

## New to SCEMBLIX? Start here for savings.

**GET UP TO A 30-DAY FREE SUPPLY  
WITH THIS VOUCHER.**



**BIN#** 601341  
**PCN#** OHS  
**GRP#** OH7146021  
**ID#** M20100782706

### EASY TO USE NOW

Take this page to a participating pharmacy, and give it to the pharmacist when they fill the prescription.

Confirm that the pharmacy accepts the voucher before they fill the prescription.

### Terms & Conditions for Voucher for up to a 30-DAY FREE Supply

**Patient Instructions:** This voucher is good for up to a 30-day supply of SCEMBLIX<sup>®</sup> (asciminib) tablets. Present this voucher at a participating pharmacy along with a valid prescription from your health care professional. Need help? **Call: 1-877-577-7756. No purchase required:** This voucher is not health insurance. Void where prohibited by law. Product dispensed pursuant to terms and conditions of the voucher. Claim shall not be submitted to any public or private third-party payer of any federal or state health care program for reimbursement. Valid only in the US and Puerto Rico. Offer not valid if reproduced or submitted to any other payer. Prescriber ID# required on prescription. It is illegal for any person to sell, purchase or trade, or offer to sell, purchase or trade, or to counterfeit this voucher. **Pharmacist Instructions:** This voucher must accompany a valid prescription. No substitutions permitted. Please dispense at no cost to the patient. For reimbursement, please submit this offer as a primary claim to OpusHealth using BIN# 601341. Do not submit to any other payer, public or private. The information printed on the voucher should be used when submitting for reimbursement. For questions, please call the Help Desk at 1-800-364-4767. This voucher is the property of Novartis and OpusHealth and must be returned upon request. Both parties reserve the right to rescind, revoke, or amend this program without notice.

Please [click here](#) for full Prescribing Information and Patient Information.