



Takeda Oncology Patient Assistance Program

The Takeda Oncology Patient Assistance Program* is here to help

If your patient is uninsured or the prescribed medication is not covered, the Takeda Oncology Patient Assistance Program (PAP) may be able to provide eligible patients with a monthly supply of **ALUNBRIG® (brigatinib)**, **ICLUSIG® (ponatinib)**, or **NINLARO® (ixazomib)** at no cost to them. Patients must meet certain clinical, financial, and insurance coverage criteria to be eligible.

Please see accompanying ICLUSIG® full Prescribing Information, including Boxed Warning.



Phyllis
Takeda Oncology
1Point™ patient

For more information, call us at 1-844-T1POINT (1-844-817-6468), Option 2, or visit www.TakedaOncology1Point.com. **Let's Talk.** We're available Monday-Friday, 8AM-8PM ET.

*Terms and Conditions apply.

Hans
Takeda Oncology
1Point patient



Takeda Oncology Patient Assistance Program

How to enroll a patient in the Takeda Oncology Patient Assistance Program*:

1. COMPLETE this application form in its entirety together with your patient. Use the checklist below to ensure all required information on the form is complete:

- | | |
|---|--|
| 1. <input type="checkbox"/> Select Product | 6. <input type="checkbox"/> Statement of Medical Necessity |
| 2. <input type="checkbox"/> Prescriber Information | 7. <input type="checkbox"/> Treatment History |
| 3. <input type="checkbox"/> Patient Information | 8. <input type="checkbox"/> Patient Financial Information (income verification) |
| 4. <input type="checkbox"/> Patient Authorization (original signature required) | 9. <input type="checkbox"/> Prescriber Authorization (original signature required) |
| 5. <input type="checkbox"/> Patient Current Insurance Information | 10. <input type="checkbox"/> Valid Prescription (must be faxed with application) |

2. SIGN AND DATE the form. Patient (or patient representative) and prescriber authorization is required in the form of an original signature following review of the patient authorization and the prescriber authorization sections.

IMPORTANT: Original signatures are required.

Please ensure original signatures for the prescriber and patient are applied. Stamped signatures will not be accepted. Applications that do not include original signatures cannot be processed, and your patient's enrollment may be delayed.

3. FAX the completed and signed application form along with a **valid prescription** to Takeda Oncology 1Point™ at 1-844-269-3038.

IMPORTANT: Prescription is only valid if received by fax.

NOTE: Please do not send patient medical records or any other documentation that has not been requested.

What to expect after enrollment

If your patient qualifies, he or she may be enrolled for up to 1 year. Upon enrollment, a Takeda Oncology 1Point case manager will notify you and your patient. A 1-month supply of medication will be delivered to your patient at no cost to them. Each month, a Takeda Oncology 1Point case manager will confirm with you and your patient that he or she is still being treated and is eligible to receive another month's supply of medication.

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*To be eligible for the Patient Assistance Program, patients must meet certain clinical, financial, and insurance coverage criteria. A Patient Assistance Program Application must be submitted in order to confirm patient eligibility.

