

## Patient Assistance Foundation Enrollment

The Novartis Patient Assistance Foundation, Inc. (NPAF) is committed to providing access to Novartis medications for those most in need. If you are experiencing financial hardship and have limited or no prescription coverage, then you may be eligible to receive Novartis medications for free.

### To be eligible for NPAF assistance, you must:

- Be a US resident
- Meet the income requirements below
- Have limited or no private or public prescription coverage

### Household Size    Annual Household Income Threshold

- 1 Person  $\leq$  \$ 75,000
- 2 People  $\leq$  \$100,000
- 3 People  $\leq$  \$125,000
- 4 People  $\leq$  \$150,000
- $\geq$ 5 People Add \$25,000 for each additional person

**To enroll, select your medication from the list below and follow the directions provided.**

#### **Accordion:**

Adakveo® (crizanlizumab-tmca)

Thank you for your interest in a Novartis Oncology medicine. Patients who cannot afford the cost of treatment and lack insurance coverage may call the **Patient Assistance Now Oncology (PANO)** program at 1-800-282-7630 or visit the website links below to complete both sections of the PANO Service Request Form (SRF).

Patients should complete the patient PANO SRF online today at <https://www.patient.novartisoncology.com/financial-assistance/pano/> [1]

Prescribers need to complete the HCP PANO SRF by downloading the form at [HCP.Novartis.com/Access](https://www.hcp.novartis.com/Access) [2]

NOTE: For patients that need to re-enroll into the NPAF program, please use the NPAF application located under Related Links section on the right hand side of this page.

Afinitor® (everolimus)

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Afinitor Disperz® (everolimus suspension)

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Alomide® (Iodoxamide tromethamine solution)

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[Download the PAP Enrollment Application \(English\)](#) [3]

[Download the PAP Enrollment Application \(Spanish\)](#) [4]

Arzerra® (ofatumumab)

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Azopt® (brinzolamide suspension)

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Beovu® (brolucizumab-dbl) Injection

Thank you for your interest in **Beovu®**. For patients who cannot afford the cost of treatment and lack insurance coverage, patients and physicians may call the **Beovu®** at 1-888-612-3688 or visit the website at [www.BeovuHCP.com](http://www.BeovuHCP.com) [5]

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Betoptic S® (betaxolol hydrochloride suspension)

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Cipro® HC Otic (ciprofloxacin hydrochloride and hydrocortisone suspension)

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Ciprodex® (ciprofloxacin and dexamethasone)

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Coartem® (artemether and lumefantrine)

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Cosentyx® (secukinumab)

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Durezol® (difluprednate emulsion)

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Entresto™ (sacubitril/valsartan)

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Exjade® (deferasirox)

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Extavia® (interferon beta-1b)

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Fulvestrant injection, for intramuscular use

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Gilenya® (fingolimod)

Thank you for your interest in **Gilenya®**. For patients who cannot afford the cost of treatment and lack insurance coverage, patients and physicians may call the **Gilenya® Go Program** at 1-800-445-3692 or visit the website at [www.Gilenya.com](http://www.Gilenya.com) [6]

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Glatopa™ (glatiramer acetate)

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Gleevec® (imatinib mesylate)

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## Hycamtin® (topotecan) Capsules

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## Hycamtin® (topotecan hydrochloride) For Injection

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## Ilaris® (canakinumab)

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## Ilevro® (nepafenac suspension)

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## Jadenu® (deferasirox)

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Jadenu® Sprinkle (deferasirox) granules

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Kisqali® (ribociclib)

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Kisqali® Femara® Co-Pack (ribociclib and letrozole) tablets



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### Levoleucovorin Injection

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### Maxidex® (dexamethasone suspension)

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### Mayzent®

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### Mekinist® (trametinib)

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Myfortic® (mycophenolic acid)

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Neoral® (cyclosporine soft gelatin capsule, USP)

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Nevanac® (nepafenac suspension)

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Omnitrope® Somatropin (rDNA origin)

Thank you for your interest in **Omnitrope®**. For patients who cannot afford the cost of treatment and lack insurance coverage, patients and physicians may call the **OmniSource Support Program** at 1-877-456-6794 or visit the website at [www.omnitrope.com](http://www.omnitrope.com) [8]

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Pazeo® (olopatadine hydrochloride solution)

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Piqray® (alpelisib)

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Promacta® (eltrombopag)

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Reclast® (zoledronic acid)

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RYDAPT® (midostaurin)

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Sandimmune® (cyclosporine)

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SANDOSTATIN LAR® DEPOT (octreotide acetate)

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Simbrinza® (brinzolamide/brimonidine tartrate suspension)

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Symjepi™ (epinephrine)

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Tabrecta™ (capmatinib)

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Tafinlar® (dabrafenib)

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Prescribers need to complete the HCP PANO SRF by downloading the form at [HCP.Novartis.com/Access](https://www.hcp.novartis.com/Access) [2]

NOTE: For patients that need to re-enroll into the NPAF program, please use the NPAF application located under Related Links section on the right hand side of this page.

Tasigna® (nilotinib)

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Tegretol® (carbamazepine)

Thank you for your interest in **the Novartis Patient Assistance Foundation, Inc. (NPAF)** enrollment process. Patients who cannot afford the cost of treatment and lack insurance coverage may download the NPAF application below. The application instructions are on the first page. You and your Health Care Provider need to complete the application. If you have any questions, please call NPAF at 1-800-277-2254.

[Download the PAP Enrollment Application \(English\)](#) <sup>[3]</sup>

[Download the PAP Enrollment Application \(Spanish\)](#) <sup>[4]</sup>

Tegretol-XR® (carbamazepine extended release)

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[Download the PAP Enrollment Application \(English\)](#) <sup>[3]</sup>

[Download the PAP Enrollment Application \(Spanish\)](#) <sup>[4]</sup>

Tobradex® (ophthalmic ointment)

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Travatan Z® (travoprost solution)

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Triesence® (triamcinolone acetonide injectable suspension)

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Trileptal® (oxcarbazepine)

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Tykerb® (lapatinib)

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Vigamox® (moxifloxacin hydrochloride solution)

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[Download the PAP Enrollment Application \(English\)](#) [3]

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Votrient® (pazopanib)

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Xiidra® (lifitegrast ophthalmic solution)

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[Download the PAP Enrollment Application \(English\)](#) [3]

[Download the PAP Enrollment Application \(Spanish\)](#) [4]

Zarxio™ (filgrastim-sndz)

Thank you for your interest in **Zarxio™**. For patients who cannot afford the cost of treatment and lack insurance coverage, patients and physicians may call the **Sandoz One Source** patient support program at 844-726-3691 or visit the website at [www.sandozsource.com](http://www.sandozsource.com) [10]

NOTE: For patients that need to re-enroll into the NPAF program, please use the NPAF application located under Related Links section on the right hand side of this page.

Ziextenzo® (pegfilgrastim-bmez)?

Thank you for your interest in Ziextenzo®. For patients who cannot afford the cost of treatment and lack insurance coverage, patients and physicians may call the Sandoz One Source patient support program at 844-726-3691 or visit the website at [www.sandozonesource.com](http://www.sandozonesource.com) [10]

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ZORTRESS® (everolimus)

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ZYKADIA® (ceritinib)

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## Accordion Type:

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## Links

[1] <https://www.patient.novartisoncology.com/financial-assistance/pano/>

[2] <https://www.hcp.novartis.com/access/>

[3] <https://www.novartis.us/sites/www.pharma.us.novartis.com/files/NPAF%20Application%20-%20September%202019.pdf>

[4]

<https://www.novartis.us/sites/www.pharma.us.novartis.com/files/Spanish%20NPAF%20Application%20-%20September%202019.pdf>

[5] <https://www.BeovuHCP.com>

- [6] <http://www.Gilenya.com>
- [7] <http://www.Mayzent.com>
- [8] <http://www.omnitrope.com>
- [9] <https://www.hcp.novartis.com/Access>
- [10] <http://www.sandozonesource.com>