



XTANDI Access & Affordability Fact Sheet

THERE ARE A VARIETY OF PATIENT ASSISTANCE OPTIONS AVAILABLE



COMMERCIAL INSURANCE

The **XTANDI Patient Savings Program**^a allows eligible patients with commercial insurance to pay as little as \$0 per prescription. The Program benefit covers up to a maximum of \$25,000 per calendar year. Patients will be enrolled in the Program for a 12-month period.

▶ Go to activatethecard.com/xtandi to activate the Savings Card.



MEDICARE PART D

XTANDI Support Solutions can provide information about other resources that might be able to help.



UNINSURED

The **Astellas Patient Assistance Program** provides XTANDI[®] (enzalutamide) at no cost to patients who meet the program eligibility requirements.^b

^aThe XTANDI Patient Savings Program ("Program") is for eligible patients with commercial prescription insurance for XTANDI. The Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program. This offer is not valid for cash-paying patients. This Program is void where prohibited by law. Certain rules and restrictions apply. Astellas reserves the right to revoke, rescind, or amend this offer without notice.

^bProgram subject to eligibility requirements and program terms and conditions.

XTANDISupportSolutions.com
1-855-8XTANDI
(1-855-898-2634)
Fax: 1-855-982-6341

Monday–Friday, 8 AM–8 PM ET

IN 2019, XTANDI SUPPORT SOLUTIONS® PROVIDED ACCESS AND REIMBURSEMENT SUPPORT TO MORE THAN 21,000 PATIENTS¹

XTANDI Support Solutions offers access and reimbursement support to help patients and their healthcare providers access XTANDI® (enzalutamide). XTANDI Support Solutions provides information regarding patient healthcare coverage options and financial assistance information to help patients with financial needs.



PRIOR AUTHORIZATION ASSISTANCE

93% of the time, insurers initially approved XTANDI when a completed prior authorization request was submitted through XTANDI Support Solutions.¹



APPEALS FOR DENIED PRIOR AUTHORIZATION

In those cases when a patient's insurer denies a prior authorization request, and the healthcare provider determines an appeal is appropriate, XTANDI Support Solutions can assist with the appeal by identifying the reasons for the denial, determining what information/documentation is required for an appeal, and tracking the appeal status.



XTANDI QUICK START+®

The XTANDI QUICK START+ Program provides **a one-time, 14-day supply** of XTANDI **at no cost** to new patients who experience an insurance-related access delay.^a

If you have questions or need assistance with access and reimbursement for XTANDI, go to [XTANDISupportSolutions.com](https://www.XTANDISupportSolutions.com) or call 1-855-8XTANDI (1-855-898-2634) Monday–Friday, 8:00 AM–8:00 PM ET.

^aTo be eligible for XTANDI QUICK START+, a patient must have prescription drug insurance, be new to XTANDI therapy, have been prescribed XTANDI for an FDA-approved indication, and have experienced an insurance-related access delay.

REFERENCE

1. Astellas. XTANDI. Data on File. January 2019-December 2019.



XTANDI®, Astellas®, and the flying star logo are registered trademarks of Astellas Pharma Inc. QUICK START+® and XTANDI Support Solutions® are registered trademarks of Astellas US LLC. Astellas Pharma Support Solutions™ is a service mark of Astellas Pharma US, Inc. ©2020 Astellas Pharma US, Inc. All rights reserved. 076-5790-PM 8/20

[XTANDISupportSolutions.com](https://www.XTANDISupportSolutions.com)
1-855-8XTANDI
(1-855-898-2634)
Fax: 1-855-982-6341

Monday–Friday, 8 AM–8 PM ET