

# Tips for getting your vaccinations

Use this tips sheet before, during, and after your appointment.

Know which vaccination(s) your health care provider prescribes for you to receive. It's an important step in starting your treatment. They may prescribe 1 or more of the following vaccinations or boosters:

	Meningococca	1 vaccinations
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☐ MenACWY

☐ MenB

☐ Pneumococcal vaccination

If you have been vaccinated in the past, talk about it with your health care provider.

**Our dedicated Novartis Patient** Support team can help you locate vaccinations.



#### Who carries these vaccinations?

Vaccinations are carried by several types of health care locations, including:

- Retail pharmacies and retail clinics
- Health care providers like primary or family medicine doctors
- The health department\*
- Travel clinics<sup>†</sup>

However, the ability to stock or order certain vaccinations can change by each site and location. So call in advance to check with your local providers before you visit in person. Checking with your primary care physician first is also a good idea.



## Scheduling your vaccination appointment

### A few tips when you call:

- Tell them (to avoid potential confusion) that you have a prescription from your health care provider
- Some sites may have the vaccination available. If not, ask if they can order it for your appointment

Please see full Prescribing Information, including Boxed WARNING and Medication Guide.

\*To find your nearest health department, you may search online for "health department" and the name of your county. A list of state departments is also available on the CDC website: (https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html).

†Please note that travel clinics may not accept insurance (self-pay only).

**Novartis** Patient Support™



## Day of vaccination appointment

#### Bring the following to your appointment:

Prescription for vaccination(s)—This helps sites quickly verify the
specific vaccination(s) you need

☐ Your Co-Pay Plus\* Card—People who sign up and are eligible for the Co-Pay Plus\* Card for FABHALTA® (iptacopan) may also use it to help lower their out-of-pocket costs to as little as \$0 for the required vaccination(s), up to \$1,000 annually excluding administration costs

To learn more, call Novartis Patient Support at **1-833-99FABHA** (1-833-993-2242).

☐ Your Vaccination Card—You don't have to bring your vaccination card, but it can help you and your health care provider keep track of which vaccination(s) you had



Co-Pay Plus Card

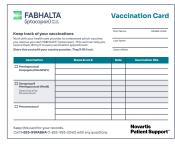
Call your dedicated Novartis Patient Support team to access your Vaccination Card and learn more about the Co-Pay Plus offer.

## Before you leave, ask them to:

Update your records—You may provide them with your
vaccination card to fill in or ask for a printout

☐ Share your records with your health care provider's office

☐ Make any follow-up appointments—You may need one for vaccinations that are part of a 2-dose series



Vaccination Card

If you have any questions, call your dedicated Novartis Patient Support team at 1-883-99FABHA (1-883-993-2242), Monday-Friday, 8:00 AM-8:00 PM ET, excluding holidays.

#### **Novartis Patient Support Terms and Conditions**

\*Co-Pay Plus: Limitations apply. Patients with commercial insurance coverage for FABHALTA may receive up to \$20,000 in annual co-pay benefits for the cost of FABHALTA and up to \$1,000 for qualifying vaccination costs (excluding administrative fees). Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States, Puerto Rico and select territories. Void where prohibited by law. Additional restrictions may apply. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

Please see full Prescribing Information, including Boxed WARNING and Medication Guide.

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