

## 2024 – 2025 NPAF Policy Change

These policy changes are applicable for all patients as of October 1, 2024

### Continuation of NPAF Support for Currently Enrolled Patients

- **Patients with Private Insurance** will continue to receive their Novartis medication through the end of their current enrollment period, up to the end of the calendar year.
- **Patients with Government Insurance** will continue to receive their Novartis medication through the end of the calendar year.
- **Uninsured Patients** will continue to receive their Novartis medication through the end of their current enrollment period (except for the discontinued products identified below).

### Insurance and Income Criteria

- **Private Insurance** (otherwise known as “Commercial Insurance” which is either provided by an employer or self-pay): Patients who have commercial insurance are **not** eligible for NPAF support
  - These changes apply to all patients with Private Insurance, even if their insurance does not cover the medication
- **Medicare:** Patients must have a household income of less than or equal to \$81,760 (for a household size of two) to be considered for NPAF. See the NPAF Eligibility Income Limit Chart below if a patient’s household size is greater or less than two

#### **For Part D, the following is also applicable:**

- If a patient’s income is less than or equal to \$30,660 for a married couple (or less than or equal to \$22,590 for a single person) they may be eligible for Extra Help and must apply prior to applying for NPAF assistance
  - If they qualify for Extra Help they will not be eligible for NPAF support
  - If they are denied for Extra Help, they need to provide the Extra Help denial letter as part of their NPAF application
- **Medicaid, Government (Tricare, DoD, VA) and/or Uninsured:** Patients must have a household income of less than or equal to \$81,760 (for a household size of two) to be considered for NPAF. See the NPAF Eligibility Income Limit Chart below if a patient’s household size is greater or less than two
  - **All Patients:** These changes are applicable to all on-label and off-label prescriptions

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### NPAF Eligibility Income Limit Chart (for different household sizes)

Household Size (as reported in your Tax Return)	48 Contiguous States & U.S. Territories	Alaska	Hawaii
1	\$60,240	\$75,240	\$69,240
2	\$81,760	\$102,160	\$94,000
3	\$103,280	\$129,080	\$118,760
4	\$124,800	\$156,000	\$143,520
Each Addt'l. Person	+\$21,520	+ \$26,920	+ \$24,760

### NPAF Product Discontinuation List

As of January 1, 2025, the following products will **no longer be available** through NPAF:

- Afinitor\*(everolimus)
- Exjade (deferasirox)
- Gilenya\*(fingolimod)
- Gleevec (imatinib mesylate)
- Jadenu\*(deferasirox)
- Myfortic (mycophenolic acid)
- Neoral (cyclosporine, USP)
- Sandimmune (cyclosporine)
- Tegretol (carbamazepine, USP)
- Tegretol XR (carbamazepine)
- Trileptal (oxcarbazepine)
- Zortress (everolimus)

*\*Note: Afinitor Disperz (everolimus), Gilenya (pediatric) (fingolimod), and Jadenu Sprinkles (deferasirox) will continue to be supported in NPAF.*