

## *IncyteCARES for Jakafi*

### **Frequently Asked Questions**



#### **Program Information and Enrollment**

##### ***What is IncyteCARES for Jakafi?***

IncyteCARES for Jakafi is a program to help your eligible patients start and stay on therapy by assisting with access and as-needed support.

##### ***What does IncyteCARES for Jakafi offer eligible patients who enroll in the program?***

Upon enrolling, patients receive an initial call from an IncyteCARES for Jakafi representative who will offer an array of services and information, which may include:

- Benefits verification for Jakafi<sup>®</sup> (ruxolitinib)
- Information about financial support options, including:
  - The IncyteCARES for Jakafi Savings Program, which allows eligible patients with commercial prescription drug coverage to pay as little as \$0 per month for their Jakafi
  - Patient Assistance Program (PAP), which provides free Jakafi for eligible patients who do not have prescription drug insurance or have trouble affording their out-of-pocket costs for Jakafi. No purchase contingencies or other obligations apply
- Temporary supply of Jakafi during coverage delays
- Delivery coordination with a specialty pharmacy
- Education and support resources
- Information about other organizations or independent foundations that can assist with treatment-related costs, counseling, support groups, and more

##### ***How can I enroll a patient in IncyteCARES for Jakafi?***

You can enroll your patient by completing the IncyteCARES for Jakafi Program Enrollment Form, available at [HCP.IncyteCARES.com/Jakafi](http://HCP.IncyteCARES.com/Jakafi). You can download and fax the print version, or submit the online version via our secure website. Note that not all patients who are prescribed Jakafi are eligible for enrollment or for all services we provide. Contact us at 1-855-452-5234 for more information.

##### ***Does my patient need to sign the IncyteCARES for Jakafi Program Enrollment Form?***

If you are requesting only a benefits investigation for Jakafi, your patient's signature on the enrollment form is not necessary. If you are enrolling your eligible patient in IncyteCARES for Jakafi for any other services to support their treatment with Jakafi, the patient's or the patient's legal guardian's authorization is required. If neither is available to sign an enrollment form with you, you can submit it without the signature and IncyteCARES for Jakafi will call the patient or legal guardian to request a verbal authorization.



#### **Benefits Investigation**

##### ***How can I determine if a patient has insurance coverage for Jakafi?***

We can determine this for you by contacting the insurer to get information about the patient's coverage, out-of-pocket costs, and any special requirements, such as specific specialty pharmacies or prior authorization. We will provide this information to both you and your patient.

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## ***How long does it take for IncyteCARES for Jakafi to complete my patient's benefits investigation?***

We can complete most benefit verifications within 3 business days. If we encounter a delay, we will notify you and your patient within that time period.



## **Filling the Prescription**

### ***How do patients fill their prescription for Jakafi® (ruxolitinib)?***

Jakafi is dispensed by specialty pharmacies that are part of our Incyte-designated network. We can coordinate prescription fills and delivery to enrolled patients. We can also contact the patient's insurer to confirm that the pharmacy is approved under the patient's insurance plan.

### ***Which specialty pharmacies dispense Jakafi?***

A link to a PDF with a list of specialty pharmacies in our network is available at [HCP.IncyteCARES.com/Jakafi](https://HCP.IncyteCARES.com/Jakafi) under the Practice Resources tab.

### ***Can I contact the specialty pharmacies directly to order Jakafi?***

Yes, you can send prescriptions directly to an in-network specialty pharmacy; however, your patients may be better served by being enrolled in IncyteCARES for Jakafi. We can assist enrolled patients by coordinating delivery of their medication, identifying financial assistance options for which they may be eligible, and more. The IncyteCARES for Jakafi Program Enrollment Form can also serve as your patient's first prescription.



## **IncyteCARES for Jakafi Savings Program**

### ***What are the eligibility criteria for the Savings Program?***

To qualify, patients must:

- Have commercial prescription drug coverage. Patients insured under federal or state government prescription drug programs—including Medicare Part D, Medicare Advantage, Medicaid, or TRICARE—are not eligible. Patients without prescription drug coverage are also not eligible
- Be a resident of the United States or Puerto Rico
- Have a valid prescription for Jakafi for an FDA-approved use

### ***Under the IncyteCARES for Jakafi Savings Program, how much do eligible patients pay for Jakafi?***

Enrolled patients pay as little as \$0 per month for their prescription. Visit [HCP.IncyteCARES.com/Jakafi](https://HCP.IncyteCARES.com/Jakafi) for complete terms and conditions.

### ***How can I enroll an eligible patient in the IncyteCARES for Jakafi Savings Program?***

When your patient is enrolled in IncyteCARES for Jakafi, our team immediately enrolls that patient in the Savings Program if they are eligible. Another option is to enroll an eligible patient for the Savings Program yourself at [IncyteCAREssavings.Jakafi.com](https://IncyteCAREssavings.Jakafi.com). Either way, a program member number is immediately issued and can be used right away. We will also mail your patient a welcome letter that shows their member number. Your patient does not need to be enrolled in IncyteCARES for Jakafi to access the Savings Program.

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## What if patients with prescription drug coverage through a Medicare Part D plan cannot afford their medication costs?

IncyteCARES for Jakafi can share information about certain organizations and foundations that may be able to assist them with treatment-related costs. These organizations have their own eligibility criteria and application processes.

## Patient Assistance Program

### What are the eligibility criteria for this free medication program?\*

To qualify for the Patient Assistance Program (PAP), patients must:

- Be confirmed as eligible for and enrolled in IncyteCARES for Jakafi
- Be a resident of the United States or Puerto Rico
- Have a valid prescription for Jakafi® (ruxolitinib) for an FDA-approved indication
- Meet one of these 3 criteria:

#### Uninsured

1. Have **no prescription drug coverage** and meet household income criteria.

#### Underinsured†

2. Have **Medicare Part D** and meet household income criteria
3. Have **any other type of prescription drug insurance** (commercial, Medicaid, etc) but have exhausted or been denied coverage for Jakafi and meet household income criteria

## How long does it take to find out if a patient has been approved for the PAP?

Once we receive the completed enrollment form, we can provide conditional approval within 3 business days. If we encounter a delay, we will notify you and your patient within that time period.

## How does conditional approval work for the PAP?

We provide conditional approval for the program, lasting up to 90 days, based on the patient's enrollment form information. During this period, the patient must provide their income documentation to IncyteCARES for Jakafi before they can receive full approval for the PAP.

## What are acceptable documents to validate income for the PAP?

Acceptable documents for supporting current household income include the patient's most current tax return, W-2 earnings statements, or one month of recent pay stubs.



## Temporary Access During Coverage Delays

### Which patients qualify for this program?

Eligible patients with commercial prescription drug coverage who are experiencing a delay in coverage for their Jakafi (prescribed for an FDA-approved indication) may qualify for a free short-term supply. Proof of claim submission is required. No purchase contingencies or other obligations apply.

### How can I enroll a patient in this program?

Your patient must first be enrolled in IncyteCARES for Jakafi. In addition, you or your patient must also submit proof of the claim submission/coverage delay, such as a letter from the insurer.

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\*Free medication is offered without any purchase contingency or other obligation. Terms and conditions apply. Terms of this program may change at any time.

†Patients who are enrolled in an Alternate Funding Program (AFP) are not eligible to receive free drug.



## Education and Support Resources

### *What sort of education does IncyteCARES for Jakafi provide?*

Through our call center, we can answer questions about Jakafi® (ruxolitinib) and basic questions about the patient's condition. We make it clear that we don't provide medical advice and that the information we provide does not replace any provided by their Healthcare Professionals. For some indications, we also offer additional educational resources including disease education brochures and videos to help support patients during treatment with Jakafi. Every patient enrolled in IncyteCARES for Jakafi receives a condition-specific Welcome Kit with complete program details.

### *What travel/transportation support is available through IncyteCARES for Jakafi?*

IncyteCARES for Jakafi itself does not offer this kind of support; however, we share information about certain nonprofit organizations that may be able to assist with medical-related travel or transportation expenses. Patient eligibility would be determined by the organization.

### *What information does IncyteCARES for Jakafi offer for patients who need social, emotional, and other types of support?*

We can connect patients to nonprofit organizations that provide social and emotional support as well as information about other counseling services and support groups in their areas. Please contact us for current information about these support services. In some cases, Incyte provides grants or funding to certain organizations so that programs or activities are offered to patients free of charge.



**Connect with  
IncyteCARES for Jakafi today!**

**1-855-452-5234**

Monday through Friday,  
8 AM–8 PM ET

**[HCP.IncyteCARES.com/Jakafi](https://HCP.IncyteCARES.com/Jakafi)**