started.

MY CABLIVI PATIENT SOLUTIONS TEAM

My case manager		
Name:		
Phone:	Email:	
My therapeutic education manager		
Name:		
Phone:	Email:	
MY HEALTH CARE TEAM		
My personal health care provider(s)		
Name:		
Phone:	Email:	
Name:		
Phone:	Email:	
Name:		
Phone:		
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NOTES:		

