



This voucher is good for a 1-treatment cycle supply of KISQALI FEMARA Co-Pack or KISQALI (maximum 63 tablets) and/or FEMARA (including generic letrozole) (maximum 30 tablets)

RXBIN: 601341

RXGRP: OH7128091

RXPCN: OHS

ID: L31109647571

One free treatment cycle of the KISQALI FEMARA Co-Pack is available for patients with a valid prescription for the KISQALI FEMARA Co-Pack. One free treatment cycle of KISQALI is available for patients with a valid prescription for KISQALI. One free treatment cycle of FEMARA is available for patients with a valid prescription for FEMARA (including generic letrozole), including for patients who have not been prescribed KISQALI or another Novartis product. Please see full [Prescribing Information](#) for KISQALI and full [Prescribing Information](#) for KISQALI FEMARA Co-Pack.

Patient Instructions: This voucher is good for a 1-treatment cycle free trial of one of the following:

- a. KISQALI FEMARA Co-Pack
- b. KISQALI
- c. FEMARA
- d. letrozole
- e. KISQALI + FEMARA, or
- f. KISQALI + letrozole

Present this voucher at a participating pharmacy along with a valid prescription for either the KISQALI FEMARA Co-Pack, a valid prescription for KISQALI, a valid prescription for FEMARA (or generic letrozole), or a valid prescription for both KISQALI and FEMARA (or generic letrozole) from your health care provider. Follow the dosage instructions provided by your prescriber.

Need Help? Call 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 voucher. Valid only in the US and Puerto Rico. For Massachusetts residents, offer is valid for one of the following: the KISQALI FEMARA Co-Pack or KISQALI and/or generic letrozole. Claim shall not be submitted to any public or private third-party payer or any federal or state health care program for reimbursement. Offer not valid if reproduced or submitted to any other payer. It is illegal for any person to sell, purchase or trade, or offer to sell, purchase or trade, or to counterfeit, this voucher. Prescriber ID# required on prescription.

Pharmacist Instructions: Limit one voucher per patient. Redeem for the KISQALI FEMARA Co-Pack only when accompanied with a valid, signed prescription form for the KISQALI FEMARA Co-Pack. Redeem for KISQALI only when accompanied with a valid, signed prescription form for KISQALI. Redeem for FEMARA only when accompanied with a valid, signed prescription form for FEMARA (including generic letrozole). Redemption for FEMARA does not require a KISQALI prescription. For reimbursement, please submit this offer as a primary claim to OPUS Health using 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 IQVIA and must be returned upon request. Both parties reserve the right to rescind, revoke, or amend this program without notice.

