



# Insurance and Financial Assistance for Eligible Patients Prescribed Jakafi® (ruxolitinib)

Count on IncyteCARES for...

## HELP WITH COVERAGE AND DELIVERY



### Coverage Verification

We can check with a patient's insurance plan to help the patient understand their coverage for Jakafi and any out-of-pocket costs they're responsible for paying.



### Insurance Assistance

We can help patients understand more about how their insurance plan works and can provide information about prior authorization steps that some plans require before their coverage for Jakafi can be approved. We can also offer guidance, if needed, on appealing insurance denials or coverage restrictions.



### Delivery Coordination

We can help identify a specialty pharmacy within the Incyte network that accepts the patient's insurance, then send the Jakafi prescription and any copay assistance information to it directly. The specialty pharmacy then calls the patient to schedule shipments of their Jakafi.

## HELP WITH OUT-OF-POCKET COSTS AND ACCESS



### Copay/Coinsurance Assistance

For patients with commercial or private prescription drug insurance—eligible patients pay as little as \$0 per month.\*



### Patient Assistance Program (PAP)

Free product is offered to eligible patients who do not have prescription coverage for Jakafi, without any purchase contingency or other obligation.†



### Temporary Coverage

For insurance delays. Eligible patients experiencing coverage delays can receive a free supply of Jakafi.‡

**\*Patient Terms and Conditions:** Update effective as of September 30, 2019. Amount of savings on Jakafi will not exceed \$11,977 per month and \$25,000 per year, limit one 30-day supply per 30 days. You must have minimum out-of-pocket costs of \$.01 to redeem this. Patients will be responsible for any out-of-pocket costs above the maximum annual and monthly program benefit. Card must be activated before use. Card is valid through December 31 of the year of activation. On January 1 of the following year, the card automatically resets and is subject to annual limits if the prescription benefit remains the same. Offer is not valid if you are uninsured or paying cash for your prescription. Offer is not valid if you are enrolled in a federal or state prescription program (including Medicare Part D, Medicare Advantage, Medicaid, TRICARE, or any state medical or pharmaceutical assistance program). If you move or switch from commercial prescription benefit coverage to any government prescription benefit coverage, you will no longer be eligible. If you have any questions, please call **1-855-4-Jakafi (1-855-452-5234)**. This card is not insurance. Offer valid only for an FDA-approved use. You are responsible for reporting receipt of program

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Connect with IncyteCARES today for full program eligibility, limits, and information!

[www.IncyteCARES.com](http://www.IncyteCARES.com) | 1-855-4-JAKAFI (1-855-452-5234)

Monday–Friday, 8 AM–8 PM ET.

**Patient Terms and Conditions:** (Continued from previous page)

benefits to any commercial or private insurer that pays for or reimburses any part of the prescriptions filled with this program, to the extent required by law or by the insurer. You agree not to seek reimbursement from your insurer or any other third-party for all or any part of the benefit received through this offer. This card may not be sold, purchased, traded, or transferred and is void if reproduced. You agree that you will not in any way report or count the value of the Jakafi provided under this program as true out-of-pocket spending (TrOOP) under a Medicare Part D prescription drug benefit. One card per patient. No substitutions are permitted. Use of this card does not obligate you to use or continue to use Jakafi®. No other purchase and no refills are necessary. This offer is limited to one (1) per person during this offering period and is not transferable. You are responsible for all taxes. Program cards are the property of Incyte Corporation and must be turned in on request. No membership fees. Offer is good only in the United States and Puerto Rico, and void where prohibited or otherwise restricted by law. **For Massachusetts residents, this offer expires on January 1, 2020 absent a change in Massachusetts law.** Incyte Corporation reserves the right to rescind, revoke, or amend this program without notice.

\*Terms, conditions, and additional eligibility criteria apply. Valid prescription for Jakafi for an FDA-approved indication is required. Patients insured through Medicare Part D, Medicare Advantage, Medicaid, and TRICARE are not eligible. Free product is offered to eligible patients without any purchase contingency or other obligation.

## Support Services

### PATIENT EDUCATION AND SUPPORT

Through our call center, IncyteCARES representatives provide patients with information and personalized support for their condition and for taking Jakafi® (ruxolitinib). A representative will also call each enrolled patient to review insurance coverage and out-of-pocket costs for Jakafi, to review financial assistance options, and to coordinate delivery as needed.

### CONNECTION TO OTHER SUPPORT SERVICES

For patients who aren't eligible for assistance through IncyteCARES or who need additional support beyond what we can provide directly, our representatives can provide information to patients about resources that may be able to help.

#### Resources may provide the following services to patients and caregivers:

- Supportive counseling for emotional, social, employment, and other concerns
- Information about support groups and referrals to local services at no cost

