

Welcome to **DAY ONE**

Seamless patient support from the start*



This voucher provides access to a free 14-day trial of VOTRIENT® (pazopanib) tablets. This program will help patients gain access seamlessly on **DAY ONE**.*

*DAY ONE drug availability assumes that the pharmacy has medication on hand.

STEP **1** Get card

Print this page to obtain the voucher.

STEP **2** At the pharmacy

Call 1-877-577-7756 to activate the voucher.

Follow the instructions on the call.

STEP **3** At the pharmacy

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.

Please see the next page for additional patient resources.

If you have questions, please call 1-877-577-7756.

Please [click here](#) for full Prescribing Information, including Boxed WARNING, and Medication Guide for VOTRIENT.

DAY ONE
PATIENT SUPPORT FROM THE START

14-Day Free Trial Voucher for VOTRIENT® (pazopanib) tablets

No purchase required. This free trial is not health insurance. Void where prohibited by law. Product dispensed pursuant to terms and conditions of the voucher.

Please click here for full Prescribing Information, including Boxed WARNING, and Medication Guide for VOTRIENT.

BIN# 601341
PCN# OHS
GRP# OH7134071
ID# K10100580050

Patient Instructions: This voucher is good for a 14-day free trial of VOTRIENT® (pazopanib) tablets.*

Call 1-877-577-7756, and follow the instructions to activate the voucher. Present this voucher at a participating pharmacy along with a valid prescription from your health care professional. Follow the dosage instructions provided by your prescriber.

Need help? Call: 1-877-577-7756

No purchase required. This free trial 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 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 1-800-364-4767. **This voucher is the property of Novartis and must be returned upon request. Novartis reserves the right to rescind, revoke, or amend this program without notice.**

*Please click here for full Prescribing Information, including Boxed WARNING, and Medication Guide for VOTRIENT.

 **NOVARTIS**

Novartis Pharmaceuticals Corporation
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Universal Co-Pay Program Information Card

 **NOVARTIS**



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
[Copay.NovartisOncology.com](https://www.Copay.NovartisOncology.com)

Additional Resources

Support for patients from **DAY ONE** includes:

Universal Co-Pay Card Program

You may be eligible for immediate co-pay savings on your next prescription of VOTRIENT® (pazopanib) tablets.

- Eligible patients with private insurance may pay \$25 per month
- Novartis will pay the remaining co-pay, up to \$15,000 per calendar year, per product*

*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 [Copoly.NovartisOncology.com](https://www.copay.novartis.com) or call 1-877-577-7756.

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

Patient Assistance Now Oncology

Our Patient Assistance Now Oncology (PANO) program was created to assist you with accessing your Novartis medicine(s)—from insurance verification to financial assistance—all through a knowledgeable and supportive call center.

To learn more, call **1-800-282-7630** or visit **[Patient.NovartisOncology.com](https://www.patient.novartis.com)**.

Please **[click here](#)** for full Prescribing Information, including Boxed WARNING, and Medication Guide for VOTRIENT.

