
Novartis Patient Assistance Foundation

2024 – 2025 NPAF Policy Change

As of October 1, 2024, NPAF will be changing. We want to let you know about important policy changes that will take effect as of October 1, 2024.

[Read more about the policy changes \(PDF 0.2 MB\)](#)

Committed to providing access to Novartis medications for those most in need.

NPAF is an independent, 501(c)(3) non-profit, non-commercial entity. Patients who cannot afford the cost of their Novartis medication may be eligible to receive them from NPAF at no cost.

To be eligible, patients must:

- Reside in the United States or a U.S. Territory
- Be treated by a licensed U.S. healthcare provider on an outpatient basis
- Meet income and affordability guidelines*

How it works:

- Patients are enrolled for up to 12 months
- Annual re-enrollment is required
- Enrolled patients get Novartis medication at no cost

**See below for more information about eligibility. Criteria vary by product.*

Select your medication(s) from the list below, review the product-specific requirements for each medication(s), and follow the directions provided to apply.

Adakveo® (crizanlizumab-tmca)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282 7630

[Patient portal](#) | [Prescriber portal](#)

For Reenrolling Patients: Download the NPAF application form
[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Afinitor® (everolimus)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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Afinitor Disperz® (everolimus suspension)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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Beovu® (brolucizumab-dbl) Injection

Income Limits

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Application Instructions

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Coartem® (artemether and lumefantrine)

Income Limits

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Application Instructions

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Cosentyx® (secukinumab)

Income Limits

Income Limits

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Application Instructions

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Entresto™ (sacubitril/valsartan)

Income Limits

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Fabhalta® (iptacopan)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [View eligibility \(PDF 0.2 MB\)](#)

Application Instructions

For New Patients: Apply through Novartis Patient Support at 1 833 993 2242 or visit the website at www.Fabhalta.com. Prescribers need to complete the Fabhalta Start Form found on www.fabhalta-hcp.com and send the form to Novartis Patient Support, fax number: 1 877 443 2242.

Gilenya® (fingolimod)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

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Ilaris® (canakinumab)

Income Limits

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Application Instructions

For New & Reenrolling Patients: Download the NPAF application form
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Jadenu® (deferasirox)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282 7630

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Jadenu® Sprinkle (deferasirox) granules

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

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Kesimpta® (ofatumumab)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New Patients: Apply through the Alongside™ KESIMPTA at 1 855 537 4678 or visit the website at www.Kesimpta.com

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Kisqali® (ribociclib)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size. Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New Patients: Apply through Novartis Patient Support at 1 866 433 8000 or visit the website at www.kisqali.com. Prescribers need to complete the Kisqali Start Form found on www.kisqali-hcp.com and

send the form to Novartis Patient Support, fax number: 1 800 414 3518.

For Reenrolling Patients: Download the NPAF application form

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Leqvio®

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New Patients: Apply through the Leqvio® Service Center at 1 833-LEQVIO2 (833 537 8462) or visit the website at www.Leqvio.com. Prescribers need to complete the Leqvio Service Center Start Form and follow submission instructions found at www.Leqviohcp.com.

For Reenrolling Patients: Download the NPAF application form

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Lutathera® (lutetium Lu 177 dotatate)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New & Reenrolling Patients: Apply through RLT Novartis Patient Support 1 844 638 7222.

Prescribers use Program Enrollment Form: Novartis-PatientSupport.com/RLT

Mayzent®

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New Patients: Apply through the Mayzent® patient support program at 1 877 629 9368 or visit the website at www.Mayzent.com.

For Reenrolling Patients: Download the NPAF application form

[English \(PDF 0.2 MB\)](#) | [Spanish \(PDF 0.2 MB\)](#)

Mekinist® (trametinib)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

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Application Instructions

For New Patients: Apply online through the Patient Assistance Now Oncology (PANO) program 1 800 282

7630

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Piqray® (alpelisib)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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Pluvicto® (177Lu-PSMA-617)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New & Reenrolling Patients: Apply through RLT Novartis Patient Support 1 844 638 7222.

Prescribers use Program Enrollment Form: Novartis-PatientSupport.com/RLT

Promacta® (eltrombopag)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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RYDAPT® (midostaurin)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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SANDOSTATIN LAR® DEPOT (octreotide acetate)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

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Scemblix® (asciminib) Tablets

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

Please click on the link to see if you may qualify. [Check eligibility \(PDF 0.3 MB\)](#)

Application Instructions

For New Patients: Apply through Novartis Patient Support at 1 866 433 8000 or visit the website at www.scemblix.com. Prescribers need to complete Scemblix Start Form found on www.scemblix-hcp.com and send the form to Novartis Patient Support, fax number: 1 800 368 5564.

For Reenrolling Patients: Download the NPAF application form

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Tabrecta™ (capmatinib)

Income Limits

To be eligible, you must meet the income guidelines, which may vary by product and household size.

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Tafinlar® (dabrafenib)

Income Limits

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Tasigna® (nilotinib)

Income Limits

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Tykerb® (lapatinib)

Income Limits

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Vioice® (alpelisib)

Income Limits

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Votrient® (pazopanib)

Income Limits

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ZYKADIA® (ceritinib)

Income Limits

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