

# Novartis Patient Assistance Foundation

**Committed to providing access to Novartis medications for those most in need.**

NPAF is an independent, 501(c)(3) non-profit, non-commercial entity. Patients who cannot afford the cost of their Novartis medication may be eligible to receive them from NPAF at no cost.

## To be eligible, patients must:

- Reside in the United States or a U.S. Territory
- Be treated by a licensed U.S. healthcare provider on an outpatient basis
- Meet income and affordability guidelines\*

## How it works:

- Patients are enrolled for up to 12 months
- Annual re-enrollment is required
- Enrolled patients get Novartis medication at no cost

*\*See below for more information about eligibility. Criteria vary by product.*

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**Select your medication(s) from the list below, review the product-specific requirements for each medication(s), and follow the directions provided to apply.**

Adakveo® (crizanlizumab-tmca)

### Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### Application Instructions

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282 7630

[Patient portal](#) | [Prescriber portal](#)

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Afinitor® (everolimus)

### Income Limits

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Afinitor Disperz® (everolimus suspension)

### **Income Limits**

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Beovu® (brolucizumab-dblI) Injection

### **Income Limits**

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### **Application Instructions**

For New & Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Coartem® (artemether and lumefantrine)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

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[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Cosentyx® (secukinumab)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New & Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Entresto™ (sacubitril/valsartan)

### **Income Limits**

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### **Application Instructions**

For New & Reenrolling Patients: Download the NPAF application form  
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Fabhalta® (iptacopan)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [View eligibility \(PDF 0.2 MB\)](#)

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### **Application Instructions**

For New Patients: Apply through Novartis Patient Support at 1 833 993 2242 or visit the website at [www.Fabhalta.com](http://www.Fabhalta.com). Prescribers need to complete the Fabhalta Start Form found on [www.fabhalta-hcp.com](http://www.fabhalta-hcp.com) and send the form to Novartis Patient Support, fax number: 1 877 443 2242.

Gilenya® (fingolimod)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New & Reenrolling Patients: Download the NPAF application form  
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Ilaris® (canakinumab)

### **Income Limits**

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### **Application Instructions**

For New & Reenrolling Patients: Download the NPAF application form  
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Jadenu ® (deferasirox)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282

7630

[Patient portal](#) | [Prescriber portal](#)

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Jadenu® Sprinkle (deferasirox) granules

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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Kesimpta® (ofatumumab)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply through the Alongside™ KESIMPTA at 1 855 537 4678 or visit the website at [www.Kesimpta.com](http://www.Kesimpta.com)

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Kisqali® (ribociclib)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply through Novartis Patient Support at 1 866 433 8000 or visit the website at [www.kisqali.com](http://www.kisqali.com). Prescribers need to complete the Kisqali Start Form found on [www.kisqali-hcp.com](http://www.kisqali-hcp.com) and send the form to Novartis Patient Support, fax number: 1 800 414 3518.

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Leqvio®

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply through the Leqvio® Service Center at 1 833-LEQVIO2 (833 537 8462) or visit the website at [www.Leqvio.com](http://www.Leqvio.com). Prescribers need to complete the Leqvio Service Center Start Form and follow submission instructions found at [www.Leqviohcp.com](http://www.Leqviohcp.com).

For Reenrolling Patients: Download the NPAF application form  
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Lutathera® (lutetium Lu 177 dotatate)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New & Reenrolling Patients: Apply through RLT Novartis Patient Support 1 844 638 7222. Prescribers use Program Enrollment Form: [Novartis-PatientSupport.com/RLT](http://Novartis-PatientSupport.com/RLT)

Mayzent®

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply through the Mayzent® patient support program at 1 877 629 9368 or visit the website at [www.Mayzent.com](http://www.Mayzent.com).

For Reenrolling Patients: Download the NPAF application form  
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Mekinist® (trametinib)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282 7630  
[Patient portal](#) | [Prescriber portal](#)

For Reenrolling Patients: Download the NPAF application form  
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Piqray® (alpelisib)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282 7630

[Patient portal](#) | [Prescriber portal](#)

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Pluvicto® (177Lu-PSMA-617)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New & Reenrolling Patients: Apply through RLT Novartis Patient Support 1 844 638 7222.

Prescribers use Program Enrollment Form: [Novartis-PatientSupport.com/RLT](https://Novartis-PatientSupport.com/RLT)

Promacta® (eltrombopag)

### **Income Limits**

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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### **Application Instructions**

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282 7630

[Patient portal](#) | [Prescriber portal](#)

For Reenrolling Patients: Download the NPAF application form

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RYDAPT® (midostaurin)

### **Income Limits**

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[Patient portal](#) | [Prescriber portal](#)

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

SANDOSTATIN LAR® DEPOT (octreotide acetate) 6/12

## Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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## Application Instructions

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For Reenrolling Patients: Download the NPAF application form  
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Scemblix® (asciminib) Tablets

## Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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## Application Instructions

For New Patients: Apply through Novartis Patient Support at 1 866 433 8000 or visit the website at [www.scemblix.com](http://www.scemblix.com). Prescribers need to complete Scemblix Start Form found on [www.scemblix-hcp.com](http://www.scemblix-hcp.com) and send the form to Novartis Patient Support, fax number: 1 800 368 5564.

For Reenrolling Patients: Download the NPAF application form  
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Tabrecta™ (capmatinib)

## Income Limits

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Tafinlar® (dabrafenib)

## Income Limits

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Tasigna® (nilotinib)

### **Income Limits**

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Tykerb® (lapatinib)

### **Income Limits**

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[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Vijoice® (alpelisib)

### **Income Limits**

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Votrient® (pazopanib)

### **Income Limits**

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For Reenrolling Patients: Download the NPAF application form

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ZYKADIA® (ceritinib)

### Income Limits

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