IT'S TIME TO BE PROMACTIVE

when ITP becomes persistent or chronic despite initial treatment in adult patients[1,*]

Help your patients start and stay on PROMACTA, the #1 prescribed TPO-RA[2,†]

Patient portrayals.

Private or Commercial Insurance Patients

Medicare/Medicaid Patients

Uninsured or Underinsured Patients

~99% of patients have PROMACTA included on their health plan's formulary[3,‡]

70% of Medicare and commercial patients pay **≤$10 out of pocket** for PROMACTA[4,§]

ITP, immune thrombocytopenia; R3M, rolling 3 months; TPO-RA, thrombopoietin receptor agonist; TRx, total prescription.
*Persistent ITP: 3 to 12 months since diagnosis; chronic ITP: >12 months since diagnosis.[5]
†Source: IQVIA market sizing TRx monthly equivalents, R3M, March 2021 through August 2022.[2]
‡Includes all categories except Not Covered. The small portion of claims with Unknown status were proportionately redistributed across all categories.[3]
§Based on 30,844 approved claims identified between January 1, 2022 and December 31, 2022 for all relevant payers, including commercial, government, and/or other third-party support.[4] Patients with government insurance are not eligible for the Universal Co-pay Program; any information about these patients' co-pay may be a function of their specific benefit design as applicable to the product.

Indication and Important Safety Information

Indication for PROMACTA® (eltrombopag)

PROMACTA is indicated for the treatment of thrombocytopenia in adult and pediatric patients 1 year and older with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. PROMACTA should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increase the risk for bleeding.

Limitations of Use

PROMACTA is not indicated for the treatment of patients with myelodysplastic syndromes (MDS).

Safety and efficacy have not been established in combination with direct-acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.

Important Safety Information for PROMACTA® (eltrombopag)

WARNING: RISK FOR HEPATIC DECOMPENSATION IN PATIENTS WITH CHRONIC HEPATITIS C
In patients with chronic hepatitis C, PROMACTA in combination with interferon and ribavirin may increase the risk of hepatic decompensation.

RISK OF HEPATOTOXICITY
PROMACTA may increase the risk of severe and potentially life-threatening hepatotoxicity. Monitor hepatic function and discontinue dosing as recommended.

Click here to see additional Important Safety Information for PROMACTA.
Click here for full Prescribing Information, including Boxed WARNING, and Medication Guide.

PROMACTA® (eltrombopag)
12.5mg, 25mg, 50mg, 75mg tablets
12.5mg, 25mg oral suspension

FOR YOUR PATIENTS WITH **PRIVATE OR COMMERCIAL INSURANCE**

IT'S TIME TO BE PROMACTIVE

Patient portrayal.

14-Day Sample Program

- Help your patients start on Day 1 with a free 14-day sample pack of PROMACTA
- **Contact your Novartis sales specialist** for samples

Voucher program

- Novartis is committed to providing a temporary supply of PROMACTA to eligible patients so they can take their prescribed treatment quickly
- **Contact your Novartis representative** about our 30-day voucher program

$0 co-pay

Patients may be eligible for co-pay savings on their next prescription of PROMACTA.[4]

- Eligible patients with private insurance may pay **$0 per month**[4]
- Novartis will pay the remaining co-pay, up to $15,000 per calendar year, per product*
- Your patients can learn if they are eligible for the Novartis Oncology Universal Co-pay Program by visiting **Copay.NovartisOncology.com** or calling **1-877-577-7756**

Low to no co-pay for private or commercial insurance patients: **60%** of commercial patients pay **$10 or less**, with **57% paying $0**[4,*,†]

Are your patients ready to start saving on their next PROMACTA prescription?

Tell them to text **SAVINGS** to **34039**. It's easier than ever before!

Patients can see if they are eligible to enroll in the Universal Co-pay Program for co-pay savings:

Have your patients or their caregivers text **SAVINGS** to **34039**, visit **Copay.NovartisOncology.com**, or call **1-877-577-7756**.

Message and data rates may apply.

*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 Copay.NovartisOncology.com or call 1-877-577-7756.

†Based on 10,134 approved claims identified between January 1, 2022 and December 31, 2022 for all relevant payers, including commercial, government, and/or other third-party support. Patients with government insurance are not eligible for the Universal Co-pay Program; any information about these patients' co-pay may be a function of their specific benefit design as applicable to the product.[4]

Important Safety Information for PROMACTA® (eltrombopag) (continued)

Hepatotoxicity

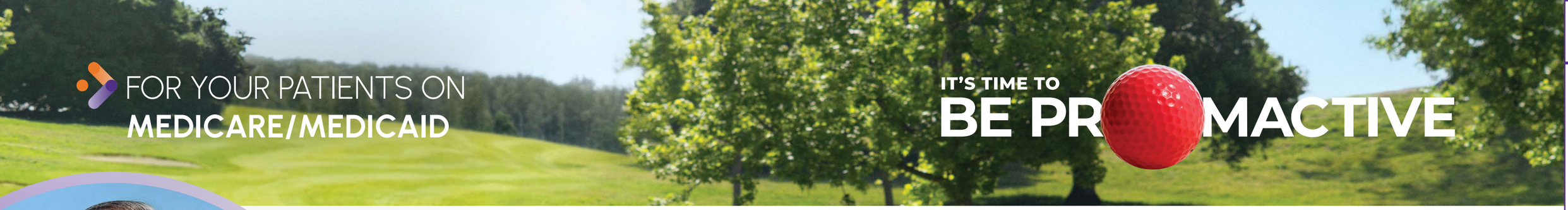
PROMACTA may increase the risk of severe and potentially life-threatening hepatotoxicity.

Treatment of ITP, chronic hepatitis C, and refractory severe aplastic anemia

- Measure serum alanine aminotransferase (ALT), aspartate aminotransferase (AST), and bilirubin prior to initiation of PROMACTA, every 2 weeks during the dose-adjustment phase, and monthly following establishment of a stable dose
- PROMACTA inhibits UGT1A1 and OATP1B1, which may lead to indirect hyperbilirubinemia. If bilirubin is elevated, perform fractionation
- Evaluate abnormal serum liver tests with repeat testing within 3 to 5 days. If the abnormalities are confirmed, monitor serum liver tests weekly until resolved or stabilized

Click here to see additional Important Safety Information for PROMACTA. Click here for full Prescribing Information, including Boxed WARNING, and Medication Guide.

PROMACTA® (eltrombopag)
12.5mg, 25mg, 50mg, 75mg tablets
12.5mg, 25mg oral suspension



FOR YOUR PATIENTS ON MEDICARE/MEDICAID

IT'S TIME TO BE PROMACTIVE

Patient portrayal.

14-Day Sample Program

- Help your patients start on Day 1 with a free 14-day sample pack of PROMACTA
- **Contact your Novartis sales specialist** for samples

Voucher program

- Novartis is committed to providing a temporary supply of PROMACTA to eligible patients so they can take their prescribed treatment quickly
- **Contact your Novartis representative** about our 30-day voucher program

Low to no co-pay for Medicare patients: **75%** of Medicare patients taking PROMACTA **pay $10 or less**, with **67% paying $0**[4,*]

PROMACTA is the only oral treatment for ITP in 2L with >99% Medicare Part D coverage[1,6-8,†]

To learn more about support for your patients, call **1-800-282-7630** or **click here** to visit Novartis Patient Support

2L, second line; PI, Prescribing Information.
*Based on 20,710 approved claims identified between January 1, 2022 and December 31, 2022 for all relevant payers, including commercial, government, and/or other third-party support. Patients with government insurance are not eligible for the Universal Co-pay Program; any information about these patients' co-pay may be a function of their specific benefit design as applicable to the product.[4]
†Includes Preferred, To PI or Better, and Nonpreferred categories.[8]

Important Safety Information for PROMACTA® (eltrombopag) (continued)

Hepatotoxicity (continued)

Treatment of ITP, chronic hepatitis C, and refractory severe aplastic anemia (continued)

- Discontinue PROMACTA if ALT levels increase to ≥3 times the upper limit of normal in patients with normal liver function or ≥3 times baseline in patients with pretreatment elevations in transaminases and are progressively increasing; or persistent for ≥4 weeks; or accompanied by increased direct bilirubin; or accompanied by clinical symptoms of liver injury or evidence for hepatic decompensation
- If the potential benefit for reinitiating treatment with PROMACTA outweighs the risk for hepatotoxicity, then consider cautiously reintroducing PROMACTA and measure serum liver tests weekly during the dose-adjustment phase. Hepatotoxicity may reoccur if PROMACTA is reinitiated. If liver test abnormalities persist, worsen, or recur, then permanently discontinue PROMACTA

Click here to see additional Important Safety Information for PROMACTA. Click here for full Prescribing Information, including Boxed WARNING, and Medication Guide.

PROMACTA® (eltrombopag)
12.5mg, 25mg, 50mg, 75mg tablets
12.5mg, 25mg oral suspension

FOR YOUR PATIENTS WHO ARE UNINSURED OR UNDERINSURED

IT'S TIME TO BE PROMACTIVE

Patient portrayal.

14-Day Sample Program

- Help your patients start on Day 1 with a free 14-day sample pack of PROMACTA
- **Contact your Novartis sales specialist** for samples

Voucher program

- Novartis is committed to providing a temporary supply of PROMACTA to eligible patients so they can take their prescribed treatment quickly
- **Contact your Novartis representative** about our 30-day voucher program

2023 Annual Income			
# of Persons in Household	48 Contiguous States and US Territories	Alaska	Hawaii
1	$87,480	$109,260	≤$100,620
2	$118,320	$147,840	≤$136,080
3	$149,160	$186,420	≤$171,540
4	$180,000	$225,000	≤$207,000
Add this amount for each additional household member	$30,840	$38,580	$35,460

The Novartis Patient Assistance Foundation, Inc.

The Novartis Patient Assistance Foundation, Inc. (NPAF) is an independent charitable organization committed to providing financial assistance for Novartis medicine(s) to those most in need. If your patient is experiencing financial hardship and has limited or no prescription coverage, he or she may be eligible to receive Novartis medicine(s) for free.

To be eligible for NPAF assistance, a patient must:

- Be a United States resident
- Meet the appropriate income requirement listed here
- Have limited or no private or public prescription coverage*

New patients seeking NPAF assistance are required to submit the Patient Assistance Now Oncology Service Request Form.

To learn more, call NPAF at **1-800-277-2254** or visit **PAP.Novartis.com**

*Exceptions exist for individuals with limited prescription coverage. Please be advised that access to the medicines distributed through the Novartis Patient Assistance Foundation, Inc., is free of charge to all eligible patients.

Important Safety Information for PROMACTA® (eltrombopag) (continued)

Thrombotic/Thromboembolic Complications

- Thrombotic/thromboembolic complications may result from increases in platelet counts with PROMACTA
- Reported thrombotic/thromboembolic complications included both venous and arterial events, and were observed at low and at normal platelet counts
- Portal vein thrombosis has been reported in patients with chronic liver disease receiving PROMACTA
- To minimize the risk for thrombotic/thromboembolic complications, do not use PROMACTA in an attempt to normalize platelet counts. Follow the dose-adjustment guidelines to achieve and maintain target platelet counts

Click here to see additional Important Safety Information for PROMACTA. Click here for full Prescribing Information, including Boxed WARNING, and Medication Guide.

PROMACTA® (eltrombopag)
12.5mg, 25mg, 50mg, 75mg tablets
12.5mg, 25mg oral suspension

PATIENT ASSISTANCE TODAY AND THROUGHOUT TREATMENT

Patient portrayals.

Patient Assistance Now Oncology

Patient Assistance Now Oncology (PANO) is a support center consisting of dedicated case managers who provide information to patients and HCPs regarding coverage and costs of medicines specific to a patient's insurance plan. These case managers also help direct callers to additional Novartis Oncology Patient Support programs that best fit their needs.

To learn more about support for your patients, call **1-800-282-7630** or **click here** to visit Novartis Patient Support

Important Safety Information for PROMACTA® (eltrombopag) (continued)

Increased Risk of Death and Progression of Myelodysplastic Syndromes (MDS) to Acute Myeloid Leukemia (AML)

- In a clinical trial of patients with intermediate- to high-risk MDS and thrombocytopenia receiving PROMACTA, an increased number of progressions from MDS to AML and deaths have been observed compared to placebo
- PROMACTA is not indicated for the treatment of patients with MDS

Click here to see additional Important Safety Information for PROMACTA. Click here for full Prescribing Information, including Boxed WARNING, and Medication Guide.

BE PROMACTIVE

*HCP, health care professional.

PROMACTA® (eltrombopag)
12.5mg, 25mg, 50mg, 75mg tablets
12.5mg, 25mg oral suspension

Indication and Important Safety Information

Indication for PROMACTA® (eltrombopag)

PROMACTA is indicated for the treatment of thrombocytopenia in adult and pediatric patients 1 year and older with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. PROMACTA should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increase the risk for bleeding.

Limitations of Use

PROMACTA is not indicated for the treatment of patients with myelodysplastic syndromes (MDS).

Safety and efficacy have not been established in combination with direct-acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.

Important Safety Information for PROMACTA® (eltrombopag)

WARNING: RISK FOR HEPATIC DECOMPENSATION IN PATIENTS WITH CHRONIC HEPATITIS C
In patients with chronic hepatitis C, PROMACTA in combination with interferon and ribavirin may increase the risk of hepatic decompensation.

RISK OF HEPATOTOXICITY
PROMACTA may increase the risk of severe and potentially life-threatening hepatotoxicity. Monitor hepatic function and discontinue dosing as recommended.

Hepatotoxicity

PROMACTA may increase the risk of severe and potentially life-threatening hepatotoxicity.

Treatment of ITP, chronic hepatitis C, and refractory severe aplastic anemia

- Measure serum alanine aminotransferase (ALT), aspartate aminotransferase (AST), and bilirubin prior to initiation of PROMACTA, every 2 weeks during the dose-adjustment phase, and monthly following establishment of a stable dose
- PROMACTA inhibits UGT1A1 and OATP1B1, which may lead to indirect hyperbilirubinemia. If bilirubin is elevated, perform fractionation
- Evaluate abnormal serum liver tests with repeat testing within 3 to 5 days. If the abnormalities are confirmed, monitor serum liver tests weekly until resolved or stabilized
- Discontinue PROMACTA if ALT levels increase to ≥3 times the upper limit of normal in patients with normal liver function or ≥3 times baseline in patients with pretreatment elevations in transaminases and are progressively increasing; or persistent for ≥4 weeks; or accompanied by increased direct bilirubin; or accompanied by clinical symptoms of liver injury or evidence for hepatic decompensation
- If the potential benefit for reinitiating treatment with PROMACTA outweighs the risk for hepatotoxicity, then consider cautiously reintroducing PROMACTA and measure serum liver tests weekly during the dose-adjustment phase. Hepatotoxicity may reoccur if PROMACTA is reinitiated. If liver test abnormalities persist, worsen, or recur, then permanently discontinue PROMACTA

Thrombotic/Thromboembolic Complications

- Thrombotic/thromboembolic complications may result from increases in platelet counts with PROMACTA
- Reported thrombotic/thromboembolic complications included both venous and arterial events, and were observed at low and at normal platelet counts
- Portal vein thrombosis has been reported in patients with chronic liver disease receiving PROMACTA
- To minimize the risk for thrombotic/thromboembolic complications, do not use PROMACTA in an attempt to normalize platelet counts. Follow the dose-adjustment guidelines to achieve and maintain target platelet counts

Increased Risk of Death and Progression of Myelodysplastic Syndromes (MDS) to Acute Myeloid Leukemia (AML)

- In a clinical trial of patients with intermediate- to high-risk MDS and thrombocytopenia receiving PROMACTA, an increased number of progressions from MDS to AML and deaths have been observed compared to placebo
- PROMACTA is not indicated for the treatment of patients with MDS

Cataracts

- Development or worsening of cataracts with PROMACTA has been reported with a frequency of 5% to 11% in 6 clinical studies
- Perform a baseline ocular examination prior to initiating PROMACTA. Regularly monitor patients for signs and symptoms of cataracts while on PROMACTA

Laboratory Monitoring

- Monitor serum liver tests
- During therapy with PROMACTA, assess complete blood counts (CBCs) with differentials, including platelet counts, weekly until a stable platelet count has been achieved. Monitor platelet counts monthly thereafter
- Obtain CBCs with differentials, including platelet counts, weekly for at least 4 weeks following discontinuation of PROMACTA
- When switching between the oral suspension and tablet, assess platelet counts weekly for 2 weeks, then follow standard monthly monitoring

Drug/Drug and Drug/Food Interactions

- PROMACTA must be taken at least 2 hours before or 4 hours after any medications or products containing polyvalent cations such as antacids, calcium-rich foods, and mineral supplements
- Take PROMACTA without a meal or with a meal low in calcium (≤50 mg)

Adverse Reactions

Across all indications, the most common adverse reactions (≥20% in any indication) were anemia, nausea, pyrexia, ALT increased, cough, fatigue, headache, and diarrhea.

The most common adverse reactions in 3 placebo-controlled clinical trials in patients with persistent or chronic ITP (≥3% and greater than placebo) for PROMACTA were nausea (9%), diarrhea (9%), upper respiratory tract infection (7%), vomiting (6%), increased ALT (5%), myalgia (5%), urinary tract infection (5%), oropharyngeal pain (4%), increased AST (4%), pharyngitis (4%), back pain (3%), influenza (3%), paresthesia (3%), and rash (3%).

The most common adverse reactions in 2 placebo-controlled clinical trials in patients with persistent or chronic ITP 1 year and older (≥3% and greater than placebo) for PROMACTA were upper respiratory tract infection (17%), nasopharyngitis (12%), cough (9%), diarrhea (9%), pyrexia (9%), abdominal pain (8%), oropharyngeal pain (8%), toothache (6%), ALT increased (6%), rash (5%), AST increased (4%), and rhinorrhea (4%).

Click here for full Prescribing Information, including Boxed WARNING, and Medication Guide.

References:

1. Promacta. Prescribing information. Novartis Pharmaceuticals Corp.
2. Data on file. IQVIA market sizing TRx monthly equivalents, R3M, March 2021 through August 2022. Novartis Pharmaceuticals Corp; November 2022.
3. Data on file. Promacta/Revolade patients estimate (all indications). Novartis Pharmaceuticals Corp; April 2019.
4. Data on file. MMIT, ITP market basket (commercial + Medicare). Novartis Pharmaceuticals Corp; March 2023.
5. Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Adv.* 2019;3(23):3829-3866.
6. Doptelet. Prescribing information. Sobi Inc.
7. Tavalisse. Prescribing information. Rigel Pharmaceuticals Inc.
8. Data on file. MMIT, Medicare Part D management of oral ITP agents. Novartis Pharmaceuticals Corp; March 2023.

PROMACTA® (eltrombopag)
12.5mg, 25mg, 50mg, 75mg tablets
12.5mg, 25mg oral suspension

HELPFUL RESOURCES FOR YOU AND YOUR PATIENTS

Patient Brochure
This comprehensive patient brochure is a great guide to help patient management of persistent or chronic ITP.

Doctor Discussion Guide
Patients can use this discussion guide to help get the conversation going with you about taking PROMACTA.

Platelet Tracker
Patients can track treatment progress for persistent or chronic ITP using this platelet tracker.

Meal Planner
This meal planner offers tips and suggestions for patients on how to fit PROMACTA into their everyday schedule.

PROMACTA for Oral Suspension Guide
Patients and caregivers can use this guide to learn how to mix and administer PROMACTA for oral suspension.

Appeals Kit
Use this helpful information, including sample letters, to communicate with health plans regarding prior authorization requirements or appeals in case they are required.

To learn more visit **promacta-hcp.com**

Indication and Important Safety Information

Indication for PROMACTA® (eltrombopag)
PROMACTA is indicated for the treatment of thrombocytopenia in adult and pediatric patients 1 year and older with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. PROMACTA should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increase the risk for bleeding.

Limitations of Use
PROMACTA is not indicated for the treatment of patients with myelodysplastic syndromes (MDS).

Safety and efficacy have not been established in combination with direct-acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.

Important Safety Information for PROMACTA® (eltrombopag)

WARNING: RISK FOR HEPATIC DECOMPENSATION IN PATIENTS WITH CHRONIC HEPATITIS C
In patients with chronic hepatitis C, PROMACTA in combination with interferon and ribavirin may increase the risk of hepatic decompensation.

RISK OF HEPATOTOXICITY
PROMACTA may increase the risk of severe and potentially life-threatening hepatotoxicity. Monitor hepatic function and discontinue dosing as recommended.

Click here to see additional Important Safety Information for PROMACTA. Click here for full Prescribing Information, including Boxed WARNING, and Medication Guide.

NOVARTIS

PROMACTA® (eltrombopag)
12.5mg, 25mg, 50mg, 75mg tablets
12.5mg, 25mg oral suspension

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

3/24
413929