

FREE 8-WEEK SUPPLY

OF ALCOHOL-FREE DEXAMETHASONE ORAL SOLUTION

To help you while taking AFINITOR® (everolimus) Tablets, Novartis offers a free 8-week supply of the alcohol-free dexamethasone oral solution with a valid prescription from your doctor.

1 PRINT THIS VOUCHER SHEET

2 GIVE THE CARD TO YOUR PHARMACIST BEFORE HE/SHE FILLS THE PRESCRIPTION

FREE
8-WEEK SUPPLY

ALCOHOL-FREE DEXAMETHASONE ORAL SOLUTION VOUCHER CARD

CHANGE | Patient Choice
HEALTHCARE | Network

BIN# 004682
PCN# CN
GRP# EV42049004
ID# BJ9442960732

240 mL Bottle of Dexamethasone Solution: 00054-3177-57
500 mL Bottle of Dexamethasone Solution: 00054-3177-63

Voucher limited to 28 days max per fill and max 56 days total and/or 1250 mL max per fill and 2500 mL total. No purchase required. Please see additional Terms and Conditions on back.

Terms and Conditions: This voucher is good for one 8-week supply of dexamethasone solution, 0.5 mg/5 mL (1 bottle = 240 mL), 00054-3177-57 or dexamethasone solution, 0.5 mg/5 mL (1 bottle = 500 mL), 00054-3177-63. This free trial is not health insurance. Void where prohibited by law. No purchase required. Prescriber ID# required on prescription. It is illegal for any person to sell, purchase, or trade; or offer to sell, purchase, or trade; or to counterfeit this voucher. Claim shall not be submitted to any public or private third-party payer of any federal or state health care program for reimbursement. Valid only in the United States and Puerto Rico. Offer not valid if reproduced or submitted to any other payer.

Patient Instructions: Present this voucher at a participating pharmacy along with a valid prescription from your health care professional. Follow the dosage instructions provided by your prescriber.

Need help? Call: 1-888-423-4648.

Pharmacist Instructions: This voucher must accompany a valid prescription. No substitutions permitted. Please dispense at no cost to the patient. For reimbursement, please submit to **Patient Choice**. Do not submit to any other payer, public or private. The information printed on the reverse side should be used when submitting for reimbursement. For questions, please call the Help Desk at 1-800-422-5604. This voucher is the property of Novartis and ConnectiveRx and must be returned upon request. Both parties reserve the right to rescind, revoke, or amend this program without notice.

Expiration Date: 12/31/2020.

 **NOVARTIS**

connective[®]

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

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? **QUESTIONS? Call 1-888-423-4648.**

Please see [full Prescribing Information](#) for AFINITOR, including Patient Information.

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10/18


AFINITOR
(everolimus) tablets
2.5mg | 5mg | 7.5mg | 10mg

T-AFB-1196505