Novartis Office of Grants & Education
Request for Proposal (RFP) - Professional Medical Education

The Novartis Office of Grants & Education (NOGE) supports independent high-quality medical educational programs which provide fair-balanced, evidence-based, current scientific information to healthcare professionals to improve patient care. Activities should have an educational focus, be independent of commercial bias and be non-promotional in nature. NOGE will perform these duties in compliance with laws, regulations and guidelines as established by the ACCME, PhRMA Code, OIG, other regulatory agencies and in compliance with Novartis guidelines and policies.

Key Dates:	RFP Issued: December 3, 2025 ***Applications Due to Novartis: March 2, 2026, by 5 PM EST*** Notification of Grant Decisions: March – April 2026 Educational Programming Starts: Q2 2026 – Q3 2026
Therapeutic Area:	Immune Thrombocytopenic Purpura (ITP)
Educational Need:	Immune Thrombocytopenia (ITP) is a complex autoimmune disorder characterized by immune-mediated platelet destruction and impaired platelet production, leading to increased bleeding risk and significant impacts on quality of life. Despite the availability of multiple therapeutic options, substantial gaps remain in the optimal management of ITP. First-line therapies, primarily corticosteroids, are associated with limited durability of response and significant adverse effects, including hyperglycemia, hypertension, sleep disturbances, and cognitive impairment. While corticosteroids may induce initial platelet recovery, relapses are common, and long-term disease control is rarely achieved. There is a lack of consensus on when to transition to second-line therapies, and clinicians often face challenges in balancing efficacy with tolerability and patient preferences. Second- and third-line therapies, including thrombopoietin receptor agonists (TPO-RAs), rituximab, fostamatinib, and newer agents such as BTK inhibitors, offer varied mechanisms of action but are not universally effective. Many patients cycle through multiple therapies due to lack of sustained response or intolerable side effects. Refractory ITP remains a significant clinical challenge, with limited evidence guiding the sequencing or combination of therapies in later lines. Therapeutic goals have thus far been focused on achieving platelet goals but not on long term response defined by sustained platelet counts, avoidance of rescue therapy, and delay in progression to subsequent lines of treatment. The ITP treatment paradigm varies across academic and community practices as well. There is a critical need for professional education that equips healthcare providers with knowledge and tools to navigate the evolving ITP treatment landscape. Educational initiatives should focus on optimizing therapy selection across early and later lines, incorporating long term outcomes as a strategic

	treatment goal, and incorporating patient-centered approaches for better treatment outcomes.
Geographic Scope:	Primary geography of interest: United States (National, Regional, and/or Local) Note: Applications for this RFP must be US-focused for the audience, expert faculty, educational needs, and standards of care. Proposals that include collaborations with third parties, including (but not limited to) community-based hospitals, medical societies, health education companies/centers, non-profit organizations, and academic institutions, are encouraged, as appropriate.
Project Description:	NOGE has identified the need for innovative continuing medical education programs that strive to optimize patient outcomes through education on: • Understanding the unmet needs in the academic and community setting and the current and emerging treatment landscape in early and later lines of therapy • Understanding the innovative treatment goals for the management of patients (i.e. Durability of response/ time to treatment failure) • Explaining the new pathways and unique MOAs of emerging treatments • Understanding the long-term management strategies with therapies to endure optimal patient outcomes and adherence • Understanding the definitions and clear guidelines on lines of therapy NOGE is seeking to support programs including, but not limited to, the following: • Independent Satellite Symposia (ASH, ONS, SOHO, regional hematologic meetings) • Innovative and engaging on-demand web-based programs (i.e. microburst/microlearning education, educational podcast series, etc.) • Live/Virtual programs with enduring components (stand alone or in conjunction with ITP-related medical societies, congresses) • Curriculum based education including both live and web-based innovative formats **Partnerships/collaborations with non-profit organizations are preferred.**
Target Audience:	Healthcare providers who are involved in the care of patients with ITP: Hematologists/Oncologists, Pediatric Hematologists, Nurses, NPs, Physician Assistants, Pharmacists, Fellows, Payers Educational providers should include target number of participants. Further, please include details on proposed audience recruitment. Please note: Novartis will not participate in the distribution of invitations to the CME/CE event.
Available Funding:	Single-support or multi-support initiatives may be funded; up to $400,000 total support is available for 2026.
Submission Requirements:	If working with an Accredited Provider and/or Educational Partner, they should be listed in the Novartis grant application. Grant requests must be submitted by

	the Office of CME (if from an Academic Institution/Hospital) via the Novartis Grants Central Station website: www.ngcs.novartis.com *by 5 PM EST on March 2, 2026 to be considered*. The grant application should include "RFP Response" within the Program Title [example: "RFP Response: *Program Title*"].

For grant request submission information, FAQs, and eligibility criteria, please visit:
https://www.novartis.us/corporate-responsibility/external-funding

If you have any questions regarding this RFP, you should only contact NOGE at grants.office@novartis.com
[Please title the subject of your email: "RFP ITP"].

References

1. Ghanima W et al. (2024) Insights on treatment of adult ITP: algorithm for management and role of multimodal therapy. Hematology Am Soc Hematol Educ Program. https://doi.org/10.1182/hematology.2024000594
2. Dean, A. (2025, October 1). Understanding gaps and limitations in current ITP therapies. American Journal of Managed Care. Retrieved from https://www.ajmc.com/view/understanding-gaps-and-limitations-in-current-itp-therapies [ajmc.com]
3. Neunert, C. E., et al. (2024). The 2022 review of the 2019 American Society of Hematology guidelines on immune thrombocytopenia. Blood Advances, 8(13), 3578–3582. https://doi.org/10.1182/bloodadvances.2023012541
4. Harris, Z. I., & Shah, S. (2024). First line therapy for primary immune thrombocytopenia — beyond steroids…. The Hematologist, 21(4). https://doi.org/10.1182/hem.V21.4.2024418
5. Kuter, D. J. et al. (2023). Rilzabrutinib versus placebo in adults and adolescents with persistent or chronic immune thrombocytopenia: LUNA 3 phase III study. Therapeutic Advances in Hematology, 14, 20406207231205431. https://doi.org/10.1177/20406207231205431
6. Arnold D. M. & Cuker A. (2025) Second-line and subsequent therapies for immune thrombocytopenia (ITP) in adults. [uptodate.com]