

Welcome to Takeda Patient Support for LIVTENCITY® (maribavir)

Takeda Patient Support is here to help eligible patients get their LIVTENCITY as prescribed. We can help with product access, educational resources, and financial assistance options.



Getting Started



Product support is a phone call away

If your eligible patient has been prescribed **LIVTENCITY® (maribavir)**, Takeda Patient Support is here to help them get their medication. Our Patient Support Managers (PSMs) can also provide other support services, including:

- Benefits investigation
- Prior authorization information
- Specialty pharmacy triage and coordination
- Financial assistance options
- Product and disease state education

Enroll your patients in 3 ways

1. **Fill out** the Start Form online at [tps-hcp.iassist.com](https://hcp.iassist.com).
2. **Fax** the Start Form: **1-855-268-1826**.
3. **Visit** the iAssist Platform at [iAssist.com](https://iassist.com).

How to Enroll



Complete the Start Form

Download or fill out the Start Form online at [tps-hcp.iassist.com](https://hcp.iassist.com), or visit the iAssist Portal at [iAssist.com](https://iassist.com)



Send completed Start Form to Takeda Patient Support

You can submit the Start Form in the following ways:

- Online: [tps-hcp.iassist.com](https://hcp.iassist.com) or [iAssist.com](https://iassist.com)
- Or fax: **1-855-268-1826**



Remind your patients to

be on the lookout for text messages and phone calls from Takeda Patient Support and the specialty pharmacy



Product support from Nurse Educators

Nurse Educators are trained nursing professionals who are ready to help answer your patient's questions about **LIVTENCITY® (maribavir)** and their condition. Nurse Educators cannot provide medical advice.



Specialty Pharmacy Support



Help your patient receive their medication

LIVTENCITY® (maribavir) is distributed through a limited pharmacy network. We'll work with the pharmacy and your patient's insurance provider to help them gain access to their treatment.

Takeda Patient Support will:



Provide support during the benefits verification process



Triage and coordinate with the specialty pharmacy to fill the prescription as soon as possible



Work with the specialty pharmacy to identify financial assistance options for eligible patients, if needed

Along the way, Takeda Patient Support or the specialty pharmacy will call or text message your patient to share updates. **Please encourage your patients to keep the Takeda Patient Support number (1-855-268-1825) in their phone so they don't mistake it for a spam call.**



Financial Assistance Options



Explore patient assistance programs

Our Patient Support Managers will review your patient's coverage and help them understand what financial options may be available.

Quick Start Program:

Helps patients who are experiencing insurance delays get immediate access to **LIVTENCITY® (maribavir)**.*

Co-Pay Assistance:

Helps eligible enrolled, insured patients pay as little as \$0 per prescription.†

Patient Assistance Program:

Helps provide assistance to eligible patients who have no insurance or need help getting their Takeda medication.*‡

*Must meet eligibility requirements.

‡The program will leverage soft credit check tools to approve patients for assistance programs.



Questions?

Call Takeda Patient Support at **1-855-268-1825**
Monday-Friday, 8 AM to 8 PM ET.

Helpful websites:

TakedaPatientSupport.com
tps-hcp.iassist.com
tps.iassist.com/pap
iAssist.com

***IMPORTANT NOTICE:** Takeda's Co-pay Assistance Program ("the Program") provides financial support for commercially insured patients who qualify for the Program. Participation in the Program and provision of financial support is subject to all Program terms and conditions, including but not limited to eligibility requirements, the Program maximum benefit per claim and the annual calendar year Program maximum ("Annual Program Maximum"). The Annual Program Maximum for your prescribed Takeda product can be found by visiting: https://www.takedapatientssupport.com/hcp/livtencity/financial_assistance_options/.

By enrolling in the Program, you agree that the Program is intended solely for the benefit of you—not health plans and/or their partners. Further, you agree to comply with all applicable requirements of your health plan. The Program cannot be used if the patient is a beneficiary of, or any part of the prescription is covered by: 1) any federal, state, or government-funded healthcare program (Medicare, Medicare Advantage, Medicaid, TRICARE, etc.), including a state pharmaceutical assistance program (the Federal Employees Health Benefit (FEHB) Program is not a government-funded healthcare program for the purpose of this offer), 2) the Medicare Prescription Drug Program (Part D), or if the patient is currently in the coverage gap, or 3) insurance that is paying the entire cost of the prescription. No claim for reimbursement of the out-of-pocket expense amount covered by the Program shall be submitted to any third-party payer, whether public or private.

Some health plans have established programs referred to as 'co-pay maximizer' programs. A co-pay maximizer program is one in which the amount of a patient's out-of-pocket costs is adjusted to reflect the availability of support offered by a manufacturer's co-pay assistance program. If you are enrolled in a co-pay maximizer program, your Annual Program Maximum may vary over time to ensure the program funds are used for your benefit (for the benefit of the patient). Takeda also reserves the right to reduce or eliminate the co-pay assistance available to patients enrolled in an insurance plan that utilizes a co-pay maximizer program.

If you learn your health plan has implemented a co-pay maximizer program, you agree to notify the Program immediately by calling 1-855-268-1825. It may be possible that you are unaware whether you are subject to a co-pay maximizer program when you enroll or re-enroll in the Program. Takeda will monitor program utilization data and reserves the right to discontinue assistance under the Program at any time if Takeda determines that you are subject to a co-pay maximizer, or similar program.

The Program only applies in the United States, including Puerto Rico and other U.S. territories, and does not apply where prohibited by law, taxed, or restricted. This does not constitute health insurance. Void where use is prohibited by your insurance provider. If your insurance situation changes you must notify the Program immediately at 1-855-268-1825. Coverage of certain administration charges will not apply for patients residing in states where it is prohibited by law.

This Program offer is not transferable and is limited to one offer per person and may not be combined with any other coupon, discount, prescription savings card, rebate, free trial, patient assistance, co-pay maximizer, alternative funding program, co-pay accumulator, or other offer, including those from third parties and companies that help insurers or health plan manage costs. Not valid if reproduced.

By utilizing the Program, you hereby accept and agree to abide by these terms and conditions. Any individual or entity who enrolls or assists in the enrollment of a patient in the Program represents that the patient meets the eligibility criteria and other requirements described herein. You must meet the Program eligibility requirements every time you use the Program. Takeda reserves the right to rescind, revoke, or amend the Program at any time without notice, and other terms and conditions may apply.



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