

Product

Process to Initiate Reimbursement Support

Card Benefit

Patient Eligibility Requirements



1-866-398-8750

- This program provides benefits for certain Gleevec indications
OR
- Patients can call 1-866-398-8750 to sign up for a co-pay assistance card

- For patients starting on or currently taking GLEEVEC, the co-pay assistance program (for certain indications) provides up to \$25 off out-of-pocket expenses per prescription for a total savings of \$500 per patient
- Program will expire on December 31, 2013

- No income restrictions
 - Not valid for prescriptions for which payment may be made in whole or in part under federal or state healthcare programs, including, but not limited to, Medicare and Medicaid
 - Not valid for patients who live in Massachusetts
- Please see accompanying full Prescribing Information for Gleevec.**



1-866-972-5244

- Patients can receive a co-pay card from their prescriber
OR
- Patients can call 1-866-972-5244 to sign up for a co-pay assistance card

- For patients on TASIGNA, program provides up to \$150 off out-of-pocket expenses
- Program will expire on December 31, 2012

- No income restrictions
 - Not valid for prescriptions for which payment may be made in whole or in part under federal or state healthcare programs, including, but not limited to, Medicare and Medicaid
 - Not valid for patients who live in Massachusetts
- Please see accompanying full Prescribing Information for Tasigna including Boxed WARNING.**



The EXJADE® ScriptAssist Program
1-888-90-EPASS
(1-888-903-7277)

- All eligible patients utilizing EPASS™ are automatically enrolled through the EPASS application process*
- No physical co-pay card is provided; card number is stored at the specialty pharmacy
- *Patients serviced by non-EPASS pharmacies can request a co-pay card number through their pharmacy.

- ScriptAssist provides patients with up to \$100 off out-of-pocket expenses for each prescription
- Patients may still receive benefits from the Chronic Disease Fund
- Program will expire on December 31, 2012

- No income restrictions
 - Not valid for prescriptions for which payment may be made in whole or in part under federal or state healthcare programs, including, but not limited to, Medicare and Medicaid
 - Not valid for patients who live in Massachusetts
- Please see accompanying full Prescribing Information including Boxed WARNING.**



Co-pay Support
1-800-282-7630

- Patients can receive a co-pay card from their prescriber
OR
- Eligible patients can download a fully active Afinitor co-pay card at www.Afinitor.com

- Patients will pay a maximum of \$25 for each Afinitor prescription, Novartis Pharmaceuticals Corporation will pay any additional co-pay to a maximum of \$1200 per month

- No income restrictions
- Not valid for prescriptions for which payment may be made in whole or in part under federal or state healthcare programs, including, but not limited to, Medicare and Medicaid
- Not valid for patients who live in Massachusetts



1-888-ZOMETA-6
(1-888-966-3826)

- Patients register for the program by going to www.zometacard.com
OR
- Patients can call 1-888-966-3826 (1-888-ZOMETA-6) to register for the program

- Approved patients receive a Card with up to \$2500/year to cover Zometa co-payment or co-insurance costs or deductible costs
- First use of the Zometa Card will cover the full amount of the co-payment or co-insurance due
- For subsequent infusions, patient will be responsible for a \$25 cost share with the balance covered by the Zometa card program
- Card can be used as often as once every 3 to 4 weeks
- Accommodates patients in need of an infusion every 3 weeks

- No income restrictions
 - Insured by a private commercial insurance plan
 - Medical plan benefits that cover Zometa
 - Coverage under pharmacy benefit is not eligible
-
- Not valid for prescriptions for which payment may be made in whole or in part under federal or state healthcare programs, including, but not limited to, Medicare and Medicaid
 - Not valid for patients who live in Massachusetts