



Takeda Oncology Here2Assist™ is committed to helping patients taking Takeda Oncology medicines throughout their treatment. We want to take this opportunity to review the program's comprehensive patient support services as well as share new updates and important links.

As a reminder, patient signatures can be obtained electronically through DocuSign for all Takeda Oncology Here2Assist forms. We are pleased to share that this service has been extended to providers, allowing provider signatures to also be obtained electronically.

If you are submitting a Takeda Oncology Here2Assist form or application without a patient or provider signature, a case manager will reach out to you and your patient to obtain signatures via DocuSign.

As part of Takeda Oncology Here2Assist's financial assistance offerings, there are two programs that may be able to help your patients with the cost of their treatment:

- For patients who are commercially insured and concerned about their out-of-pocket costs, the Takeda Oncology Co-Pay Assistance Program\* may be able to help
- For patients who are uninsured, or the prescribed medication is not covered, the Takeda Oncology Patient Assistance Program (PAP)† may be able to provide eligible patients with a monthly supply of medication at no cost to them.

Additionally, Takeda Oncology Here2Assist case managers can provide patients with information about resources that may assist with the day-to-day support, including:

- Assistance with treatment-related expenses (transportation support, legal services, etc.)
- Education about their treatment
- Connections to local and national advocacy groups
- Access to counseling or emotional support
- Information regarding open foundational support programs which may be able to assist with treatment costs

Don't forget to click and bookmark the links below to access the most up-to-date Takeda Oncology Here2Assist forms to connect your patients with support services:

- Takeda Oncology Here2Assist™ [Enrollment Form](#)
- Takeda Oncology Here2Assist™ Patient Assistance Program [Application](#)
- Takeda Oncology Here2Assist™ [RapidStart Request Form](#) to use going forward for NINLARO® (ixazomib) patients
- Takeda Oncology Here2Assist™ [RapidStart Request Form](#) to use going forward for ICLUSIG® (ponatinib) patients
- Please see ICLUSIG® full [Prescribing Information](#), including Boxed Warning
- Takeda Oncology Here2Assist™ [RapidStart Request Form](#) to use going forward for ALUNBRIG® (brigatinib) patients

Call us at 1-844-817-6468, Option 2 or visit us at [www.Here2Assist.com](http://www.Here2Assist.com) to learn more about coverage support, financial assistance, and educational support services. We're available Monday-Friday, 8AM-8PM ET.

We're here to help with coverage, financial, and educational resource needs.

\*Takeda Oncology Co-Pay Assistance Program Terms and Conditions: This offer cannot be used if you are a beneficiary of, or any part of your prescription is covered or reimbursed by: (1) any federal or state healthcare program (Medicare, Medicaid, TRICARE, Veterans Administration, Department of Defense, etc.), including a state or territory pharmaceutical assistance program, (2) the Medicare Prescription Drug Program (Part D), or if you are currently in the coverage gap, Medicare Advantage Plans, Medicaid Managed Care or Alternative Benefit Plans under the Affordable Care Act, or Medigap, or (3) insurance that is paying the entire cost of the prescription. Patients must be at least 18 years old. You must meet Eligibility Requirements. You agree to report your use of this offer to any third party that reimburses you or pays for any part of the prescription price. Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescription, to take advantage of co-pay assistance programs. You additionally agree that you will not submit the cost of any portion of the product dispensed pursuant to this offer to a federal or state healthcare program (Medicare, Medicaid, TRICARE, Veterans Administration, Department of Defense, etc.), for purposes of counting it toward your out-of-pocket expenses, and to notify Takeda Oncology Here2Assist if you become eligible for a federal or state healthcare program. This assistance program covers out-of-pocket expenses greater than \$10 per monthly prescription. Maximum \$25,000 annually. Your co-pay card can be renewed every 12 months, subject to continued eligibility. This offer is not valid with any other program, discount, or offer involving your prescribed Takeda Oncology medication. This offer may be rescinded, revoked, or amended without notice. No reproductions. This offer is void where prohibited by law, taxed, or restricted. Limit one offer per purchase. Cash value of 1/100 of 1¢. For questions about this offer, please contact the Takeda Oncology Co-Pay Assistance Program, a patient support service of Takeda Oncology Here2Assist, at 1-844-817-6468, Option 2, Monday-Friday, 8AM-8PM ET.

†To be eligible for the Patient Assistance Program, patients must meet certain clinical, financial, and insurance coverage criteria. A Patient Assistance Program Application must be submitted in order to confirm patient eligibility.

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