

READY TO START MAYZENT[®]

 **MAYZENT[®]**
(siponimod) 1 mg • 2 mg
tablets

\$0^{*} Pay as little as
for MAYZENT
SAVINGS AND SUPPORT

Alongside MAYZENT can help you navigate financial options for treatment, including a \$0 co-pay card for those eligible.

FINANCIAL SUPPORT FOR MAYZENT[®] (siponimod)

If you're worried about paying for MAYZENT, savings options are available to help ease your mind, including a **\$0 co-pay^{*}** for those who are eligible



The MAYZENT Access Card

If you have commercial insurance, you could pay as little as **\$0 co-pay^{*}** for MAYZENT.



Insurance Coverage

We'll contact your insurance company and fill you in on coverage details, including any out-of-pocket costs.



Free Bridge Program

You may be eligible to receive **up to 12 months of medication for free** through the Alongside MAYZENT pharmacy while seeking insurance coverage.[†]



Financial Support for Pretests

Novartis offers options to help patients access and/or receive the pretests needed for onboarding on MAYZENT therapy. These options are designed to help cover or reduce the costs of the various tests and are subject to various eligibility requirements.[‡]



Additional Financial Support

For people who are eligible, the Novartis Patient Assistance Foundation (NPAF) can provide free medication to eligible patients who are experiencing financial hardship and have limited or no prescription coverage.

SUPPORT THAT'S PERSONAL

**We're here to help you
prepare for what's next**



You'll have support at every step of your MAYZENT treatment with your dedicated Alongside MAYZENT Coordinator who will be there for you in a number of ways:



One-on-one supplemental video dosing demonstration with your Coordinator[^]



Personalized notices and resources by phone, text, or email



MAYZENT delivered to your door from your specialty pharmacy



Get in touch with us
8:30am - 8:00pm ET, Mon-Fri

Alongside MAYZENT is here to help you keep things simple by keeping you prepared for what comes next

There are multiple ways to enroll in the Alongside MAYZENT program and the MAYZENT Access Card:

- 1** **Submit the MAYZENT Start Form**
Completed with your healthcare professional
- 2** **Enroll online at Start.Mayzent.com**
- 3** **Call Alongside MAYZENT at**
1-877-MAYZENT (1-877-629-9638)

What's next?

Shortly after enrollment, **your Alongside MAYZENT Coordinator will be calling you.**

You can also call us

8:30am - 8:00pm ET, Mon-Fri

1-877-MAYZENT (1-877-629-9638).



Go to
Start.Mayzent.com



Contact Card:
Alongside MAYZENT
Patient Support
1-877-629-9638

*Limitations apply. Valid only for those with private insurance. The Program includes the Co-Pay Card, Payment Card (if applicable), and Rebate, with a combined annual limit of \$18,000. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, or (iii) where the patient's insurance plan reimburses for the entire cost of the drug. The value of this Program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

†Eligible patients must have commercial insurance and a valid prescription for MAYZENT. By participating, patient acknowledges intent to pursue insurance coverage for MAYZENT with their health care provider. Program requires the submission of a request for coverage within 9 months post-Program initiation in order to remain eligible. Patients will receive their maintenance drug supply each month for up to 12 months or until they receive insurance coverage approval, whichever occurs earlier. Program is not available to patients who are uninsured or whose medications are reimbursed in whole or in part by Medicare, Medicaid, TRICARE, or any other federal or state program, or where prohibited by law. Patients may be asked to re-verify insurance coverage status during the course of the Program. No purchase necessary. Program is not health insurance, nor is participation a guarantee of insurance coverage. Other limitations may apply. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

‡Limitations apply. Valid only for those with private insurance. The Program includes Medical reimbursement up to \$900, after a \$125 deductible is paid by the patient. Medical co-pay support offer is for covered initial assessments/examinations and first-dose observations (FD0s) provided without regard to whether the patient continues on with MAYZENT therapy. Patients are required to report any benefits they receive under the MAYZENT Medical Co-Pay Program to their insurance company. This offer is not valid for prescriptions or medical assessments for which payment may be made in whole or in part under a federal or state health care program, including but not limited to Medicare or Medicaid, or for residents of RI. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

^Coordinator contact is subject to change.

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