

**Your offer\* is activated and ready to use.**

**Available to all who have a valid prescription†  
for KISQALI regardless of insurance.**

Novartis  
Patient Support™

**FREE  
TRIAL  
OFFER**

1 treatment cycle



BIN **601341**  
GRP **OH7128091**  
PCN **OHS**  
Rx ID L31113168640



**How does this Free Trial Offer work?**

- ▶ Good for 1 treatment cycle supply of KISQALI and/or FEMARA® (including generic letrozole)
- ▶ Maximum of 63 tablets for KISQALI and/or 30 tablets of FEMARA (including generic letrozole)
- ▶ One-time use only
- ▶ Present to your specialty pharmacy along with a valid prescription for KISQALI

**Questions?**

Call Novartis Patient Support at **866-433-8000**,  
Monday-Friday, 8:00 AM-8:00 PM ET, excluding holidays.  
Or visit **us.kisqali.com** for more information.

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## Novartis Patient Support

**\*No purchase required.** This free trial is not health insurance. Void where prohibited by law. Product dispensed pursuant to terms and conditions of offer. Valid only in the US and Puerto Rico. For Massachusetts residents, offer is valid for one of the following: the KISQALI FEMARA Co-Pack or KISQALI and/or generic letrozole. Claims shall not be submitted to any public or private third-party payer or any federal or state health care program for reimbursement. Offer not valid if reproduced or submitted to any other payer. It is illegal for any person to sell, purchase or trade, or offer to sell, purchase or trade, or to counterfeit, this offer. Prescriber ID# is required on prescription. This is the property of Novartis Pharmaceuticals Corporation and must be returned upon request. Novartis Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend offer without notice.

**Pharmacist Instructions:** Limit one offer per patient. Redeem for the KISQALI FEMARA Co-Pack only when accompanied with a valid, signed prescription form for the KISQALI FEMARA Co-Pack. Redeem for KISQALI only when accompanied with a valid, signed prescription form for KISQALI. Redeem for FEMARA only when accompanied with a valid, signed prescription form for FEMARA (including generic letrozole). Redemption for FEMARA does not require a KISQALI prescription. No substitutions permitted. For reimbursement, please submit this offer as a primary claim to IQVIA using BIN 601341. Do not submit to any other payer, public or private. The information printed above should be used when submitting for reimbursement. For questions, please call the Pharmacist Help Desk at 1-866-370-7528. This offer is the property of Novartis and IQVIA and must be returned upon request. Both parties reserve the right to rescind, revoke, or amend this program without notice.

†Confirm your specialty pharmacy accepts this offer before filling your prescription.

### Questions?

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