

# SAVE ON OUT-OF-POCKET COSTS



**Universal Co-pay Card**  
Save on your out-of-pocket costs

To find out if you are eligible, call **1-877-577-7756**,  
or visit [www.CoPay.NovartisOncology.com](http://www.CoPay.NovartisOncology.com).


You may be eligible for immediate co-pay savings on your next prescription:\*


- Eligible patients with private insurance may pay \$0 per month\*
- Novartis will pay the remaining co-pay, up to \$15,000 per calendar year\*

To find out if you are eligible for the Novartis Oncology Universal Co-pay Program, call **1-877-577-7756** or visit [www.CoPay.NovartisOncology.com](http://www.CoPay.NovartisOncology.com).

\* **Limitations apply.** This offer is only available to patients with private insurance. The program is not available for patients who are enrolled in Medicare, Medicaid, or any other federal or state health care program. Novartis reserves the right to rescind, revoke, or amend this program without notice. For full Terms and Conditions, visit [www.CoPay.NovartisOncology.com](http://www.CoPay.NovartisOncology.com) or call **1-877-577-7756**.

Please [click here](#) for full Prescribing Information, including **Boxed WARNING**, for **JADENU® (deferasirox) tablets** for oral use and **JADENU® Sprinkle (deferasirox)**.

 **JADENU®**  
Sprinkle (deferasirox) granules  
90 mg, 180 mg, 360 mg

 **JADENU®**  
(deferasirox) TABLETS  
90 mg, 180 mg, 360 mg

## Terms and Conditions:

The Novartis Oncology Universal Co-pay Program includes the co-pay card, payment card, or rebate with a combined annual limit of \$15,000. Patient is responsible for any costs once the limit is reached in a calendar year. This offer is only available to patients with private insurance. The program is not available for patients who: (i) are enrolled in Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program; (ii) are not using insurance coverage at all; (iii) are enrolled in an insurance plan that reimburses for the entire cost of the drug; or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of enrolled patients and is intended to be credited toward patient out-of-pocket obligations, including applicable copayments, coinsurance, and deductibles. Proof of purchase may be required. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the program. Program is not valid where prohibited by law. Valid only in the United States and Puerto Rico. Offer is not valid for California or

Massachusetts residents for certain medications. This program is not health insurance. This program may not be combined with any third-party rebate, coupon, or offer. Novartis reserves the right to rescind, revoke, or amend the program and discontinue support at any time without notice.

## Patient Instructions:

After enrollment in the program, present this card and your insurance card along with a valid prescription at any participating pharmacy or through mail order. Patients are responsible for up to the first \$25 (specific offer varies by brand) and Novartis pays up to \$15,000 per calendar year. If patient reaches the maximum annual cap per calendar year of \$15,000, patient will be responsible for the difference.

When you use this card, you are certifying that you understand and agree to comply with the program Terms and Conditions above.

Direct patient questions to: 1-877-577-7756.

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